



FINAL REPORT

LIBERIA

Comprehensive Food Security and Nutrition Survey 2025

February 2026



Government of Liberia

Acknowledgment: This Comprehensive Food Security and Nutrition Survey, 2025 was led by the Government of Liberia through the Ministry of Agriculture, in collaboration with national and international partners. Technical and financial support for the survey was provided by the following institutions:

Government of Liberia
United Nations
Scaling Up Nutrition (SUN Secretariat)
Liberia International NGO Forum (LINGO)
The World Bank
Irish Aid



Disclaimer: The findings, interpretations, and conclusions expressed in this report are those of the authors and do not necessarily reflect the views of the funding or implementing partners.

Foreword

The Comprehensive Food Security and Nutrition Survey (CFSNS) 2025 report provides the most up-to-date and nationally representative evidence on food security, nutrition, agriculture, livelihoods, and markets across Liberia. It stands as a critical national resource to guide policy, planning, and decision-making in our continued pursuit of a food-secure and well-nourished Liberia.

The findings presented in this report confirm that while progress has been made in several areas, significant structural challenges remain. A considerable proportion of Liberian households continue to experience food insecurity, limited dietary diversity, and vulnerability to shocks. Malnutrition among children and women persists at concerning levels, especially in the rural areas.

The CFSNS 2025 provides clear and actionable evidence to inform the implementation of our national development priorities, including the National Agriculture Development Plan (NADP). It reinforces the need for coordinated, multi-sectoral action, linking agricultural productivity, market access, nutrition and health services, WASH improvements, and livelihood resilience, to sustainably address the root causes of food insecurity and malnutrition.

This survey would not have been possible without collaboration between government institutions, development partners, and technical experts. I wish to extend my sincere appreciation to our partners, including the United Nations system, the Scaling Up Nutrition Secretariat, the Liberia International NGO Forum, the World Bank, and Irish Aid, for their technical and financial support. I also commend the national technical teams, enumerators, and communities across all 15 counties who contributed to the successful implementation of this survey.

As we move forward, the Ministry of Agriculture remains fully committed to translating these findings into targeted actions that improve food availability, access, utilization, and stability for all Liberians. We will continue to strengthen evidence-based decision-making, invest in resilient agricultural systems, and promote nutrition-sensitive interventions that prioritize women, children, and vulnerable groups in Liberia.

I encourage all stakeholders, government agencies, development partners, civil society, the private sector, and local communities, to use this report as a shared evidence base to deepen collaboration and accelerate actions toward achieving access to sufficient, safe, and nutritious food for every household in Liberia.

Hon. J. Alexander Nuetah, PhD



Minister of Agriculture
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ACRONYMS

AEW	Agricultural Extension Workers
AFSC	Agriculture and Food Security Cluster
ANC	Antenatal Care
ARI	Acute Respiratory Tract Infection
BMI	Body Mass Index
CAADP	Comprehensive Africa Agriculture Development Programme
CACC	County Agricultural Coordination Committees
CARI	Consolidated Approach for Reporting Indicators of Food Security
CFSNS	Comprehensive Food Security and Nutrition Survey
CHT	County Health Team
CHV	Community Health Volunteers
CMAM	Community-Based Management of Acute Malnutrition
CNCP	County Nutrition Coordination Platforms
FCS	Food Consumption Score
FES	Food Expenditure Share
FSNTWG	Food Security and Nutrition Technical Working Group
GAM	Global Acute Malnutrition
HDDS	Household Dietary Diversity Score
HFIAS	Household Food Insecurity Access Scale
HHS	Household Hunger Scale
IFP	Integrated Feeding Program
IPC	Integrated Food Security Phase Classification
IFP	Integrated Feeding Programs
IYCF	Infant and young child feeding
JSR	Joint Sector Review
LDHS	Liberia Demographic and Health Survey
LCSI	Livelihood Coping Strategy Index
LMNCSP	Liberia Multi-Sectoral Nutrition Costed Strategic Plan
LMPTF	Liberia Multi-Partner Trust Fund

MAD	Minimum Acceptable Diet
MDD	Minimum Dietary Diversity
MDD-W	Minimum Dietary Diversity for Women
MEL	Monitoring Evaluation and Learning
MFDP	Ministry of Finance and Development Planning
MIA	Ministry of Internal Affairs
MOA	Ministry of Agriculture
MNP	Micronutrient Powder
MOE	Ministry of Education
MoGCSP	Ministry of Gender, Children and Social Protection
MNP	Micronutrient Powder
MOH	Ministry of Health
MSP	Multistakeholder Platform
MUAC	Mid-Upper Arm Circumference
NADP	National Agriculture Development Plan
NASS	National Agriculture Statistics System
NFP	Nutrition Focal Persons
NNTC	National Nutrition Technical Committee
ODA	Official Development Assistance
ORS	Oral Rehydration Solution
OTP	Outpatient Therapeutic Programs
PAPD	Pro-Poor Agenda for Prosperity and Development
rCSI	Reduced Coping Strategy Index
RFSLNMA	Rapid Food Security, Livelihoods, Nutrition and Market Assessment
SAM	Severe Acute Malnutrition
SBCC	Social and Behavior Change Communication
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SUN	Scaling Up Nutrition

UNICEF	United Nations Children Fund
VAM	Vulnerability Analysis and Mapping
VNR	Voluntary National Review
VSLA	Village Savings and Loan Associations
WAHO	West Africa Health Organization
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHA	World Health Agency
WHO	World Health Organization

1. EXECUTIVE SUMMARY

The 2025 Comprehensive Food Security and Nutrition Survey (CFSNS) provides the most up-to-date national and county level assessment of food security, livelihoods, markets, WASH, health, and nutritional status in Liberia, based on 11,838 successfully interviewed households, yielding an exceptionally high 99.7 percent response rate. The survey provides a nationally representative assessment of household well-being across demographic, agricultural, economic, and nutrition domains, offering the most detailed picture of food security conditions since the 2022 Liberia Rapid Food Security, Livelihoods, Nutrition and Market Assessment (RFSLNMA) and the 2019–20 LDHS. Results of the 2025 CFSNS show a complex and multidimensional picture: while there has been modest gains in access to improved water sources, women’s health service utilization, and school attendance,, significant and persistent vulnerabilities to food insecurity and malnutrition remain—particularly among the rural populations, poorer households, and specific livelihood groups. Food access continues to be constrained by high food expenditure shares, limited income diversification, and poor market access, especially in rural counties. Dietary diversity among households, women, and young children remains low, with complementary feeding indicators far below global standards. Low household dietary diversity, market distance, and maternal education strongly predict poor child feeding practices. These structural constraints affect food availability, access, utilization, and stability, with marked geographic and socioeconomic inequalities restricting resilience and progress toward national nutrition goals.

While the CFSNS 2025 provides nationally and county-representative estimates, some county-level indicators—particularly for nutrition and coping-related sub-indicators—are based on small sample sizes and should be interpreted with caution. Estimates for counties with fewer than 30 observations for a given indicator are subject to higher uncertainty and are flagged accordingly in the report. Findings are therefore triangulated with complementary indicators and interpreted within broader livelihood, wealth, and geographic patterns.

The national demographic profile shows an average household size of 4.1 persons, consistent with the LDHS 2019–20, and a sex distribution of household heads of 66.5 percent male and 33.5 percent female. Liberia’s population remains highly urbanizing: 57.8 percent of surveyed households reside in urban areas, with 35.5 percent concentrated in Urban Montserrado, while 42.2 percent live in rural areas where service access and infrastructure remain significantly weaker. Disability and chronic illness affect 4.1 percent of households, with prevalence slightly higher in rural areas (4.8 percent) than in urban areas (3.6 percent), reinforcing structural health and care burdens. These demographic conditions frame the broader food security and nutrition context by shaping labor capacity, income generation, and household resilience.

Water, sanitation, and hygiene (WASH) conditions remain a foundational driver of health and food security. While access to improved water sources has improved, sanitation coverage and hygiene practices remain inadequate, reinforcing the high prevalence of diarrhea and nutrition-related illnesses. Nationally, 83.6 percent of households use improved drinking water sources, though accessibility varies sharply: 28.6 percent of urban households’ access water on premises (dwelling or yard), compared with only 7.5 percent of rural households, where 92.5 percent must collect water from outside the dwelling. Sanitation indicators show that 38.7 percent of households rely on unimproved sanitation facilities, including 27.4 percent practicing open defecation. These conditions produce high exposure to fecal contamination, consistent with the 68.1 percent of young children whose stool is disposed of unsafely. Handwashing access is moderately

high—67.2 percent have a designated facility—but only 35.6 percent have both water and soap available at the time of the survey. These WASH vulnerabilities underpin repeated illness episodes in children and contribute directly to malnutrition risks.

Education indicators reveal ongoing challenges for human capital development. Adult literacy stands at 56.3 percent, with a pronounced gender gap: 63.8 percent among men versus 49.0 percent among women. School attendance is relatively strong among children ages 6–11 at 73.1 percent, but attendance declines at older ages due to work responsibilities, financial barriers, and early pregnancy. Only 34.0 percent of children 6–59 months possess a birth certificate, creating long-term administrative and service-access constraints. These documentation gaps, combined with the high proportion of adults lacking formal education (41.9 percent), contribute to weaker household resilience, lower income diversification, and reduced capacity to adopt improved agricultural or nutritional practices.

Food insecurity in Liberia is widespread and structurally driven.

While severe food insecurity affects a relatively small share of households, a large proportion remain moderately food insecure, reflecting chronic poverty, income instability, limited market access, and repeated exposure to shocks—particularly in rural areas.

Food security outcomes show that Liberia continues to face significant structural vulnerability, with persistent food consumption deficits and rising acute malnutrition. According to the Consolidated Approach for Reporting Indicators (CARI), 20.7 percent of households are food insecure, including 3.5 percent severely food insecure and 17.2 percent moderately food insecure. Rural areas remain significantly more food insecure (23.8 percent) compared with urban areas (17.0 percent), reflecting greater reliance on rain-fed agriculture, weaker market access, and higher transport costs. The Food Consumption Score (FCS) indicates that 13.5 percent of households have poor food consumption and 25.2 percent have borderline consumption, meaning nearly two in five households fail to meet minimally acceptable dietary patterns. The Household Hunger Scale (HHS) reveals that 32.1 percent experience moderate to severe hunger, while the Household Dietary Diversity Score (HDDS) remains low at 4.1 food groups out of 12, indicating monotonous diets dominated by cereals, tubers, and fish. Across all food security and coping indicators, vulnerability increases sharply with declining wealth, underscoring poverty as the dominant structural driver of food insecurity.

The Food Expenditure Share (FES) further underscores vulnerability: 43.6 percent of households spend more than 65 percent of total income on food alone, a level associated with high susceptibility to shocks and sustained difficulty affording non-food essentials. These food security indicators collectively signal that the majority of Liberian households remain economically fragile and unable to consistently access diverse and nutrient-rich diets.

Household vulnerability increases sharply with poverty and shock exposure.

Across all indicators, poorer households are far more likely to experience food access vulnerability, rely on negative coping strategies, and be affected by shocks, underscoring poverty as the dominant underlying driver of food insecurity.

Child health and nutrition outcomes reveal significant burden of disease and malnutrition. Diarrhea affects 14.7 percent of children 6–59 months, with higher prevalence in urban than rural areas, and peaks among children 12–23 months at 20.1 percent. Acute respiratory infection (ARI) is even more widespread,

affecting 22.2 percent of children, with extremely high levels reported in Nimba (41.4 percent) and Margibi (30.6 percent). Treatment-seeking is moderate to strong—70.4 percent for ARI and 45.3 percent receiving ORS for diarrhea—but quality of care remains inconsistent, with heavy reliance on pharmacies (47.0 percent) and high rates of inappropriate stool disposal. Bednet use is moderate at 59.0 percent nationally, but ranges from 92.1 percent in Lofa to 39.6 percent in Grand Bassa, reflecting inconsistent malaria-prevention coverage.

County-level estimates, particularly for acute malnutrition, should be interpreted with caution where sample sizes are small; nevertheless, the consistency of elevated malnutrition across multiple indicators and wealth groups confirms a genuine and concerning burden. Child nutritional status shows persistent chronic and worsening acute malnutrition, with diarrhea and inadequate diets emerging as leading associated factors. Stunting also persists at high levels, driven by chronic poverty, inadequate dietary diversity, limited maternal education, and poor sanitation. Stunting affects 26.3 percent of children 6–59 months, including 10.3 percent severely stunted, with far higher levels in rural areas (32.3 percent) and among boys (30.0 percent). Several counties remain extremely high-burden, including Grand Kru (50.9 percent), Grand Cape Mount (38.2 percent), and Gbarpolu (36.9 percent). Global Acute Malnutrition (GAM) or wasting stands at 8.5 percent, including 2.7 percent severe wasting, marking an increase from earlier assessments (5.4 percent in LDHS 2019–20 and 7.0 percent in RFSLNMA 2022). Some counties face crisis-level acute malnutrition, such as Grand Cape Mount with 19.8 percent GAM and 9.4 percent SAM. Underweight affects 15.5 percent of children, and overweight affects 4.7 percent, indicating a double burden of malnutrition.

Child malnutrition remains a critical concern.

National stunting and acute malnutrition levels remain high, with several counties exceeding internationally accepted thresholds. These outcomes reflect cumulative dietary inadequacies, illness, poor WASH conditions, and constrained access to nutrition and health services.

Complementary feeding practices remain extremely poor: only 12.1 percent of children 6–23 months meet minimum dietary diversity, 25.9 percent meet minimum meal frequency, and only 2.4 percent achieve a minimum acceptable diet. These results show that inadequate dietary diversity, poor WASH conditions, repeated illness, and limited access to nutrient-rich foods continue to hinder child nutrition.

Diet quality is poor for both children and women.

Dietary diversity remains low, particularly among young children and women of reproductive age, limiting progress on reducing wasting, stunting, anemia, and other forms of malnutrition.

The persistence of chronic malnutrition reflects cumulative constraints across food, health, and care environments. Survey findings indicate low dietary diversity among women and young children, extremely limited attainment of minimum acceptable diets, and continued household food insecurity. These factors are compounded by gaps in sanitation and hygiene, which increase exposure to infection and undermine nutrient absorption, as well as by recurrent shocks that disrupt livelihoods and food access. Together, these interlinked factors contribute to sustained growth faltering among children.

Women’s nutrition also reflects significant structural vulnerabilities. Only 6.7 percent of women achieve minimum dietary diversity (MDD-W), with extremely low intake of dairy (3.4 percent), eggs (6.4 percent), and dark green vegetables (12.5 percent). Micronutrient supplementation is mixed: 66.3 percent of children

received MNPs, and 20.7 percent received Vitamin A, but coverage varies dramatically by county. Among women, 66.4 percent received iron–folic acid during their last pregnancy, though counseling on feeding practices varies by location. Among non-pregnant, non-lactating women, 5.6 percent are thin, 25.8 percent overweight, and 18.0 percent obese, suggesting an emerging nutrition transition characterized by coexisting undernutrition and excess weight. MUAC data show that 0.8 percent of women experience acute malnutrition, with higher risk among adolescents. Short stature affects 2.8 percent of women, reflecting long-term intergenerational nutritional deficits.

Agriculture remains the backbone of rural livelihoods but is constrained by limited mechanization, low input use, land tenure insecurity, and climate-related shocks. Only 19.5 percent of households own farmland, although 56.9 percent access land through undocumented family ownership, leaving most farmers without formal tenure or collateral for credit. Average cultivated area is 6.1 acres, but high variation exists: Bong reports 39.3 acres, while many counties cultivate less than 5 acres. Rice cultivation involves 64.6 percent of households, cassava 56.3 percent, and pepper, okra, and bitter ball remain important vegetables. Adoption of improved inputs remains low—only 6.5 percent use fertilizer, 4.8 percent use pesticides/herbicides, and 4.8 percent use improved seeds—while 66.3 percent use local seeds. Mechanized equipment remains extremely limited, with less than 5 percent access for most tools. Cash crop cultivation is modest but important in key regions, with cocoa (31.9 percent), sugarcane (20.9 percent), and oil palm (15.5 percent) reflecting localized commercial potential. Barriers to production are dominated by lack of cash (26.7 percent), lack of tools (17.6 percent), and limited household labor (12.8 percent), demonstrating the continued dependence on manual farming systems. Many households depend on low-yield rain-fed agriculture with minimal access to extension services. Market access remains limited in remote districts, with long travel times contributing to low diet diversity and reduced availability of nutritious foods.

Livelihoods and income patterns confirm that households rely on a fragile mix of agricultural, casual labor, trading, fishing, and resource-based activities. Households engage in an average of 1.42 income-generating activities, with the primary source contributing 86.6 percent of income. Food crops represent 9.4 percent of livelihood activities, cash crops 4.2 percent, livestock 0.6 percent, fishing 3.6 percent, mining 1.4 percent, and petty trade 12.0 percent. Seasonal income fluctuations affect 21.4 percent of households, particularly those engaged in charcoal production, fishing, and mining. Women contribute 35.6 percent of household income but remain overburdened by the dual responsibilities of labor, caregiving, and subsistence production. Savings capacity is low—only 27.0 percent saved in the past 30 days—and credit access remains limited at 22.9 percent, with most relying on informal sources such as VSLAs. Expenditures are dominated by food purchases, hygiene supplies, transportation, and health and education fees, which strain limited incomes.

Household resilience is weak, especially in rural areas.

High reliance on seasonal and low-return livelihoods, limited access to savings or credit, and frequent shocks result in widespread use of coping strategies that erode long-term resilience and heighten nutrition risks.

Market access remains a defining constraint for food security. Nationally, only 53.9 percent of households live within 30 minutes of a daily market, but this figure falls to 35.9 percent in rural areas. Long travel

times—24.1 percent requiring 1–2 hours and 17.9 percent needing 2–5 hours—restrict the availability of perishable foods, reduce income-earning opportunities, and increase transport costs. Rural households spend an average of 1,697 LRD on travel in the dry season and 2,182 LRD in the rainy season, compared with urban costs of only 613 LRD and 732 LRD. These mobility barriers intensify seasonal hunger, reduce dietary diversity, and limit the adoption of improved agricultural practices.

Geographic disparities matter for action.

County-level patterns reveal clusters of high vulnerability (combining poor food security, malnutrition, WASH deficits, and market access constraints) requiring targeted, multisectoral responses rather than uniform national programming.

The 2025 CFSNS demonstrates that food security and nutrition in Liberia are shaped by the intersection of high food expenditure burdens, low dietary diversity, poor sanitation, limited market access, fragile livelihoods, low savings, and persistent shocks. Rural households are disproportionately affected, experiencing weaker access to services, lower diet quality, and greater reliance on subsistence agriculture and informal labor systems. Child malnutrition remains high—with rising acute malnutrition—and women’s diets are heavily constrained, indicating a multi-sectoral need for targeted resilience-building interventions. The findings highlight the critical importance of strengthening agriculture and markets, expanding WASH and health access, improving complementary feeding, and reinforcing household-level economic resilience to sustainably reduce food insecurity and malnutrition in Liberia.

The findings point to a need for coordinated, multisectoral responses that address both immediate food and nutrition needs and the underlying structural drivers of vulnerability. The priority actions outlined below are designed to translate the survey evidence into targeted, time-bound interventions that strengthen resilience, improve diet quality, and reduce malnutrition—particularly in the most vulnerable counties and populations

Overall, the CFSNS underscores the need for a multi-sector response that integrates nutrition-specific interventions with long-term investments in WASH, health systems, agriculture, and market infrastructure. The recommendations presented in this report translate the data into concrete, actionable steps designed to improve food security outcomes and reduce acute and chronic malnutrition across Liberia.

PRIORITY ACTIONS AND RECOMMENDATIONS

- **Prioritize counties with the highest combined burden of food insecurity and malnutrition.**
Target integrated food security, nutrition, WASH, and livelihood interventions to counties exhibiting high stunting or GAM, poor sanitation, long market distances, and weak service access, while interpreting small-sample county estimates cautiously and triangulating across indicators.
- **Reduce acute malnutrition through SMART, prevention-focused actions.**
Strengthen CMAM coverage and quality in high-burden counties, integrate diarrhea prevention and management, and aim to reduce national GAM by 2–3 percentage points by 2027, with intensified support where GAM exceeds global thresholds.
- **Improve child diets during the critical 6–23 month window.**
Scale up infant and young child feeding counseling, access to nutrient-dense local foods, and social and behavior change interventions to increase Minimum Acceptable Diet (MAD) by at least 10 percentage points by 2029 in counties where current levels are below 10%.
- **Strengthen women’s nutrition and reduce structural gender constraints.**
Expand iron–folic acid supplementation, MDD-W interventions, and adolescent nutrition programs, while addressing women’s time burden, limited access to productive resources, and barriers to higher-return livelihoods that constrain dietary quality and caregiving.
- **Invest in nutrition-sensitive agriculture and market access.**
Improve access to quality seeds, small livestock, climate-resilient crops, and basic mechanization; strengthen extension services; and reduce post-harvest losses through improved storage, processing, and milling—particularly in food-deficit and remote counties.
- **Stabilize household incomes and strengthen resilience to shocks.**
Expand livelihood diversification, village savings and loan associations, and targeted support for highly vulnerable livelihood groups (petty traders, agricultural laborers, fishers, charcoal producers), alongside shock-responsive social protection and early warning systems.
- **Improve diet diversity through market and food system interventions.**
Promote year-round availability of nutrient-dense foods, address price volatility and market functionality constraints, and reduce barriers faced by women traders and producers to improve household access to diverse diets.

2. INTRODUCTION

Liberia's food security and nutrition context is shaped by a complex interplay of historical, socioeconomic, environmental, and institutional factors. Understanding this landscape requires both an examination of the country's structural vulnerabilities and a review of the progress made through national policies, surveys, and multisectoral initiatives. This chapter provides an overview of the contextual factors influencing food security and nutrition in Liberia, situating the 2025 Comprehensive Food Security and Nutrition Survey (CFSNS) within this evolving policy and development environment.

2.1 BACKGROUND

Liberia, situated along the West African coast, has a complex food and nutrition landscape shaped by decades of conflict, public health emergencies, and institutional fragility. The 14-year civil war (1989–2003) decimated infrastructure, weakened governance systems, disrupted agricultural production, and displaced large segments of the population, leaving long-lasting effects on social cohesion and human development. Subsequent shocks—most notably the Ebola Virus Disease outbreak from 2014 to 2016 and the COVID-19 pandemic from 2020 to 2022—had significant and lasting impacts on food security and nutrition in Liberia. COVID-19 containment measures, including movement restrictions, border closures, and limitations on communal labor, disrupted agricultural production and food supply chains, reduced access to markets, and constrained income-generating opportunities, particularly for informal and urban households. These disruptions contributed to higher food prices, reduced dietary diversity, and interruptions in access to essential health and nutrition services, including routine child health and maternal care. Together, these effects further strained an already fragile health and food system, weakened household resilience, and heightened vulnerability to food insecurity and malnutrition. Although recovery has been gradual, Liberia continues to rank among the world's lowest in human development, positioned at 178 of 191 countries in the 2023–2024 Human Development Index (UNDP, 2024).

Despite abundant natural resources, including fertile soils, a tropical climate, and substantial water resources, Liberia remains heavily reliant on imported foods—especially rice, the national staple. Domestic rice production is estimated to meet only about 40–50% of national consumption needs, with the remaining 50–60 percent supplied through imports, exposing households to global market volatility. Food price inflation increased sharply following the COVID-19 pandemic and global supply disruptions, with food inflation reaching approximately 12–15% in 2022 and remaining elevated through 2023, reducing household purchasing power. Structural challenges undermine domestic food production and agricultural resilience. These challenges include limited rural transportation networks, insufficient irrigation infrastructure, reliance on unimproved and low-yielding seed varieties, weak extension systems, market fragmentation, low productivity, and inadequate institutional capacity for agricultural planning and service delivery (FAO, 2022, Government of Liberia, 2024a; NADP, 2024–2030; World Bank, 2023). Climate change compounds these constraints through increasingly erratic rainfall, rising temperatures, prolonged dry spells, and recurrent flooding—observed across multiple agroecological zones—have disrupted planting cycles, reduced yields, and affected market functioning, thereby threatening agricultural output, food availability, and household access to both local and imported food sources..

The Comprehensive Food Security and Nutrition Survey (CFSNS) serves as Liberia's flagship mechanism for monitoring national trends in food security, dietary diversity, shocks, livelihoods, and nutritional

outcomes. The first CFSNS was implemented in 2006 and was followed by subsequent rounds in 2008, 2010, and 2018. Together, these surveys have generated critical evidence for policy development and programmatic decision-making. Liberia's 2008 Food Security and Nutrition Strategy (FSNS), and its 2015 update, provided a framework for evidence-based planning and established the CFSNS as a fundamental monitoring tool within the national food and nutrition information system. After 2015, the survey cycle shifted from biennial to quadrennial to align with national budget processes and international reporting obligations (Government of Liberia, 2024b). The 2025 CFSNS continues this sequence, building on the baselines established by earlier rounds and incorporating methodological improvements based on contemporary global standards.

Findings from prior CFSNS rounds highlight both progress and persistent challenges. Between 2008 and 2018, stunting declined from 42 percent to 30 percent, wasting fell from 8 percent to 5 percent, and underweight dropped from 19 percent to 13 percent. Yet food insecurity remained consistently high, with 39 percent of households food insecure in 2008, 32 percent in 2010, and 36 percent in 2018. Household dietary diversity improved only modestly, and by 2018 fewer than one in five households achieved minimum dietary diversity, underscoring substantial constraints in food access and consumption patterns (LISGIS & WFP, 2018; and CFSNS 2018).

These findings demonstrate that, despite progress, Liberia continues to face serious structural, market-related, and nutritional vulnerabilities.

Malnutrition persists as a significant public health concern. Liberia remains among the 36 countries with the highest burden of child undernutrition worldwide (UNICEF, 2023). Undernutrition in early childhood has long-term consequences for cognitive development, school performance, and adult productivity, contributing to the intergenerational transmission of poverty and vulnerability (LMNCSP, 2024–2028). In response, the Government of Liberia has advanced a series of strategic policies, including the Liberia Multi-Sectoral Nutrition Costed Strategic Plan (2024–2028), the National Agriculture Development Plan (2024–2030), and the National Food Security and Nutrition Strategy (2015). These frameworks emphasize a multisectoral, equity-driven, and community-centered approach to addressing food and nutrition insecurity (Government of Liberia, 2022; Government of Liberia, 2024a; Government of Liberia, 2024b; Government of Liberia, 2024c).

Recent reductions in Official Development Assistance (ODA) have further constrained Liberia's fiscal space, with implications for the financing and delivery of health, nutrition, and social protection services (OECD, 2023; World Bank, 2024). These funding pressures come at a time when food insecurity and malnutrition remain elevated, increasing the risk that service coverage gaps may widen, particularly in vulnerable and remote areas.

2.2 Objectives of CFSNS 2025

The overarching objective of the CFSNS 2025 is to provide a comprehensive and up-to-date assessment of the food security, nutrition, and livelihood conditions of households across Liberia. Specifically, the survey aims to evaluate household food consumption patterns, dietary diversity, hunger, food insecurity experience, agricultural production, shocks and coping strategies, market access, and nutritional status among children, adolescents, and women. The survey will generate nationally and county-representative estimates that enable government agencies, humanitarian partners, and development organizations to design, implement, and monitor evidence-based programs and policies.

The CFSNS 2025 also seeks to strengthen Liberia’s food security and nutrition information systems by aligning survey indicators with the Health Management Information System (HMIS), the National Agriculture Statistics System (NASS), the Integrated Food Security Phase Classification (IPC), and global monitoring frameworks. The survey provides continuity for analyzing trends across previous CFSNS rounds and related assessments, ensuring that national and county-level stakeholders have reliable data for tracking progress toward SDG 2 (Zero Hunger), the WHA global nutrition targets, the SUN Movement Strategy 3.0 (2021–2025), and regional frameworks such as ECOWAP and CAADP.

2.3 CURRENT FOOD AND NUTRITION SITUATION IN LIBERIA

This section critically analyses the national frameworks alongside relevant global commitments—such as the Sustainable Development Goals (SDGs), World Health Assembly (WHA) global nutrition targets, the Scaling Up Nutrition (SUN) Movement, and the African Union’s Comprehensive Africa Agriculture Development Programme (CAADP). The CFSNS 2025 is situated within this broader context, building on national priorities and international obligations while providing the evidence required for targeted, data-driven interventions. These priorities align with regional and continental commitments, including the Malabo Declaration, the CAADP Results Framework, and ECOWAS’s ECOWAP RAIP. Liberia’s food systems priorities also reflect commitments under the 2021 UN Food Systems Summit Global Compact.

2.3.1 Food security situation

Food insecurity in Liberia remains widespread and multidimensional, influenced by structural economic vulnerabilities, low agricultural productivity, climate shocks, and heavy dependence on imported foods. According to the 2018 Comprehensive Food Security and Nutrition Survey (CFSNS), approximately 18 percent of households were food insecure, with substantial variation across counties and livelihood zones (LISGIS & WFP, 2018).

More recent findings from the 2022 Rapid Food Security, Livelihoods, Nutrition, and Markets Assessment (RFSLMA) indicate a significant deterioration, with 39 percent of households classified as moderately food insecure and an additional 8 percent as severely food insecure—together representing nearly 47 percent of all households (WFP, 2022). This escalation reflects the combined effects of global price increases, currency depreciation, the lingering socioeconomic impacts of COVID-19, and persistent structural constraints within Liberia’s food systems.

Food insecurity in Liberia is strongly seasonal. Conditions worsen during the lean season, typically from April to July, when household food stocks diminish, market reliance increases, and prices for key staples escalate (Government of Liberia, 2024b). The seasonal decline is particularly severe in remote and agriculturally dependent counties where poor road infrastructure and heavy rains limit market access. During these months, households frequently reduce meal frequency or dietary diversity, borrow food, or rely on low-quality substitutes, exacerbating vulnerability to malnutrition.

Liberia’s staple foods include rice, cassava, plantains, and palm oil. Yet the country depends on imports for more than 65 percent of its rice consumption, making households highly vulnerable to global price volatility, supply chain disruptions, and foreign exchange fluctuations (Government of Liberia, 2024a). Imported rice is a politically sensitive commodity, and price spikes disproportionately affect urban poor households and rural communities that rely on purchased foods during the lean season. Cassava, although

widely available and an important food security crop, is low in protein and essential micronutrients, and common processing methods—such as drying or fermenting—can further reduce nutritional quality. These structural dietary limitations contribute to the consistently poor Food Consumption Score (FCS) patterns observed in previous CFSNS rounds, where large proportions of households fell into poor or borderline consumption categories, reflecting limited intake of nutrient-dense foods.

Livelihood systems in Liberia are fragile and dominated by subsistence agriculture, petty trade, artisanal fishing, charcoal production, and daily wage labor. Despite nearly 80 percent of the population depending on agriculture for their livelihoods, productivity remains low due to limited access to improved seed varieties, fertilizers, and mechanization; inadequate extension services; pest and disease outbreaks; and increasing climatic variability (NADP, 2024–2030). Farmers often face constraints related to insecure land tenure, high transportation costs, and lack of storage facilities, which increase post-harvest losses and reduce marketable surplus.

In times of crisis, households frequently resort to negative coping strategies that can deepen vulnerability and perpetuate poverty. These strategies include reducing the quantity or quality of meals, withdrawing children from school to save money or increase household labor, selling productive assets such as livestock or tools, and taking on unsustainable debt (Government of Liberia, 2024a). Such measures undermine long-term resilience and often lead to irreversible economic and nutritional consequences for households, particularly affecting women and children.

Urban food insecurity has risen sharply in recent years, especially in informal settlements where households face high unemployment, inflation, limited access to social protection, and unstable income sources. The cost of imported foods is especially burdensome for these households, and price fluctuations can trigger rapid deterioration in food access. Food safety also remains a concern in urban markets dominated by informal vendors operating with limited regulation, inadequate hygiene standards, and insufficient storage conditions.

Climate change is an increasingly significant driver of food insecurity in both urban and rural settings. Rising temperatures, unpredictable rainfall, recurrent flooding, and coastal erosion affect agricultural production, fisheries, and market access. Women—who are primarily responsible for food preparation, caregiving, small-scale farming, and market activities—are disproportionately affected by climate-related shocks. Their limited access to land, credit, and agricultural inputs further restricts their capacity to adapt to climatic stressors. Climate variability also exacerbates the frequency and severity of crop failures, livestock losses, and market disruptions, deepening household vulnerability.

Overall, the food security situation in Liberia is characterized by high dependence on food purchases, low agricultural productivity, structural market weaknesses, and repeated exposure to covariate shocks. These factors consistently undermine food availability, access, and utilization, and highlight the urgent need for investments in climate-resilient agriculture, strengthened market systems, and social protection programs to safeguard vulnerable households.

2.3.2 Nutrition situation

Liberia's nutrition profile remains among the most concerning in West Africa and Sub-Saharan Africa, with several indicators exceeding regional averages and signaling a significant public health challenge. When compared with regional estimates from UNICEF and WHO, Liberia demonstrates some of the highest

burdens of malnutrition in the region. The average prevalence of stunting among children under five is approximately 29 percent in West Africa and 32 percent in Sub-Saharan Africa (UNICEF, 2023; WHO, 2024). Liberia's current stunting rate of 29.8 percent therefore places the country at or above the West African average, with some counties—such as Rivercess, Bong, and Gbarpolu—recording levels above 35 percent, ranking them among the most severely affected subnational areas in the region. This pattern reflects persistent structural determinants, including chronic food insecurity, limited dietary diversity, recurrent illness, and inadequate maternal nutrition.

Similarly, anemia prevalence among Liberian children aged 6–59 months—estimated at 71 percent—is significantly higher than the West African average of roughly 60 percent and the Sub-Saharan African average of approximately 58 percent (UNICEF, 2023). This extremely high rate, one of the highest globally, highlights the extent of micronutrient deficiencies, poor dietary quality, and the high burden of infectious diseases in childhood. Among women of reproductive age, and particularly among pregnant women, anemia prevalence remains alarmingly higher than regional averages, with more than half of pregnant women in Liberia affected, compared with about 45 percent regionally. These deficiencies are exacerbated by low coverage of essential micronutrient interventions. Vitamin A supplementation in Liberia remains below the regional average of 72 percent, and iodine deficiency persists, especially in rural communities where iodized salt consumption is inconsistent or unaffordable.

Although the national wasting prevalence of 3 percent appears lower than the West African and Sub-Saharan African averages of 6–7 percent, this figure masks the population's significant vulnerability to seasonal fluctuations, localized food shocks, recurrent illnesses, and natural hazards. Acute malnutrition tends to spike during the lean season and in areas with limited market access, poor water and sanitation conditions, and weak health service coverage. The relatively low national estimate should therefore be interpreted cautiously given the country's fragility and the potential for rapid deterioration.

Dietary diversity among young children is also notably poorer than regional counterparts. Fewer than 15 percent of Liberian children aged 6–23 months receive a minimum acceptable diet, compared with 21 percent in West Africa and 24 percent across Sub-Saharan Africa (UNICEF, 2023; WHO, 2024). Limited access to nutrient-rich foods, food insecurity, cultural feeding practices, and lack of awareness regarding optimal complementary feeding contribute significantly to these low levels. Women's and adolescent girls' dietary diversity similarly remains low, contributing to intergenerational cycles of undernutrition.

Liberia is also beginning to experience a nutrition transition. The prevalence of overweight among children under five—currently 4 percent—already exceeds the estimated regional average of approximately 2.5 percent in West Africa and 3 percent across Sub-Saharan Africa (UNICEF, 2023; WHO, 2024). Although still modest, this early rise in childhood overweight signals increasing consumption of energy-dense, nutrient-poor processed foods, particularly in urban and peri-urban areas. The coexistence of high stunting and anemia with a growing prevalence of childhood overweight reflects a double burden of malnutrition, indicating the need for integrated strategies that address both undernutrition and emerging non-communicable disease risks.

Infant and young child feeding (IYCF) practices remain suboptimal and below regional standards. Liberia's exclusive breastfeeding rate of 55.2 percent (LDHS 2019–20) falls short of both the global target of 70 percent and the West African regional average of approximately 61 percent (UNICEF, 2023).

Complementary feeding indicators remain even weaker: only 13 percent of children aged 6–23 months receive a minimum acceptable diet, reflecting particularly inadequate dietary diversity and low meal frequency. These figures are substantially lower than the regional averages of 21 percent in West Africa and 24 percent across Sub-Saharan Africa, underscoring the compounded effects of poverty, food insecurity, and limited caregiver education.

Collectively, these comparisons emphasize the severity of Liberia’s malnutrition burden relative to its regional peers. They also highlight the urgent need for intensified, multisectoral interventions that simultaneously address chronic undernutrition, micronutrient deficiencies, poor IYCF practices, and the emerging risks associated with the nutrition transition. Liberia’s dual burden—high levels of stunting and anemia alongside rising overweight—necessitates a comprehensive life-course approach integrating nutrition-specific and nutrition-sensitive strategies across health, agriculture, education, social protection, and water and sanitation systems.

2.3.3 Agriculture and livelihoods

Agriculture remains the primary livelihood for over 60% of Liberian households, yet productivity remains low across subsectors. Crop production is dominated by upland rice, cassava, plantains, and palm oil. However, limited access to improved seeds, fertilizers, mechanization, and post-harvest technologies constrains yields. Land tenure insecurity, particularly for women and youth, affects investment decisions and limits the expansion of agricultural enterprises.

Livestock ownership is modest and concentrated in small ruminants and poultry. Disease outbreaks, lack of veterinary services, and limited access to feed further constrain livestock productivity. Fisheries provide a vital source of protein and income for coastal and riparian communities, yet the sector faces challenges from overfishing, limited cold-chain capacity, and poor infrastructure.

Post-harvest losses remain high—estimated at 30–40% for perishable foods—resulting in seasonal shortages and reduced income for smallholder farmers. Climate variability poses additional threats, with erratic rainfall patterns, frequent flooding, and prolonged dry spells affecting crop performance and soil quality. These challenges underscore the need for investments in climate-smart agriculture, irrigation, seed systems, and extension services.

2.3.4 Markets and Food Access

Market functioning is a key determinant of household food access in Liberia. The 2022 Market Functionality Index revealed wide disparities in market performance across counties, with rural counties such as Rivercess, Sinoe, and Gbarpolu showing low scores in availability, assortment, infrastructure, and price stability (WFP, 2022).

Many markets are characterized by limited competition, poor physical infrastructure, and inadequate storage capacity, which contribute to high food prices and inconsistent availability of nutrient-rich foods.

Transport constraints further exacerbate food access challenges. Seasonal road flooding isolates remote communities, disrupts supply chains, and increases market prices. Urban markets face issues of overcrowding and inconsistent food safety standards, while rural markets struggle with low trader participation and limited financial services. Women, who dominate small-scale food trade, are disproportionately affected by market inefficiencies and safety risks.

2.3.5 Shocks, Vulnerability, and Coping Strategies

Liberian households experience frequent and overlapping shocks that undermine food security and nutrition outcomes. According to the 2022 Rapid Assessment, 85% of households reported experiencing at least one shock within the preceding six months, with economic shocks—such as rising prices, loss of employment, and reduced income—reported most frequently (WFP, 2022). Climatic shocks, including flooding, crop pests, and drought spells, significantly affect agricultural production, particularly for subsistence farmers.

Health-related shocks, such as malaria, diarrheal diseases, and acute respiratory infections, increase caregiving burdens and household expenditures. Land disputes and localized conflict continue to affect some areas, disrupting farming and limiting access to markets. As households confront these shocks, many resort to negative coping strategies, including reducing meal frequency, skipping meals, borrowing food, or selling assets. These behaviors disproportionately affect women and children and contribute to intergenerational cycles of poverty and malnutrition.

3. METHODOLOGY

The methodology of the CFSNS 2025 was designed to generate reliable, nationally and county-representative estimates on food security, nutrition, and household livelihoods across Liberia. Following international best practices for large-scale household surveys and national standards set by the Liberia Institute of Statistics and Geo-Information Services (LISGIS), the survey employed a stratified, multi-stage cluster sampling design to ensure comparability with previous rounds and with other national surveys such as the LDHS 2019–20.

The analysis is guided by established conceptual frameworks linking food security, care practices, health, and the environment to nutrition outcomes. Specifically, it draws on the UNICEF Conceptual Framework for Maternal and Child Nutrition, which conceptualizes child nutritional status as the result of immediate causes (dietary intake and disease), underlying causes (household food security, care practices, and access to health and WASH services), and basic causes related to livelihoods, socioeconomic conditions, and exposure to shocks. In parallel, food security is interpreted using the FAO/WFP framework encompassing food availability, access, utilization, and stability. Together, these frameworks inform the interpretation of survey findings and the assessment of cross-sectoral determinants of malnutrition and food insecurity.

The survey is designed not only to generate evidence, but to directly inform national and subnational planning, policy dialogue, and program targeting. This chapter describes the sampling approach, sample selection procedures, weighting methodology, and adjustments applied to account for non-response and incomplete listing. Together, these procedures ensure that the findings presented in subsequent chapters accurately reflect the characteristics and conditions of the Liberian population.

3.1 Survey design and sampling

3.1 SAMPLING AND WEIGHTING

The 2025 CFSNS was designed to produce reliable and representative estimates of food security, nutrition, and livelihoods across Liberia at both the national and county levels. The survey used a stratified, multi-stage sampling approach that ensured households were selected from all counties and from both urban and rural areas. This approach allows findings to reflect the diversity of living conditions, livelihoods, and food access patterns across the country.

In the first stage, enumeration areas were selected using probability methods proportional to population size, ensuring that more densely populated areas had a higher chance of selection while still including smaller and remote communities. In the second stage, households were randomly selected within each enumeration area. This process minimized selection bias and ensured that every household within the sampling frame had a known and non-zero chance of being included in the survey.

To ensure that results accurately represent the national population, sampling weights were applied during analysis to adjust for differences in selection probability and response rates. While the survey is designed to be representative at national and county levels, some indicators—particularly those related to nutrition or coping behaviors—are based on smaller sub-samples. Estimates for such indicators are therefore interpreted with appropriate caution, and findings are triangulated with multiple indicators to strengthen confidence in conclusions.

This sections below outline the steps undertaken to produce the sampling weights used during the data

analysis for this survey. The sample design for the survey includes complex features such as stratification, clustering, unequal probabilities of selection, and multiple stages of sampling. These features must be properly accounted for when analyzing the survey data through the use of sampling weights. This ensures the production of design-based survey point estimates and measures of precision, enabling accurate statistical testing and inference for the populations of interest.

3.1.1 Geographical coverage and target population

The survey has been designed to provide statistically representative information across 16 geographic divisions, consisting of the 14 counties plus Montserrado, which was divided into Greater Monrovia/urban Montserrado and rural Montserrado.

Community Perspectives: Communities describe themselves as largely agricultural ecologies with mixed terrain. About 63.6 percent of communities report flat plains and 69.8 percent report low hills, while 27.7 percent mention high hills and 3.5 percent mention mountainous terrain, suggesting most sites are cultivable but with meaningful local variation. Land cover and resource indicators show a strong presence of forest and wetland systems: 85.4 percent of communities are near primary forest, 42.1 percent near secondary forest, 67.1 percent near grassland, and 57.2 percent near swampland (**Annex 3; Table A1**).

The target population for this study primarily includes households in Liberia, focusing on food security, consumption-related objectives, and nutrition linkages. At the individual level, the survey also covers nutrition-related objectives, including the prevalence of malnutrition and infant and young child feeding (IYCF) among children (0–59 months), adolescents (10–19 years), and women (15–49 years).

3.1.2 Sampling weighting

After data collection, processing, and editing, the final dataset must be weighted to account for the sample design and any adjustments due to non-response that may have occurred during data collection, before data analysis can take place. The sampling weights are determined based on the analytical requirements of the survey.

Household sampling weights were constructed for the survey to be used for the household-level analysis. The sections below describe the steps undertaken in the construction of these sampling weights for the survey.

3.1.3 Calculating Probabilities of Selection and Base Weights

The sample design of the survey provides the basis for constructing its sampling weights. Therefore, the probabilities of selection at each sampling stage, based on the sample design, must be determined. The inverse of these selection probabilities is then used to construct the base weights for the survey. This section describes how the base weights were derived according to the sample design.

First Stage Selection

The survey is based on a stratified, multi-stage cluster sample design. The first-stage sampling frame was developed using the enumeration areas (EAs) created by the Liberia Institute of Statistics and Geo-Information Services (LISGIS). At the first stage of selection, EAs were randomly sampled as primary sampling units (PSUs), also referred to as clusters, across the 16 geographical divisions of Liberia (i.e., the 14 administrative counties plus Montserrado, which was divided into Greater Monrovia and rural

Montserrado).

For the main sample, an equal number of 30 clusters were randomly selected across the 16 geographical divisions, yielding a total main sample size of 480 clusters for the survey. In addition to the main sample of 480 clusters, five additional clusters per geographical division were randomly selected as a reserve sample using a two-phase sampling approach at the first stage, resulting in a total reserve sample of clusters. These reserve clusters were only used as backup replacements in exceptional cases when households or individuals in clusters from the main sample were found to be inaccessible for the duration of the survey period and could not be enumerated.

During the first phase of the first stage of sampling, a total of 35 clusters were sampled from each design stratum. This included both the reserve clusters (five) and the main clusters (30) required for the survey, using probability proportional to size (PPS) sampling.

In the second phase of the first stage, a subset of five clusters for the reserve sample was selected from the first-phase sample using fractional interval systematic sampling¹. The measure of size (MOS) used was the number of households per EA, based on the count from the EA frame provided by LISGIS. Therefore, the first-stage probability of selection is given by:

Therefore the first stage probability of selection is given by:

$$f_{1hi} = \frac{m_h \times N_{hi}}{N_h} \times \frac{m_h^*}{m_h} = \frac{m_h^* \times N_{hi}}{N_h} \quad (1)$$

Where;

f_{1hi} = probability of selecting cluster i from stratum h .

$m_h = 35$ = number of clusters selected at the first phase of the first stage from stratum h .

m_h^* = number of clusters released for interviewing from stratum h .

N_{hi} = total number of households in selected cluster i from stratum h , as per the LISGIS EA frame.

$N_h = \sum_g N_{hg}$ = total number of households across all clusters g from stratum h , as per the LISGIS EA frame.

Second Stage Selection

Within the selected clusters, a household listing was conducted, and a sample of households was selected from these listings using fractional interval systematic sampling. Between 21 and 27 households were selected for the survey within each sampled cluster.

¹ Fractional interval sampling is a variation of systematic sampling used when the population size divided by the desired sample size results in a non-integer. Instead of rounding to a whole number, the exact decimal interval ($k = N/n$) is used to determine selection points ($R, R + k, R + 2k \dots$), which are then rounded to identify specific units. This ensures every member of the population has an exactly equal probability of selection and maintains the precise target sample size.

Therefore, the probability of selection at the second stage of sampling for the survey is given by:

$$f_{2hij} = \frac{n_{hi}}{N_{hi}^*} \quad (2)$$

Where;

f_{2hij} = probability of selecting household j , in selected cluster i from stratum h .

N_{hi}^* = total number of households listed in selected sub-block/segment j , in selected block i from stratum h , as per the household listing operation.

n_{hi} = number of households selected in cluster i from stratum h .

Third Stage Selection

Within the selected households, all eligible individuals were included in the survey (i.e., a take-all sampling approach). Therefore, the probability of selection for this stage of sampling is equal to one for all eligible individuals in the sampled household and is given by:

$$f_{hijk} = 1 \quad (3)$$

Where;

f_{hijk} = probability of selecting individual k , in selected household j , in selected cluster i from stratum h .

Therefore, the overall probability of selecting a household for the survey is given by the product of (1) and (2):

$$f_{hij} = f_{1hi} \times f_{2hij} \quad (4)$$

While the overall probability of selecting an eligible individual for the survey is given by the product of (1), (2) and (3):

$$f_{hijk} = f_{1hi} \times f_{2hij} \times f_{3hijk} = f_{hij} \times 1 = f_{hij} \quad (5)$$

Since no subsampling of eligible individuals was done within households, the overall probability of selecting individuals for the survey is equivalent to the probability of selecting the household.

The base weights that account for the probabilities of selection through all stages of sampling are then calculated as the inverse of the overall probability of selection.

For households (in stratum h):

$$w_{hij} = \frac{1}{f_{hij}} = \frac{1}{f_{1hi} \times f_{2hij}} \quad (6)$$

For eligible individuals (in stratum h);

$$w_{hijk} = \frac{1}{f_{hijk}} = \frac{1}{f_{1hi}x f_{2hij}x f_{3hijk}} = \frac{1}{f_{hij}} = w_{hij} \quad (7)$$

Note that the base weight at the individual level is the same as the base weight at the household level since there was no subsampling of individuals within households.

3.1.4 Adjustment for the base weights

Adjustment for incomplete household listing information

During weight calculations, it was indicated that in some clusters, not all households were listed before the household sample was selected. It is unclear why this occurred, but it may have been due to limited resources or insufficient time to complete the household listing operation in these clusters.

This incomplete listing could have resulted in a systematic exclusion of certain types of households. For instance, households in remote or inaccessible areas of the cluster were likely to be omitted, while those closer to the starting point of the household listing operation were more likely to be included. The missed households may therefore differ systematically from those that were listed, particularly in characteristics relevant to the survey indicators.

To address some of the potential non-coverage bias introduced by incomplete household listing in certain clusters, a “household listing adjustment factor” was derived and applied to the base weights. This adjustment factor was calculated as follows:

$$w_{hi}^{\text{miss}} \in \begin{cases} \frac{N_{hi}}{N_{hi}^*} & , \text{if } N_{hi} \geq N_{hi}^* \\ 1 & , \text{if } N_{hi} < N_{hi}^* \end{cases} \quad (8)$$

Where;

w_{hi}^{miss} = sampling weight ‘household listing’ adjustment factor for incomplete household listing in cluster i from stratum h .

N_{hi} = as defined above. See equation (1)

N_{hi}^* = as defined above. See equation (2)

The household listing adjustment compares the number of households listed during the household listing operation to the number of households in the cluster according to the LISGIS EA frame file. The rationale is that, over time, cluster sizes generally increase due to population growth, resulting in more households per cluster compared to earlier counts. Therefore, it would be expected that the number of listed households should be at least equal to or greater than the number on the EA frame.

If the number of listed households is less than that on the EA frame, the sampling weight is adjusted upward based on the relative difference between the two counts. If the number of listed households exceeds the number on the EA frame, no change is made to the sampling weight. This adjustment specifically addresses non-coverage errors caused by missed households during listing operations.

However, this adjustment has limitations. Some clusters may not necessarily increase in size over time. For

example, rural clusters may shrink due to population outmigration or other factors reducing the population in those areas. Although this was considered, the adjustment factor was still applied because of the general pattern of systematic non-coverage during household listing and the absence of detailed information on which clusters were affected and to what extent. It is expected that this adjustment will at least partially correct for non-coverage errors resulting from incomplete listings.

Adjustment for household non-response

During survey implementation, it is common for some proportion of sampled households or individuals to be unreachable, unavailable, or unwilling to participate in the survey, despite the best efforts of field staff. When non-response occurs, adjustments to the base weights must be applied to compensate for this at both the household and individual levels across the different sampling groups.

A weighted response rate was used to derive the non-response adjustment factor at the household level, as this rate reflects the survey's sample design.

Household-level non-response adjustment

To calculate the weight adjustments for household non-response, the survey implementation team kept track of both the selected households that responded and those that did not. Both responding and non-responding households have known probabilities of selection. However, since no interviews were conducted for non-responding households, the weights of responding households were adjusted to compensate for those that did not respond.

The household non-response adjustment factor for the survey is computed as the inverse of the weighted household response rate:

$$w_{h_{HH_NR}} = \frac{\sum_{t \in s} w_{hijt}}{\sum_{t \in s_r} w_{hijt}} \quad (9)$$

Where;

$w_{h_{HH_NR}}$ = household non-response weight adjustment for households in the survey, in stratum h .

$\sum_{t \in s} w_{hijt}$ = weighted sum of all sampled households in the survey, in stratum h .

$\sum_{t \in s_r} w_{hijt}$ = weighted sum of responding households in the survey, in stratum h .

No individual-level non-response adjustment was implemented, as response outcomes for eligible individuals were not recorded during survey implementation. Therefore, no separate individual-level sampling weight was derived for the survey.

3.1.5 Final sampling weights

The final sampling weight to be used during data analysis is the weight derived after applying the adjustments described in Section 3.1.4 to the base weights from Section 3.1.3. Therefore, the final household sampling weights were calculated as the product of the base weight, the adjustment for incomplete household listing, and the household-level non-response adjustment for each stratum h :

$$w_{hh} = w_{hij} \chi w_{hi}^{miss} \chi w_{h_{HH_NR}} \quad (10)$$

The same sampling weight was used for individual-level analysis.

3.2 DATA COLLECTION

3.2.1 Overview of data collection and data entry

Data collection for the 2025 Liberia CFSNS was carried out between May and the first week of July 2025, spanning approximately six weeks of fieldwork. The survey followed standardized procedures for household listing, sampling, interviewing, anthropometric measurement, and daily quality-control checks to ensure high-quality, nationally comparable data.

In each selected county, trained enumerators conducted household listing exercises within the designated Primary Sampling Units (PSUs). Using a standardized household-listing form, enumerators identified all residential structures and recorded all eligible households. Each dwelling was marked with a unique identification number using chalk or marker. Following listing, household selection was conducted using a pre-programmed random-selection algorithm embedded in Computer-Assisted Personal Interview (CAPI) devices, ensuring strict adherence to probability-based sampling.

During listing, heads of households provided the names and ages of all members aged 0–19 years. Households reporting eligible individuals were grouped into three strata (0–4 years, 5–9 years, and 10–19 years). One eligible participant was randomly selected from each age stratum, with a maximum of three selected individuals per household.

Supervision was maintained throughout the field period. Field teams received close daily oversight from county-based supervisors who ensured compliance with protocols, reviewed completed interviews for internal consistency, and verified sampled households. National-level survey coordinators conducted periodic monitoring visits, provided technical support, and oversaw adherence to sampling protocols and quality-assurance procedures.

Digital data-collection tools accelerated processing and reduced transcription errors. Supervisors synchronized completed interviews daily to secure servers, enabling real-time monitoring and rapid feedback to teams. A subset of households classified as “non-response” was revisited to validate reasons for non-participation and to minimize non-response bias.

Quality assurance remained a central feature of the 2025 CFSNS. Enumerators participated in regular performance reviews, and team leaders were trained in data-backup procedures and field-level error correction. The integration of CAPI systems, GPS verification, and centralized monitoring strengthened overall data accuracy and integrity.

3.2.2 Household questionnaires and modules

The quantitative component of the survey was designed to generate statistically representative estimates across core thematic domains related to food security, nutrition, livelihoods, and household well-being. The household questionnaire captured detailed information on demographic characteristics, education, housing conditions, access to water and sanitation facilities, household assets, agricultural inputs, and livelihood strategies. Additional modules collected data on migration, household expenditures, sources of food, and the value and frequency of food and non-food purchases.

Anthropometric measurements were collected in accordance with global standards. Weight was measured using SECA electronic scales, allowing for double measurements and nightly calibration with a 1-kg test

weight. Height and length were measured with UNICEF-approved measuring boards with separate equipment for adults and children. Mid-Upper Arm Circumference (MUAC) for children and women was measured using UNICEF color-coded MUAC tapes, replaced every three days or earlier if signs of stretching or wear were observed.

Food security modules followed WFP's Vulnerability Analysis and Mapping (VAM) technical guidelines (2020) and included standardized indicators such as Food Consumption Score (FCS), Household Dietary Diversity Score (HDDS), Hunger Scale (HHS), Food Insecurity Experience Scale (FIES), Food Expenditure Share (FES), and Coping Strategy Index (CSI). Additional modules collected data on income, access to credit, household debt, agricultural production, markets, and shocks.

The questionnaire also examined maternal, infant, and young child feeding practices, caregiving behaviors, adolescent nutrition, participation in development programs, market access, and exposure to shocks. Together, these modules provide a comprehensive foundation for analyzing food security and nutrition in Liberia..

3.2.3 Community questionnaire

A qualitative community assessment was conducted in a purposive subsample of communities selected from within the quantitative clusters. The community questionnaire was designed to contextualize household-level findings and to explore local dynamics influencing food security and nutrition outcomes.

Focus group discussions and key-informant interviews examined economic activities, gender roles, seasonal and temporary migration patterns, livelihood vulnerabilities, and community-level coping strategies. Communities described local infrastructure, including access to schools, health facilities, water sources, and markets, and provided perspectives on agricultural production systems, food availability, and market constraints.

Discussions also assessed community priorities, social cohesion, and preparedness for shocks, with particular attention to climate-related risks. Unique challenges facing pregnant and lactating women, adolescents, and young children were explored to complement maternal and child nutrition modules in the quantitative survey. The combination of community-level insights and household data strengthened interpretation and contextualized regional disparities.

Survey instruments were jointly developed by the Ministry of Agriculture (MOA), Ministry of Health (MOH), Liberia Institute of Statistics and Geo-Information Services (LISGIS), World Food Programme (WFP), Food and Agriculture Organization (FAO), World Health Organization (WHO), Welthungerhilfe (WHH), and UNICEF Liberia. All fieldwork was conducted using Open Data Kit (ODK)-based CAPI systems deployed on smartphones and tablets supplied by WFP and MOA. Data were securely stored on WFP servers, monitored in real time, and shared with national partners in accordance with data-protection protocols.

3.2.4 Training, fieldwork and supervision

Field teams were recruited and trained under the coordination of the Technical Working Group (TWG), led by LISGIS, MOA, and MOH with support from key development partners. Based on the sampling frame, 480 clusters were allocated across the 16 geographic strata. Sixteen field teams—each consisting of six members—were deployed. Teams included household interviewers, anthropometry specialists, qualitative

interviewers, and technical supervisors.

A rigorous five-day training program was conducted prior to deployment. Training covered survey objectives, sampling procedures, household selection, interviewing techniques, informed consent procedures, and the use of CAPI devices. Extensive practice sessions and standardization exercises were conducted for anthropometry to ensure measurement reliability across teams. Questionnaire content was reviewed in detail, and trainees practiced navigation, skip patterns, and error-checking functions within the digital survey tools.

A pilot test was conducted one week before field deployment in selected communities to evaluate question clarity, translation accuracy, operative procedures, and data flow through the ODK system. Feedback from the pilot informed revisions to the instruments, skip logic, and field protocols.

Enumerators were evaluated through written tests, observation, and anthropometric standardization assessments. Approximately 20 percent more personnel than required were trained to facilitate replacements when needed. During fieldwork, supervisors conducted daily reviews of questionnaires, performed random spot checks, monitored GPS coordinates, and provided on-site support. National coordinators conducted monitoring visits and daily debriefings to ensure procedural consistency across all counties.

3.2.5 Ethical considerations

The 2025 CFSNS adhered to national and international ethical standards governing household survey research. All participants provided informed consent—verbal or written depending on literacy and cultural preferences—prior to interviews and anthropometric measurement. For children and adolescents, consent was obtained from a parent or guardian, and assent was sought when appropriate.

Enumerators were trained in safeguarding principles, confidentiality protocols, and respectful engagement with vulnerable groups. Data collection procedures aligned with ethical guidelines of the Ministry of Health (MOH), WFP’s global data-protection and privacy standards, UNICEF’s child safeguarding procedures, and WHO guidelines for ethical anthropometric measurement. Personal identifiers were removed from analytic datasets, and all digital data were encrypted and stored on WFP secure servers.

3.2.6 Challenges and mitigation strategies

The data-collection process encountered several logistical and operational challenges that affected the pace and efficiency of fieldwork. In some instances, inaccurate enumeration-area listings caused teams to spend extended periods traveling to locations that did not correspond to mapped areas, leading to delays and additional coordination efforts to verify and locate the correct sites.

In many rural communities, ongoing farming activities limited respondent availability during peak survey hours, as household members were often working in the fields. Enumerators made repeated visits or adjusted their schedules to conduct interviews early in the morning or late in the evening. Poor road conditions and heavy rainfall further hampered field movement, making access to some assigned clusters difficult. In addition, weak mobile-network coverage in several areas disrupted real-time data synchronization and limited the ability to troubleshoot technical issues remotely.

Despite these challenges, field-team morale remained high. Enumerators demonstrated strong commitment,

adaptability, and resilience, ensuring the successful completion of data collection within the planned timeframe. Further, to mitigate these challenges, enumerators adjusted their schedules by starting fieldwork earlier, prioritizing households with children under five, and rescheduling interviews when necessary. Supervisors conducted manual verifications of cluster coordinates and additional data-consistency checks. Real-time supervision and quality monitoring enabled the prompt identification and correction of errors.

The 2025 Liberia CFSNS employed a rigorous mixed-methods approach, combining quantitative and qualitative techniques under robust supervision and quality-assurance mechanisms. Through strong inter-agency collaboration, comprehensive training, and adaptive field management, the survey successfully generated high-quality, reliable data to inform national food-security and nutrition policies and programming.

3.3 DATA MANAGEMENT AND TREATMENT

Effective data management was critical to ensuring the quality and reliability of all indicators presented in this report. The CFSNS 2025 data underwent a structured series of checks, validations, and harmonization steps to guarantee completeness, consistency, and alignment with international survey standards. These procedures were guided by the Technical Working Group (TWG) and applied systematically across all datasets and modules prior to analysis. The following subsections describe the specific processes used to clean, validate, and prepare the data for statistical analysis.

3.3.1 Data cleaning, harmonization, and validation

Data management for the CFSNS 2025 followed a multi-stage process designed to ensure accuracy, internal consistency, and comparability across all datasets and survey modules. Five primary datasets were produced and analyzed: (1) the household file (n = 11,852), (2) the household members file (n = 45,511), (3) the child file (n = 6,311), (4) the anthropometry file (n = 13,437), and (5) the disability file (n = 425). Each dataset underwent systematic cleaning and validation according to international best practices and national standards established by the Technical Working Group (TWG).

Immediately after data collection, all raw datasets were reviewed against the final codebook, metadata, and survey questionnaires to verify that variable labels, formats, and response categories aligned with the approved tools. Unique identifiers were examined to ensure correct linkage between households, individuals, and anthropometry records. Duplicate entries and empty forms were removed after cross-checking with field logs.

A set of automated quality checks was then applied to confirm adherence to skip patterns, logical sequences, and allowable ranges. These checks identified inconsistencies such as mismatches in sex and age reporting, contradictory household-level responses, and misordered chronological events (e.g., age at school entry, birth histories). Variables derived from WFP's standard VAM templates were examined and harmonized to ensure compatibility with both national indicators and global food security metrics.

The TWG held multiple meetings during the data-cleaning process to review flagged issues, evaluate patterns of inconsistency, and determine appropriate correction protocols. These consultations were essential in resolving mismatches between questionnaire versions, metadata structures, and actual field entries. For example, several variables lacked consistent naming conventions across modules, and the household identifier (HH_ID) did not appear under a uniform variable name across the household,

women's, and child datasets. These discrepancies were resolved through systematic relabeling and harmonization.

Final validation procedures included generating frequency distributions, cross-tabulations, and descriptive statistics across all key variables to ensure internal consistency, correct denominators, and stable patterns across regions and demographic groups. Where required, corrections were made in consultation with TWG partners from LISGIS, MOA, MOH, WFP, FAO, and UNICEF.

Together, these processes produced a clean, analysis-ready dataset consistent with national and international standards for food security and nutrition surveys.

3.3.2 Handling of missing values and outliers

Patterns of non-response were cross-checked against household characteristics, interviewer identifiers, and geographic clusters to identify potential systematic biases. Extreme values were detected using range checks, logical limits, and standardized z-score thresholds. For socioeconomic variables, impossible or improbable values (e.g., negative expenditures, implausible household size) were flagged and either corrected using field notes or coded as missing. Across variables, outlier handling adhered to the principle of preserving valid extreme values while removing clearly erroneous entries.

3.3.3 Anthropometry data cleaning

Anthropometric data were cleaned following the WHO Child Growth Standards using the WHO Stata igrowup package. All children aged 6–59 months were included in the screening for biologically implausible z-scores (BAZ), following the recommended exclusion thresholds:

- Length-/height-for-age (stunting): < -6 or $> +6$ Z
- Weight-for-length/height (wasting): < -5 or $> +5$ Z
- Weight-for-age (underweight): < -6 or $> +5$ Z
- MUAC-for-age: < -5 or $> +5$ Z

A total of 5,815 children had complete length/height data. **Table 1** shows the flagged outliers.

Table 1. Table 1. Outliers Flagged for Anthropometry Analysis, CFSNS 2025

Anthropometry Data	Valid	Flagged
Length/height-for-age (HAZ)	5,539 (95.3%)	276 (4.7%)
Weight-for-length/height (WHZ)	5,449 (97.8%)	122 (2.2%)
Weight-for-age (WAZ)	5,651 (98.8%)	71 (1.2%)
MUAC-for-age (MUACZ)	5,618 (97.7%)	131 (2.3%)

County-level distributions of outliers were also reviewed to ensure that exclusions did not cluster disproportionately by geography. Outliers were spread across counties, with some variation, but no county showed systematic measurement error requiring additional exclusion beyond WHO recommendations.

3.3.4 Expenditure data standardization and treatment of extreme values

Household expenditure data were subjected to a structured process of verification, standardization, and correction to ensure comparability across respondents and to support accurate estimation of consumption

aggregates. All reported expenditures were reviewed for completeness, consistency, and plausibility, following national guidelines and international best practices for food security and household economic surveys.

To enable comparability across households, all food and non-food expenditures were converted to a common reference period. Item quantities were standardized using national unit-conversion tables, and expenditure values were harmonized across modules following WFP Vulnerability Analysis and Mapping (VAM) guidelines. Variables were recoded and aligned with VAM standard naming conventions, which facilitated the use of established syntax for food security indicators.

During the cleaning process, the data were carefully examined for extreme or implausible values. These included negative expenditures, values that were inconsistent with item quantities or unit costs, and entries likely affected by decimal misplacement or misreporting. In such cases, values were corrected when supported by other item-level information or recoded as missing when verification was not possible. Special attention was given to extremely large expenditures that had the potential to distort total consumption aggregates. These cases were systematically reviewed using frequency distributions and percentile diagnostics. Extreme values determined to be erroneous were addressed through recoding or adjustment based on TWG-approved procedures.

The cleaned and standardized expenditure variables were then aggregated to produce household-level consumption totals for food and non-food items. These totals underpin several key indicators presented in subsequent chapters, including food expenditure share, food sources, livelihood vulnerability, and poverty-related analyses. All steps were undertaken in consultation with the Technical Working Group (TWG), ensuring that methods were transparent, consistent, and aligned with national analytical standards.

3.3.5 Key data issues and TWG resolution

Several structural data issues emerged during the cleaning and harmonization process, necessitating close coordination with the Technical Working Group (TWG). One of the most significant challenges involved inconsistencies in household identifiers across datasets. The household ID variable appeared under different names in the household, member, child, and anthropometry files, which initially prevented accurate merging of the module-based datasets. Through TWG consultations, a unified identifier system was adopted, and all relevant variables were recoded to ensure consistent linkage across files.

Additional discrepancies were identified between the questionnaires, metadata, and the raw datasets. In several cases, variables listed in the metadata or questionnaire templates did not appear in the collected data, suggesting changes in field implementation or automated form logic. Other variables displayed different response categories or value labels than originally specified. The TWG conducted a detailed review of questionnaire versions, field supervisor logs, and ODK form structures to reconcile these discrepancies. Harmonized coding schemes were subsequently approved to align all modules with the final metadata framework.

Inconsistencies in value labeling were also detected. Binary variables used multiple coding conventions—some applied 1/2 = Yes/No, whereas others used 0/1 = No/Yes. To achieve uniformity across files and ensure compatibility with WFP’s VAM syntax and global survey standards such as DHS, the TWG agreed to standardize all binary variables to 0 = No and 1 = Yes. This adjustment significantly improved comparability across modules and facilitated automated indicator generation.

Further, polio immunization data were recorded in the household-level dataset rather than the child dataset, hence was analyzed with household-level indicators.

All data issues were resolved through iterative technical discussions, cross-checking with field documentation, and verification of original instruments. These steps ensured that the final dataset was internally consistent, analytically sound, and aligned with national and international quality standards.

3.4 SURVEY INDICATORS

The 2025 CFSNS collected a wide range of indicators spanning household characteristics, WASH, health and nutrition, food security, agriculture, and livelihoods. These indicators were selected to align with global monitoring frameworks—including DHS, MICS, WHO/UNICEF Joint Monitoring Programme (JMP), WFP’s VAM system, FAO food security standards, and WHO Child Growth Standards—and to ensure comparability with previous CFSNS rounds and other national surveys. **Annex 1** summarizes the official indicators and definition measured in the survey by each domain, including household characteristics, WASH, disability, food security, access to health services, child health, child nutrition, woman’s health and nutrition, and agriculture and livelihoods.

3.5 DATA ANALYSIS APPROACH

Data analysis for the CFSNS 2025 followed a structured, multi-step approach designed to ensure analytical rigor, consistency with international methodologies, and comparability with previous CFSNS rounds and other national surveys such as the LDHS and MICS. All statistical analyses were performed using appropriate survey commands to account for the complex sampling design, including stratification, clustering, and sampling weights. Results were generated using weighted estimates unless otherwise specified, ensuring that all findings are representative at national, urban–rural, and county levels.

The analysis began with univariate (descriptive) statistics to summarize the distribution of key variables across households, individuals, and communities. These included measures of central tendency, dispersion, and proportion estimates for categorical variables. Such descriptive analyses provided an overview of demographic, food security, nutrition, WASH, and livelihood characteristics. Cross-tabulations were combined with chi-square tests to assess statistical significance. For continuous outcomes, mean comparisons were conducted where relevant. All analyses were performed using Stata survey (svy) commands to correctly account for the survey’s multi-stage sampling structure and ensure accurate standard errors and confidence intervals. Household-level sampling weights were applied to all analyses, with individual-level indicators linked to the household weight unless otherwise specified. Non-response was minimal and is not expected to materially affect national or county-level estimates.

To ensure that findings reflect the diversity of conditions across Liberia, all core indicators were disaggregated across standard geographic and demographic domains. The primary disaggregated variables included the following:

- Urban and rural areas
- Sex of household head and sex of child or adult respondent, depending on the indicator
- Age groups, including standard categories for children (0–5 months, 6–11 months, 12–23 months, 24–35 months, 36–47 months, 48–59 months), adolescents (10–19 years), and women (15–49 years)

- County-level estimates for all 16 counties, including urban and rural Montserrado
- Wealth quintiles, constructed using a principal components analysis (PCA)² of household assets, housing materials, and utilities

Where sample sizes permitted, additional disaggregation was performed (e.g., female- vs male-headed households, livelihood groups) for select indicators. All disaggregated results presented in this report meet minimum precision thresholds, following DHS and WFP guidelines for representative survey tabulations.

Spatial analysis and thematic mapping were incorporated to visualize geographic patterns in food security, nutrition, WASH, and livelihood outcomes. Geographic Information System (GIS) techniques were used to generate county-level maps displaying prevalence estimates, severity classifications, and spatial disparities. Mapping followed WFP visualization standards, using classified color gradients for variables such as food insecurity, food consumption, stunting, wasting, and underweight.

Visualizations also included bar charts, line graphs, boxplots, and heat maps, developed using weighted data to ensure accurate interpretation. These graphics were used throughout the report to highlight trends, inequalities, and critical geographic hotspots.

² Principal Component Analysis (PCA) is a statistical dimensionality-reduction technique used to simplify large datasets by transforming correlated variables into a smaller set of uncorrelated variables, known as principal components, while retaining as much of the original variance (information) as possible

4. HOUSEHOLD DEMOGRAPHICS

4.1 HOUSEHOLD COMPOSITION

The 2025 CFSNS successfully interviewed 11,838 of the 11,879 selected households, achieving a response rate of 99.7 percent. This exceptionally high level of participation reflects strong field management, well-organized community engagement, and broad cooperation from respondents. Estimates derived from fewer than 30 observations are flagged in tables and figures and are not used for policy prioritization or comparative interpretation. Detailed indicator definitions, recall periods and extended tables are provided in the annexes to support transparency while maintaining readability in the main text.

Table 2. Household composition and response rate, CFSNS 2025

Characteristics	Mean or %	Unweighted N	Weighted N
Household Interviews and Response Rate			
Household selected		11,879	
Households interviewed		11,838	
Household response rate		99.70	
Household Composition by age categories			
Number of children 0-23 months, female	0.13	1,116	166,860
Number of children 0-23 months, male	0.15	1,181	197,505
Number of children 24-59 months, female	0.20	1,968	261,133
Number of children 24-59 months, male	0.20	1,962	259,961
Number of children 0-59 months, female	0.33	2,884	427,992
Number of children 0-59 months, male	0.35	2,957	457,466
Number of children 5-11 years, female	0.38	3,312	496,006
Number of children 5-11 years, male	0.37	3,395	478,828
Number of adolescents and youth 12-17 years, female	0.28	2,248	358,090
Number of adolescents and youth 12-17 years, male	0.26	2,500	337,813
Number of adults 18-59 years, female	1.03	9,864	1,336,286
Number of adults 18-59 years, male	0.90	8,775	1,160,101
Number of adults 60 years and above, female	0.11	1,230	147,386
Number of adults 60 years and above, male	0.09	1,113	113,955
Household Composition			
Mean household size	4.1	11,815	5,324,683
Percent and number of male-headed households	66.5	7,620	863,026
Percent and number of female-headed households	33.5	4,195	435,231
Residence			
Rural	42.2	7,478	545,193
Urban	57.8	4,343	753,486

Household composition in 2025 shows a typical demographic structure across age groups, including young children under five, school-aged children, adolescents, adults, and older persons. **Table 2** shows that the average household size is 4.1 persons, which is consistent with previous national surveys (4.3, LDHS 2019-2020). Male-headed households account for 66.5 percent of the sample, while 33.5 percent are headed by

women. Urban Montserrado accounts for the largest proportion of surveyed households at 35.5 percent, reaffirming the concentration of population in and around Monrovia, driven by employment opportunities, access to services, and continued urbanization. Other significantly represented counties include Nimba, Bong, and Lofa, which together make up nearly one-quarter of all surveyed households. Smaller proportions appear in sparsely populated and more remote areas such as River Cess, Gbarpolu, Grand Kru, and River Gee. The rural–urban distribution further highlights these disparities: 57.8 percent of surveyed households reside in urban areas compared to 42.2 percent in rural areas.

Household demographic characteristics are closely linked to food security and nutrition outcomes. Larger households tend to face greater pressure on food resources, particularly where income sources are limited, which can result in lower food consumption scores and higher vulnerability to food insecurity. Similarly, households with members living with disabilities often experience additional constraints related to reduced earning capacity, increased care responsibilities, and higher health-related expenditures, which may negatively affect both food access and diet quality. These patterns are consistent with findings from previous CFSNS rounds, which have shown that household size and dependency ratios are important determinants of food security status. The implications are particularly pronounced for child nutrition, as resource constraints within larger or more vulnerable households can limit dietary diversity and adequate feeding practices.

4.1.1 Migration

Migration plays a modest but meaningful role in household dynamics and vulnerability in Liberia. The vast majority of households (98.6 percent) are native and not hosting migrants, while only 1 percent host migrants and less than 1 percent have members from neighboring countries, indicating limited cross-border movement. Future migration intentions are low overall, with only small proportions planning to return within the next 3–12 months or within a year, and 74.8 percent reporting no intention to return to Liberia. Labor migration is limited but present: 6 percent of households have a member who worked outside their community in the past year, primarily within the same county (34.5 percent) or in another county (48.0 percent). Migrants most commonly engage in salaried work—particularly teaching, nursing, and driving—followed by mining, skilled trades such as carpentry and tailoring, domestic work, and petty trade. Remittances, though not widespread, are an important support mechanism for the households that receive them; 70.4 percent of migrant-linked households report receiving money, along with smaller shares receiving food, medicine, clothing, or school supplies (**Annex 3; Table A2**).

4.2 EDUCATION OF CHILDREN AND YOUTH

The 2025 CFSNS collected detailed information on the early childhood development (ECD) participation of young children and the schooling patterns of children and youth aged 6–15 years. The results highlight important differences across age, sex, residence, county, and wealth quintile, revealing both progress and persistent gaps in educational access and engagement.

Community Perspectives: Access to basic social infrastructure is uneven. Only 73.0 percent of communities report having a functioning school, while 9.4 percent report none at all. Education availability is skewed toward lower levels: 94.0 percent have an elementary school, but just 34.4 percent have a high school and 4.4 percent have any community college presence. Early childhood facilities are rare, with only 9.4 percent reporting a kindergarten (**Annex 3; Table A1**).

Among children aged 3–4 years, participation in early childhood development programs remains limited, with only 28.3 percent enrolled. Participation varies substantially across counties and wealth groups. Children in wealthier households are significantly more likely to attend ECD programs; for example, 46.4 percent of children in the highest wealth quintile participate, compared with only 12.4 percent in the poorest quintile. This wide disparity reflects financial barriers, uneven distribution of preschool facilities, and differences in parental ability to pay fees or transport young children. County-level gaps are equally stark. While Urban Montserrado (35.9 percent) and Lofa (30.1 percent) show moderately high ECD participation, counties such as Bomi (11.3 percent) and Sinoe (11.8 percent) show notably low uptake, suggesting limited availability of services and potential demand-side constraints (**Annex 3; Table A3**).

School participation among older children is considerably higher. Among children aged 6–15 years, 83.4 percent have ever attended school, and 90.0 percent were attending school during the 2024–25 school year. Urban–rural disparities remain, although both areas show strong attendance. Current attendance reaches 90.3 percent in urban areas compared with 89.5 percent in rural areas, suggesting that once children are enrolled, retention is relatively stable across both settings. However, rural children are less likely to have ever attended school (76.6 percent) compared with their urban counterparts (87.6 percent), indicating that school entry remains a challenge in more remote areas.

Access to school meals, an important safety net for child nutrition, reaches 20.9 percent nationally. Access is significantly higher in rural counties (33.7 percent) compared with urban areas (13.9 percent). Counties such as Grand Cape Mount (75.5 percent) and Bomi (74.3 percent) demonstrate the strongest school-meal access, while Sinoe and Grand Kru counties report much lower levels.

Absenteeism and dropout provide additional insight into children’s engagement in the education system. National absenteeism among school-going children stands at 11.7 percent, with variation across counties. Some counties such as River Gee (5.3 percent) and Sinoe (5.7 percent) report low absenteeism, while others such as Nimba (21.2 percent) show significantly higher rates. These disparities likely reflect differences in school accessibility, seasonal agricultural labor demands, and household economic pressures. The national dropout rate is 18.6 percent, with urban children (21.7 percent) more likely to drop out than those in rural areas (11.3 percent). Counties such as River Gee (40.2 percent) and Nimba (28.1 percent) exhibit high dropout rates (**Annex 3; Table A3**).

Wealth disparities again show strong influence. Children from wealthier households have higher school attendance, lower dropout rates, and greater participation in ECD. For example, 93.2 percent of children in the wealthiest quintile currently attend school compared with 66.7 percent in the poorest quintile.

4.3 DISABILITY AND FUNCTIONAL LIMITATIONS

The findings from the 2025 CFSNS indicate that disability and chronic illness affect a meaningful share of Liberian households and play an important role in shaping household vulnerability, economic capacity, and food security. Nationally, 4.1 percent of households report at least one member who is chronically ill or living with a disability. Although the overall prevalence appears modest, the distribution across sex, residence, counties, and wealth groups reveals patterns that highlight important structural inequalities.

Women are slightly more likely than men to live in households with a chronically ill or disabled member. Among female-headed households, 4.7 percent report a disabled member compared with 3.8 percent of male-headed households. This difference may reflect caregiving burdens that fall disproportionately on

women, higher health needs among female household members, or increased likelihood of reporting disabilities in female-headed households.

Rural households show a higher prevalence of disability compared with urban households. Approximately 4.8 percent of rural households report a disabled member, compared with 3.6 percent in urban areas. This rural–urban gap underscores disparities in access to healthcare, early diagnosis, chronic disease management, and rehabilitation services. Rural households often face long distances to health facilities, weaker transportation networks, and limited access to specialized care, all of which contribute to higher burdens of unmanaged disability. County-level variation is substantial. Some counties report notably elevated disability prevalence, including Bomi (7.7 percent), Margibi (4.7 percent), and Nimba (10.3 percent), suggesting potential clustering of chronic illness or injuries linked to environmental, socioeconomic, or occupational factors. In contrast, counties such as Gbarpolu (1.0 percent), Grand Kru (1.7 percent), and Sinoe (1.5 percent) report very low levels (**Annex 3; Table A1**).

The survey also collected information on functional limitations among heads of household, providing insight into the disabilities that may constrain household leadership and economic participation. Functional difficulties vary across domains. Nationally, 6.3 percent of household heads have difficulty seeing, 1.9 percent have hearing difficulties, 5.9 percent have limitations walking or climbing steps, 2.2 percent have challenges remembering or concentrating, 1.1 percent have difficulty communicating, and 2.1 percent require support with self-care activities.

Functional limitations also show clear geographic and socioeconomic disparities. Counties such as Maryland and Lofa report particularly high rates of seeing difficulty among household heads (17.5 percent and 16.7 percent, respectively), while Margibi and Rural Montserrado show higher rates of difficulty walking or climbing. Urban Montserrado reports relatively lower rates across most functional domains, consistent with better access to healthcare and rehabilitative services in urban settings (**Annex 3; Table A4**).

The poorest households consistently show higher rates of disability among both household members and heads. For example, 5.0 percent of the poorest households include a chronically ill or disabled member compared with 2.5 percent among the wealthiest. Functional difficulties, especially those related to mobility and vision, are lower in wealthier groups.

The presence of disability within a household has important implications for food security and resilience. Households with disabled members may face reduced labor capacity, lower income generation potential, and increased caregiving burdens. Mobility or sensory limitations among household heads may hinder agricultural productivity, market access, or the ability to engage in diverse livelihood activities. Additionally, disability often increases healthcare expenditures, reducing resources available for food. In rural areas, where households depend heavily on physical labor and have limited access to assistive services, disability can significantly heighten vulnerability and deepen poverty.

4.4 DWELLING CHARACTERISTIC AND LIVING CONDITIONS

The 2025 CFSNS shows that households in Liberia continue to make progress in improving their living environments, although notable disparities persist between urban and rural areas and across wealth groups. Nationally, housing conditions have improved most substantially in roofing, with 92 percent of households reporting finished roof materials. However, only 43 percent of households report finished walls and 60.6

percent report finished floors, indicating that improvements are uneven and that many households remain structurally vulnerable (**Annex 3; Tables A5, A6, and A7**). More than half of households (54.3 percent) continue to live in dwellings with natural wall materials, and over one-third (38.4 percent) use natural floors. These conditions expose households to environmental hazards, moisture, pests, and temperature fluctuations, which in turn can affect food storage, safety, and overall health.

Urban households demonstrate much stronger housing quality than rural households. Nearly all urban homes have finished roofs, and a large majority have finished walls and floors, reflecting better access to markets and building materials and higher overall household income. In contrast, rural households rely heavily on natural construction materials, especially for walls and floors. Differences across counties reveal similar inequalities. Urban Montserrado stands out as the county with the strongest dwelling conditions, with universal finished roofing and very high use of finished walls and floors. Meanwhile, counties such as River Cess rely heavily on natural building materials, reflecting structural barriers that households face in improving their dwellings.

Housing quality is strongly correlated with wealth status. The wealthiest households consistently live in dwellings constructed with finished roofing, finished walls, and finished floors, whereas the poorest households overwhelmingly rely on natural materials. Nearly all households in the highest wealth quintile live in structurally durable homes, while most poorer households remain in fragile structures. This divide underscores the influence of economic status on vulnerability and living standards.

4.1.2 Cooking practices and lighting conditions

Cooking practices also reflect household living conditions and economic status. Most households rely on traditional cooking methods, with more than 90 percent using some device for cooking (**Annex 3; Table A8**). Three-stone fires, movable firepans, and solid-fuel stoves remain common, and wood and charcoal dominate as the primary cooking fuels. **Figure 1** shows the percentage distribution of households by the primary cooking device used, including three-stone stove/open fire, moveable firepan, other devices, and traditional solid fuel stoves.

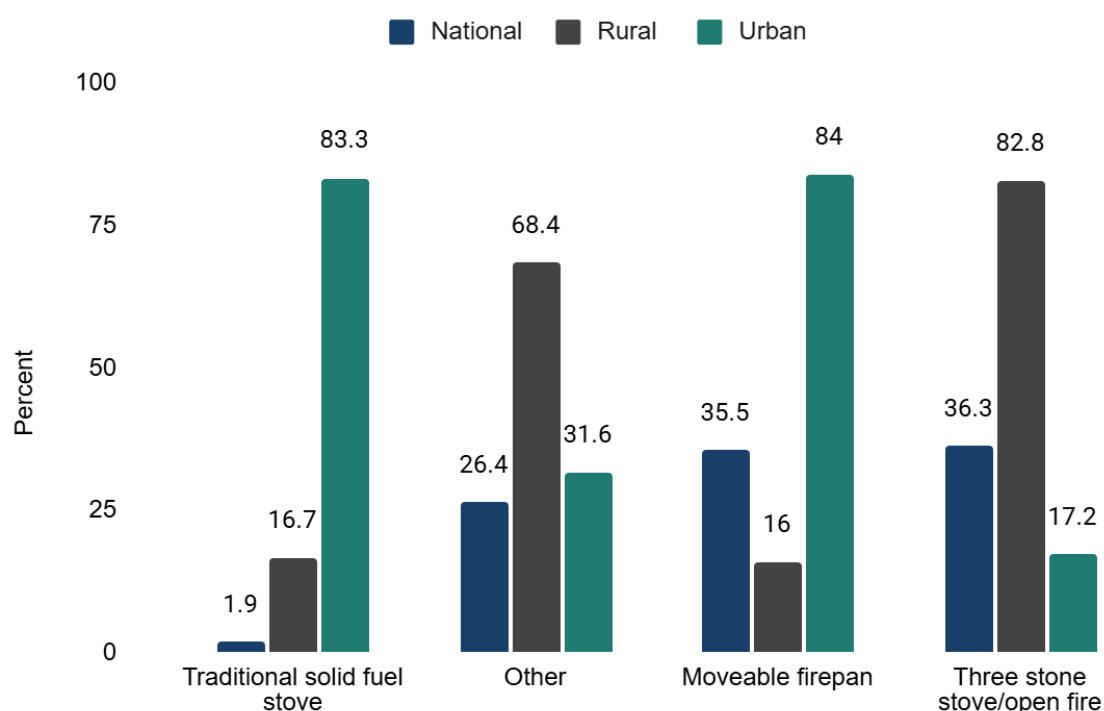
Rural households overwhelmingly rely on wood and open fires (82.8 percent), which increases exposure to smoke and respiratory illness, while urban households more frequently use charcoal and movable firepans (84.0 percent). Wealth plays a decisive role, as poorer households depend almost entirely on open fires and wood, while wealthier households more frequently use charcoal and cleaner stoves. These differences influence food preparation patterns, dietary diversity, and exposure to household air pollution.

Community Perspectives: Unsafe energy sources worsen respiratory illness and reduce dietary diversity through limited cooking options. Communities also reported that there is firewood scarcity in some areas and unreliable lighting restricts food preparation. Further they reported that smoke from firewood also adversely impacts children's health.

Lighting conditions further illustrate inequalities in living standards. Although 97.1 percent of households report access to some form of lighting, the type varies widely. Electricity is used by 39.3 percent of households nationally, but its distribution is highly uneven: 64.1 percent of urban households have electricity compared with only 4.7 percent of rural households. Battery-powered lights are the most common lighting source in rural areas, while solar-powered lights are becoming increasingly important in

counties with limited grid access. Wealthier households rely heavily on electricity, while poorer households

Figure 1. Distribution of Most Commonly Used Cooking Devices Among Households (%), CFSNS 2025



depend on battery lights and basic solar devices (**Annex 3; Table A9**).

4.1.3 Mosquito net ownership

The 2025 CFSNS findings show that mosquito net ownership—an essential component of malaria prevention—remains uneven across Liberia, with marked disparities by residence, county, and household wealth. Nationally, 67.2 percent of households report owning at least one mosquito net. While this reflects moderate coverage, the distribution is far from uniform and highlights important gaps that may undermine national malaria control efforts.

Table 3. Household Ownership of Mosquito Nets, by Selected Household Characteristics, CFSNS 2025

Characteristics	Household ownership of mosquito nets (%)	Total
All households	67.2	11,821
Residence		
Rural	70.1	7,478
Urban	56.8	4,343
County		
Bomi	67.0	778
Bong	62.4	804
Gbarpolu	67.5	782
Grand Bassa	48.9	773
Grand Cape Mount	71.3	717

Characteristics	Household ownership of mosquito nets (%)	Total
Grand Gedeh	80.8	746
Grand Kru	66.9	745
Lofa	88.4	743
Margibi	69.9	733
Maryland	53.9	808
Rural Montserrado	64.3	628
Urban Montserrado	49.6	628
Nimba	80.0	718
River Cess	75.9	748
River Gee	84.4	747
Sinoe	48.4	723
Wealth quintile		
Highest (wealthiest)	58.1	667
Fourth	56.9	1,377
Middle	61.7	2,503
Second	72.3	3,449
Lowest (poorest)	62.6	3,820

Rural households report substantially higher levels of mosquito net ownership than their urban counterparts. Approximately 70.1 percent of rural households own at least one net, compared with 56.8 percent of urban households. **Table 3** shows that there is substantial variation across counties. Coverage is strongest in Lofa (86.4 percent), River Gee (84.4 percent), Grand Gedeh (80.8 percent), Nimba (80.0 percent), and River Cess (75.9 percent). In contrast, several counties fall well below the national average, including Grand Bassa (48.9 percent), Maryland (53.9 percent), Urban Montserrado (49.6 percent), and Sinoe (48.4 percent).

4.5 WATER, SANITATION, AND HYGIENE

4.2.1 Drinking water

Access to improved water sources remains one of the strongest protective factors for nutrition and health. In Liberia, 83.6 percent of households use improved drinking water sources, but this conceals strong geographic and socioeconomic disparities. Urban households have near-universal access to improved water (94.0 percent), whereas only 69.1 percent of rural households do. County-level differences are substantial: counties such as Urban Montserrado, Lofa, Nimba, Maryland, and Grand Cape Mount have very high levels of improved water access, while Grand Gedeh, Grand Bassa, River Cess, Bomi, and Bong lag behind. Wealth disparities are similarly sharp: nearly all wealthy households use improved drinking water, while only about half of the poorest households do.

The 2025 CFSNS findings also provide an in-depth picture of Liberia's drinking water sources, accessibility, and hygiene conditions, revealing strong geographic, socioeconomic, and infrastructural disparities that directly influence health and nutrition outcomes. Nationally, the majority of households rely on off-premise water sources, with 83.2 percent obtaining their drinking water from locations outside their own dwelling or plot. Only 3.7 percent of households have water available within their dwelling, and 13.1 percent access water within their own plot or yard (**Annex 3; Table A10**).

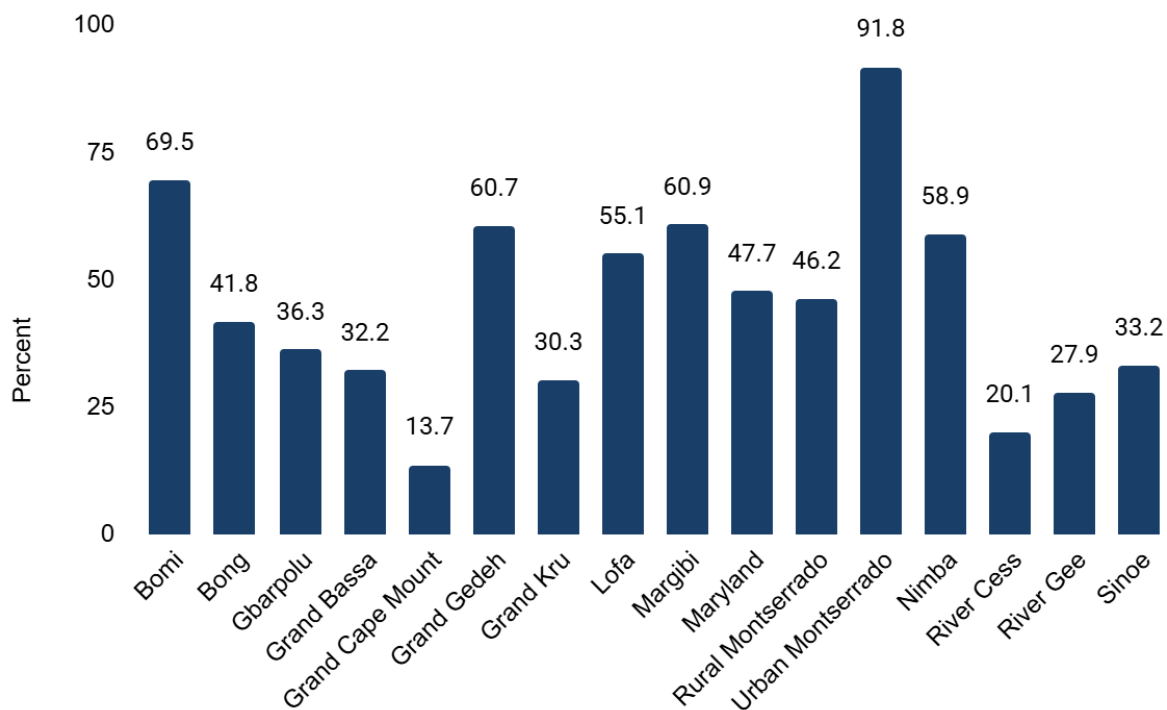
Community Perspectives: Many communities depend on unsafe sources, including flooding contaminated water, and limited sanitation infrastructure. Poor WASH conditions drive child illness, influencing wasting

trends.

Urban households have significantly better access to on-premise drinking water than rural households, with 24.2 percent obtaining water from their own plot or yard and 4.3 percent from within the dwelling, compared with rural households, where 92.5 percent rely on external sources. County disparities reinforce this divide: Grand Bassa shows notably better access, with 21.6 percent of households accessing water within the dwelling and 6.2 percent within the yard, while counties such as Grand Kru, Gbarpolu, Grand Cape Mount, and Grand Gedeh rely almost entirely on water fetched from outside the compound, indicating limited infrastructure and weak water systems in remote areas. Wealth differences further shape access, as the wealthiest households are far more likely to obtain water within the dwelling (8.7 percent) or yard (39.8 percent), whereas the poorest households overwhelmingly depend on external collection (92.4 percent).

Water treatment practices also contribute to household vulnerability. While 62.4 percent of households report treating their drinking water, urban households are far more likely than rural households to do so (80.1 percent vs. 37.8 percent, respectively). Seasonal treatment is common; many households treat water only during the rainy season, leaving long periods of potential exposure to contaminated sources. Some counties, including Urban Montserrado and Bomi, have strong water treatment coverage, while others such as Grand Cape Mount, River Cess, Grand Bassa, and Grand Kru show very weak treatment practices (Figure 2).

Figure 2. Percentage of Households Treating Drinking Water, by County, CFSNS 2025



Wealthier households treat water more consistently throughout the year, while poorer households often lack the means to purchase treatment products. Water treatment practices show a clear gradient across wealth

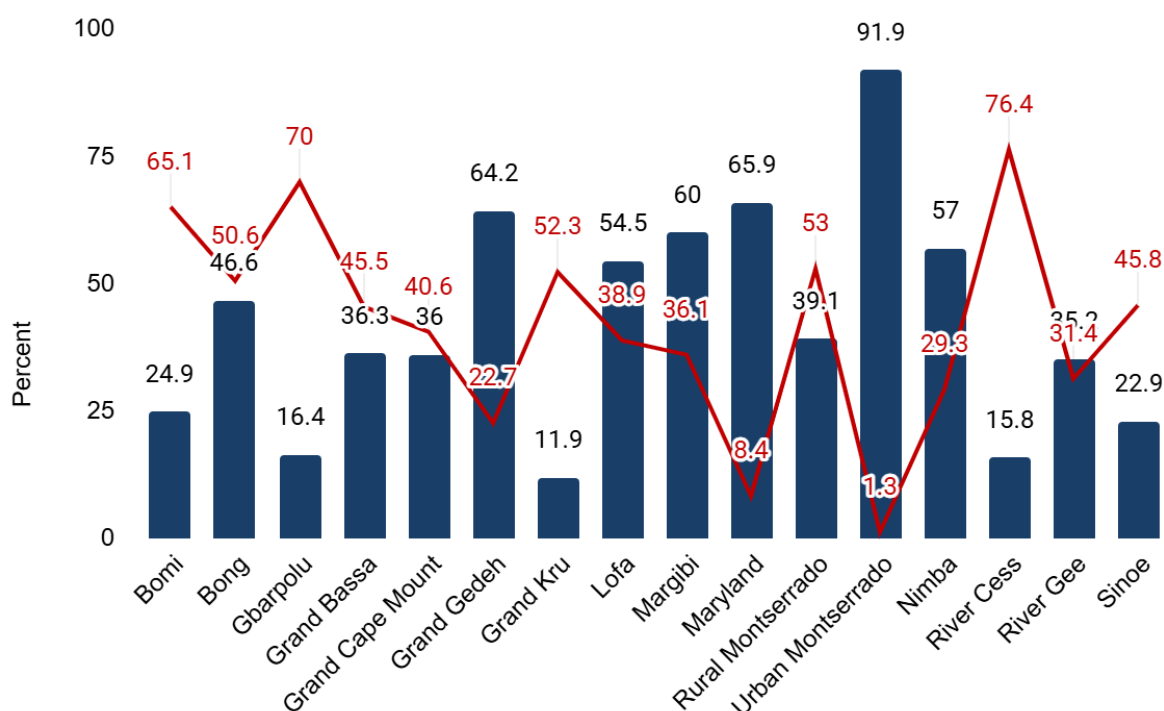
groups, with a substantially higher proportion of households in the highest wealth quintile (90.6 percent) reporting treatment of drinking water compared to those in lower quintiles. Coverage declines steadily with decreasing wealth, reaching just 27.6 percent among the poorest households, highlighting pronounced socioeconomic disparities in access to safe water practices. The reliance on chlorination as the primary treatment method (96.8 percent) reflects national public health campaigns but highlights the need for more consistent year-round uptake.

4.2.2 Sanitation and hygiene

Table A11 (Annex 3) presents household access to essential hygiene products, the type of sanitation facilities used (improved versus unimproved), and the prevalence of open defecation, disaggregated by place of residence, county, and household wealth quintile. Percentages are calculated among households with valid responses for each indicator; totals may vary slightly across components due to missing data.

Sanitation conditions remain a major challenge. Only 61.5 percent of households nationwide use improved sanitation facilities, and there is a pronounced rural–urban divide: 85.4 percent of urban households have improved sanitation compared with only 28.5 percent of rural households. Open defecation remains widespread (27.4 percent), especially in rural areas, where more than half of households practice it (57.9 percent) compared to 5.3 percent in urban areas.

Figure 3. Improved Sanitation Coverage and Open Defecation by County, CFSNS 2025



Counties such as River Cess, Gbarpolu, Bomi, and Grand Kru show particularly high levels of open defecation. Wealth disparities are stark: nearly all wealthy households have improved sanitation (97.8 percent), whereas the poorest households overwhelmingly rely on unimproved facilities (88.0 percent) or open defecation (77.4 percent).

Figure 3 demonstrates that inadequate sanitation infrastructure is directly associated with open defecation practices. Counties such as River Cess, Gbarpolu, and Bomi represent priority areas for sanitation investment and behavior change programming. Expanding access to improved sanitation facilities in rural and underserved counties is essential to reducing fecal contamination, preventing diarrheal disease, and improving nutrition outcomes.

Access to hygiene products, an important determinant of disease prevention and food safety, is mixed. Nationally, only 22.3 percent of households have access to all essential hygiene products such as soap, toothpaste, menstrual hygiene items, and washing detergents. A much larger proportion, 72.7 percent, have some but not all of these products, while 5.0 percent lack access entirely. Urban households report better access, with 29.4 percent able to obtain all hygiene products, whereas only 12.5 percent of rural households can do the same. Counties like Rual and Urban Montserrado and Grand Gedeh show the strongest access to all hygiene products, reflecting urban markets and higher purchasing power, while counties such as Lofa, River Gee, and Grand Kru exhibit high proportions of households lacking complete hygiene supplies. Wealth-based disparities are stark. Access to all hygiene products is higher in the households in the wealthiest quintile (45.4 percent) compared with only 7.1 percent among the poorest (**Annex 3; Table A11**).

4.6 ACCESS TO HEALTH FACILITIES AND ROADS

Accessibility to health services and transportation plays a critical role in shaping household resilience and food security.

Community Perspectives: About 92 percent report a functioning clinic, implying that primary health access is relatively widespread. Road connectivity is moderate but suggests persistent isolation risks: 98.8 percent report a motorable road, 73.0 percent a drivable road, and 33.7 percent a feeder road, meaning that while most communities have some road access, fewer have reliable, higher-quality connections.

Transportation access remains a critical constraint for many households, with implications for market access, service delivery, and food security. Although most communities (85.9 percent) have motorable roads accessible throughout the year, 11.6 percent rely on roads usable only during the dry season, and 2.5 percent lack any motorable access (**Annex 3; Table A2**).

Travel time to the nearest motorable road further highlights these challenges: while 12.1 percent of households live within 30 minutes of a road, nearly two-thirds (63.3 percent) must travel one hour or more, and 16 percent are located more than five hours away—conditions that limit mobility, increase transport expenses, and reduce access to markets and health services. Motorbikes dominate as the most common mode of transport (70 percent), reflecting their affordability and ability to navigate poor road conditions, while public vehicles (15.7 percent) and kekehs (12.1 percent) serve a smaller share of households; private vehicle ownership is extremely rare (0.5 percent). Transportation costs rise substantially during the rainy season, increasing from 966.5 LRD in the dry season to 1,206.2 LRD during the rainy season, underscoring how deteriorating road quality and longer travel times elevate household expenditure and further constrain economic participation, food access, and service utilization (**Annex 3; Table A2**).

5. HOUSEHOLD FOOD SECURITY

The 2025 CFSNS assessed household food security and consumption outcomes across multiple dimensions, following internationally recognized standards established by FAO, WFP, and USAID’s FANTA Project. This chapter presents indicators derived from experience-based, access-based, and consumption-based measures of food security, providing a comprehensive understanding of household vulnerability and dietary adequacy.

The analysis included the following indicators: the Household Hunger Scale (HHS), Household Food Insecurity Access Scale (HFIAS), Household Dietary Diversity Score (HDDS), Food Consumption Score (FCS), and the Food Expenditure Share (FES). Together, these measures capture both the experiential and behavioral dimensions of food insecurity, as well as household-level consumption patterns and economic capacity to meet food and non-food needs. Each indicator provides a complementary perspective: the HHS measures the severity of hunger experiences, HFIAS captures anxiety and insufficiency related to food access, HDDS and FCS reflect dietary quality and frequency, while FES quantify economic vulnerability and purchasing power.

Beyond descriptive patterns, the findings point to several structural drivers of household food insecurity. Limited income opportunities, high dependence on markets for staple foods, and exposure to recurrent shocks—including price volatility and climate-related disruptions—continue to constrain household food access. Households with lower socioeconomic status, larger household sizes, and weaker livelihood diversification are disproportionately affected, as reflected in poorer food consumption and higher levels of hunger. Comparisons with earlier survey results, including the 2018 CFSNS and the Liberia Demographic and Health Survey, suggest that while some indicators of food consumption have shown modest improvement over time, overall vulnerability remains high, particularly in the context of rising food prices and climatic variability. These findings underscore the persistence of structural food insecurity and highlight the need for integrated interventions that strengthen livelihoods, improve market access, and enhance resilience to shocks.

The results presented in this chapter form the foundation for understanding the prevalence and severity of food insecurity in Liberia, establishing critical linkages between food access, consumption, and socio-economic resilience.

5.1 FOOD CONSUMPTION AND DIETARY DIVERSITY

5.1.1 Food Consumption Score

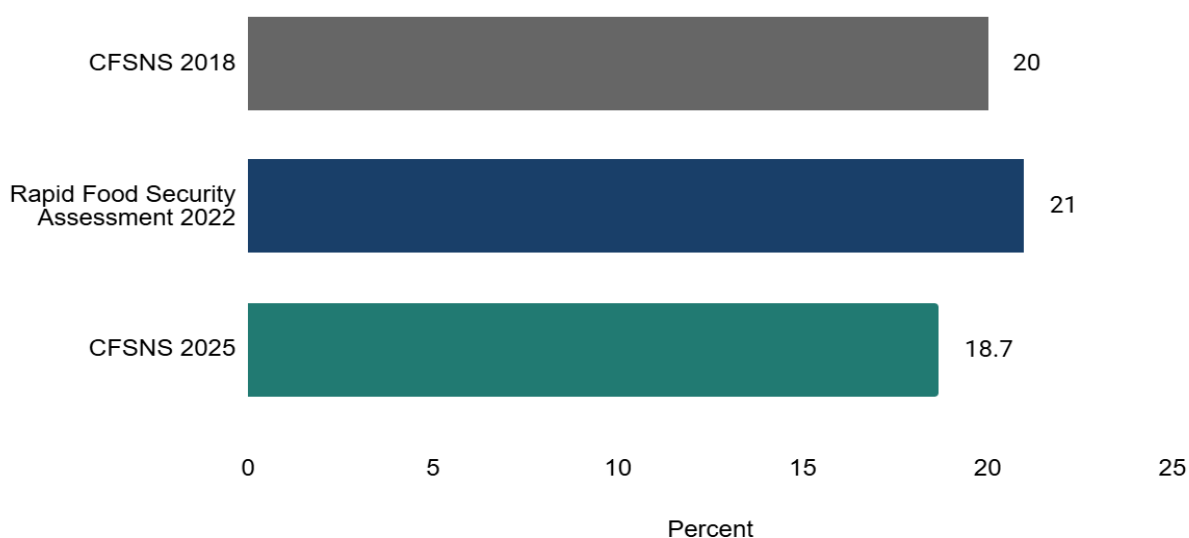
The Food Consumption Score (FCS) is a composite indicator used by WFP to assess dietary quality based on the frequency and nutritional value of foods consumed in the previous seven days. Households are categorized into poor, borderline, and acceptable food consumption groups, reflecting the adequacy of their diets.

Nationally, the 2025 CFSNS shows that most Liberian households have acceptable food consumption, although important gaps remain. Overall, 18.7 percent of households have poor and borderline FCS (5.7 percent of households have poor FCS and 13.0 percent have borderline FCS), while 81.2 percent report acceptable consumption, with a mean FCS of 50.4. These results represent an improvement from the 2018 CFSNS, which showed significantly higher levels of inadequate consumption with 20 percent of households

had poor and borderline FCS. However, Liberia’s mean FCS remains below regional estimates in recent WFP West Africa assessments, suggesting persistent challenges in achieving nutrient-rich diets.

Figure 4 compares the percentage of households with inadequate food consumption (Food Consumption Score ≤ 42) across the 2018 Comprehensive Food Security and Nutrition Survey (CFSNS), the Rapid Food Security Assessment, and the 2025 CFSNS, illustrating changes in food consumption adequacy over time. Inadequate consumption increased slightly from 20.0 percent in the 2018 CFSNS to 21.0 percent during the Rapid Food Security Assessment, before declining to 18.7 percent in the 2025 CFSNS. The pattern suggests a modest improvement in food consumption adequacy in the most recent survey, following a period of deterioration likely associated with shocks captured in the rapid assessment.

Figure 4. Trends in Inadequate Food Consumption (FCS ≤ 42) Across Survey Rounds, CFSNS 2018, RFSA 2022, and CFSNS 2025

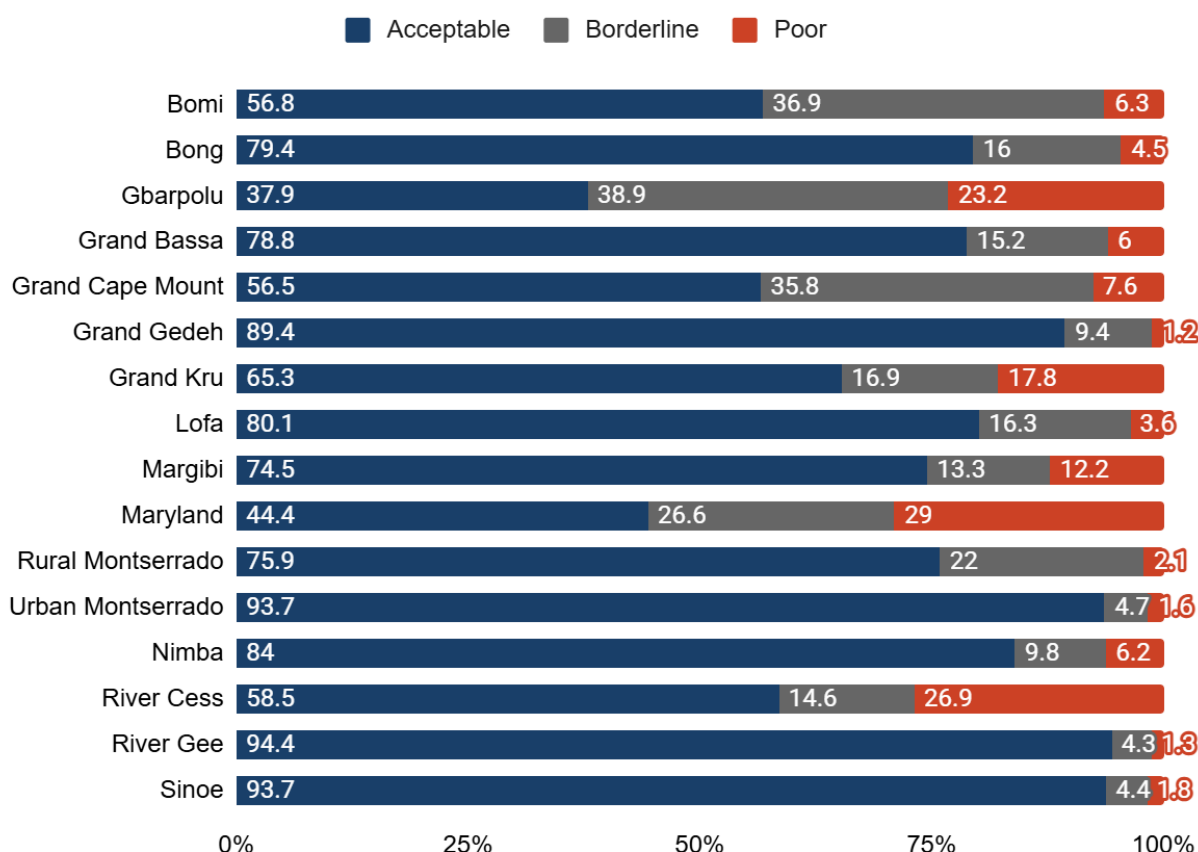


Rural-urban differences are pronounced. Rural households have higher levels of poor (7.4 percent) and borderline (18.6 percent) food consumption compared with urban households (4.4 percent and 8.9 percent, respectively). Urban households are more likely to maintain acceptable consumption levels (86.7 percent) than rural households (74.0 percent). County-level results reveal substantial geographic disparities. Gbarpolu has the weakest dietary outcomes, with 23.2 percent of households classified as poor and 38.9 percent as borderline (**Figure 5**). Elevated levels of poor and borderline consumption are also seen in Grand Kru, Maryland, and Grand Bassa, reflecting limited market integration and livelihood vulnerabilities. In contrast, urban Montserrado, Sinoe, and River Gee show strong dietary performance, with more than 93 percent of households achieving acceptable consumption (**Annex 3; Table A12**).

Food consumption outcomes also vary across the wealth quintiles in ways that diverge from global patterns. While the wealthiest quintile records the highest mean FCS (61.7), poor food consumption is present across

all socioeconomic groups. The poorest quintile shows 8.3 percent poor consumption, but borderline

Figure 5. Food Consumption Score categories by county, CFSNS 2025



consumption remains elevated in both lower and middle quintiles.

Inadequate food consumption, as reflected by poor and borderline Food Consumption Scores, is driven by a combination of limited household purchasing power, high dependence on markets for staple foods, and exposure to recurrent shocks, including food price volatility and climate-related disruptions. Households with lower socioeconomic status, limited livelihood diversification, and larger household sizes are particularly vulnerable to constrained dietary quality and frequency. Poor food consumption has important implications for nutrition outcomes, as diets characterized by low diversity and insufficient intake of nutrient-rich foods increase the risk of acute malnutrition, micronutrient deficiencies, and growth faltering among children, as well as inadequate dietary intake among women. Seasonal factors further influence food consumption patterns in Liberia, with food availability and access typically deteriorating during the lean season, when household stocks are depleted and reliance on markets increases, and improving during the post-harvest period. These seasonal dynamics contribute to fluctuations in food consumption and nutrition risk over the year.

Annex 3; Table A12 shows that inadequate food consumption is more prevalent among poorer households, rural households, and those exposed to shocks, highlighting the role of socioeconomic vulnerability and

instability in shaping dietary quality. These patterns underscore the importance of strengthening household resilience, income opportunities, and shock-responsive interventions to improve food consumption.

5.1.2 Household Dietary Diversity Score (HDDS)

The Household Dietary Diversity Score (HDDS) measures the number of food groups consumed by a household in the previous 24 hours and serves as a proxy for dietary quality and economic access to food. Based on 12 standard food groups, households are classified into three categories: severely food insecure (HDDS 0–3), moderately food insecure (HDDS 4–6), and food secure or mildly food insecure (HDDS 7–12). Higher dietary diversity is generally associated with better nutrient intake and higher food security.

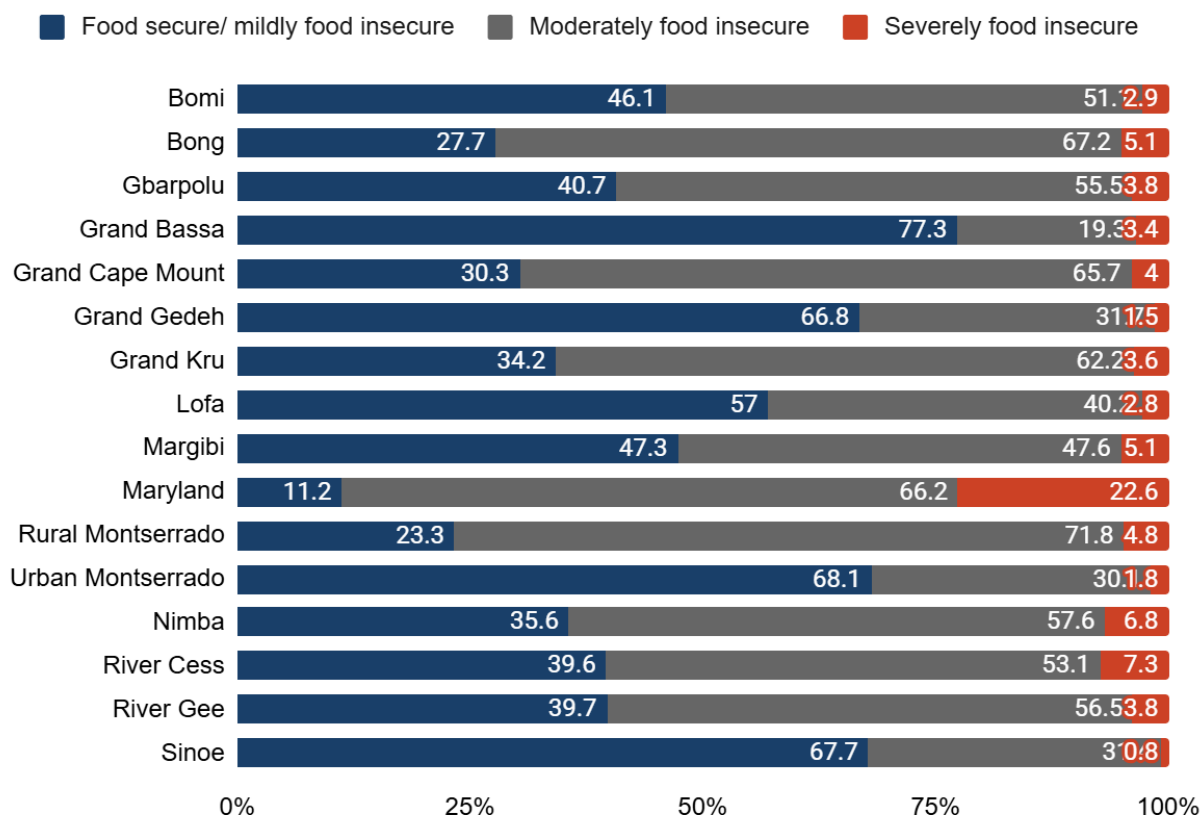
Nationally, the 2025 CFSNS results indicate that 4.0 percent of households fall into the severely food insecure category, 44.0 percent into the moderately food insecure category, and 52.0 percent into the food secure or mildly food insecure category. The national mean HDDS is 6.8, suggesting modest dietary diversity overall. Differences by residence in HDDS mirror patterns seen in the FCS results. Rural households exhibit higher levels of moderate food insecurity (54.0 percent) and lower dietary diversity than urban households. Only 41.9 percent of rural households are food secure/mildly food insecure, compared with 59.4 percent in urban areas. Urban households also have a slightly lower severe food insecurity (3.8 percent) compared with rural households (4.1 percent). These findings align with structural challenges in rural areas, including seasonal food availability, limited access to diverse markets, and heavier reliance on staple crops (**Annex 3; Table A13**).

The high proportion of households classified as moderately food insecure has important policy and programmatic implications. While these households may not yet experience severe hunger, they remain highly vulnerable to shocks, seasonal stress, and price fluctuations, which can rapidly push them into severe food insecurity. The concentration of moderate food insecurity in rural areas suggests the need for preventive and resilience-focused interventions, including support to agricultural production, improved market access, livelihood diversification, and seasonal safety nets. Targeting moderately food insecure households is particularly critical to prevent deterioration in food consumption and dietary diversity, with downstream implications for child and maternal nutrition. Strengthening resilience among this group can reduce the future burden of severe food insecurity and protect development gains.

County-level variation in HDDS is substantial and underscores significant geographic disparities in dietary diversity across Liberia (**Annex 3; Table A13** and **Figure 6**). Maryland County exhibits the highest prevalence of severe food insecurity, with 22.6 percent of households falling into the lowest HDDS category. Other counties with elevated levels of severe dietary insecurity include River Cess (7.3 percent), Nimba (6.8 percent), Bong (5.1 percent), and Margibi (5.1 percent), reflecting persistent challenges in accessing diverse and nutrient-rich foods. Conversely, counties such as Sinoe (0.8 percent), Grand Gedeh (1.5 percent), and Urban Montserrado (1.8 percent) report very low levels of severe dietary insecurity.

However, the number of households classified in the severe category in these counties is below 30, making these estimates statistically unreliable and not suitable for robust interpretation. As a result, these figures should not be over-interpreted or used in isolation to draw firm conclusions about relative performance or to prioritize geographic interventions. Instead, county-level patterns should be considered alongside broader food security indicators, trends across categories, and contextual information to support responsible

Figure 6. Distribution of Household Dietary Diversity Status by County (HDDS), CFSNS 2025



and transparent use of the data. These limitations should be considered when comparing HDDS outcomes across counties or identifying geographic priorities for intervention

The share of households classified as food secure/mildly food insecure also varies widely, with Grand Bassa (77.3 percent), Sinoe (67.7 percent), and Urban Montserrado (68.1 percent) demonstrating relatively high dietary diversity. Conversely, dietary diversity is weakest in counties such as Maryland (11.2 percent) and Bong (27.7 percent).

Dietary diversity also increases consistently with wealth, as expected. The highest wealth quintile shows that 76.8 percent of households are food secure/mildly food insecure and only 1.3 percent have severe food insecurity. The lowest wealth quintile exhibits a markedly different profile: 5.4 percent of households are severely food insecure and only 38.1 percent achieve adequate dietary diversity.

5.1.3 Household Hunger Scale

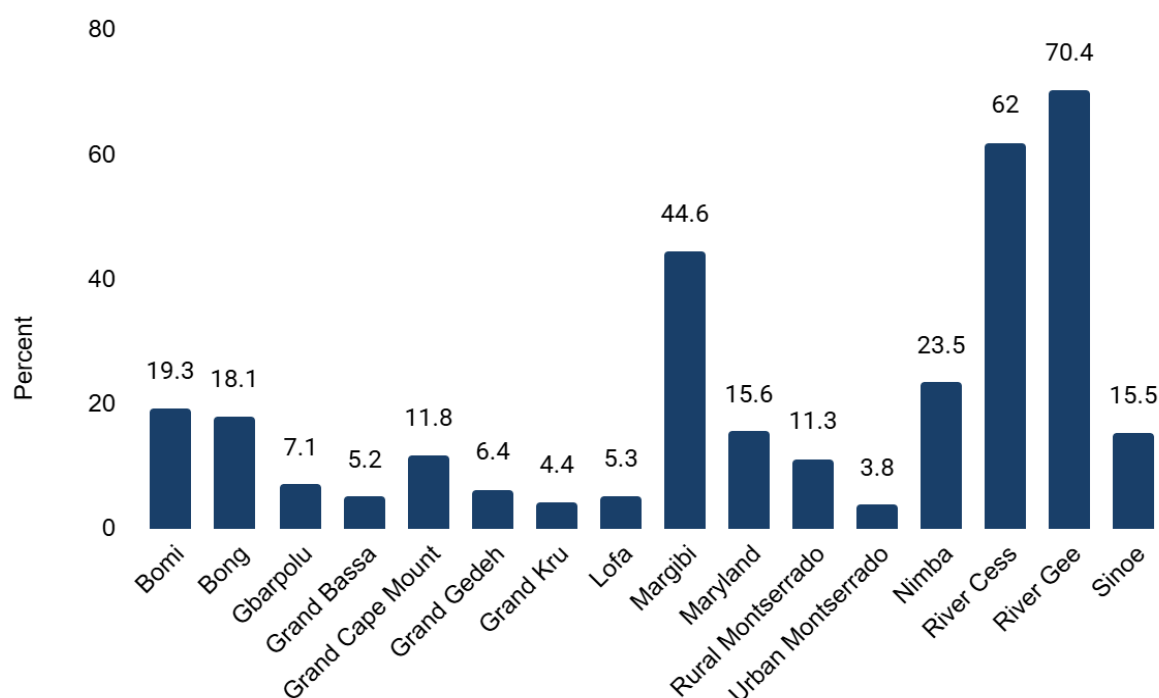
The Household Hunger Scale (HHS) is a standardized measure of food deprivation that captures whether households experienced a complete lack of food, went to bed hungry, or spent an entire day and night without eating during the 30 days preceding the survey. It relies on three occurrence-and-frequency questions and results in a score from 0 to 6, allowing households to be classified as having little to no hunger (HHS 0–1), moderate hunger (HHS 2–3), or severe hunger (HHS 4–6). Unlike indicators of dietary quality, HHS reflects the intensity of acute food deprivation, making it particularly relevant for identifying

households facing short-term hunger or shocks.

At the national level, Liberia continues to show low prevalence of acute hunger. Urban households exhibit better outcomes overall, with 88.3 percent experiencing little to no hunger, compared with 83.7 percent of rural households. Moderate hunger affects 15.9 percent of rural households and 11.4 percent of urban households. Severe hunger remains very rare in both settings, recorded among only 0.4 percent of rural households and 0.3 percent of urban households (**Annex 3; Table A14**). However, because the number of households reporting severe hunger in both strata is fewer than 30, these estimates are not statistically reliable. They should therefore be interpreted with caution and treated as indicative signals rather than precise measurements.

Across counties, hunger outcomes vary sharply. Some areas—such as River Gee (70.4 percent), River Cess (62 percent), and Margibi (43.8 percent)—show markedly higher proportions of households experiencing moderate hunger, reflecting underlying vulnerabilities linked to livelihoods, market access, and seasonal shortages (**Figure 7**). In contrast, counties including Grand Bassa, Lofa, and Grand Gedeh report very low levels of both moderate and severe hunger. County-level variation in hunger outcomes reflects underlying differences in livelihoods, market access, and exposure to seasonal and economic shocks.

Figure 7. Prevalence of Household Hunger Scale (HHS) by County, CFSNS 2025



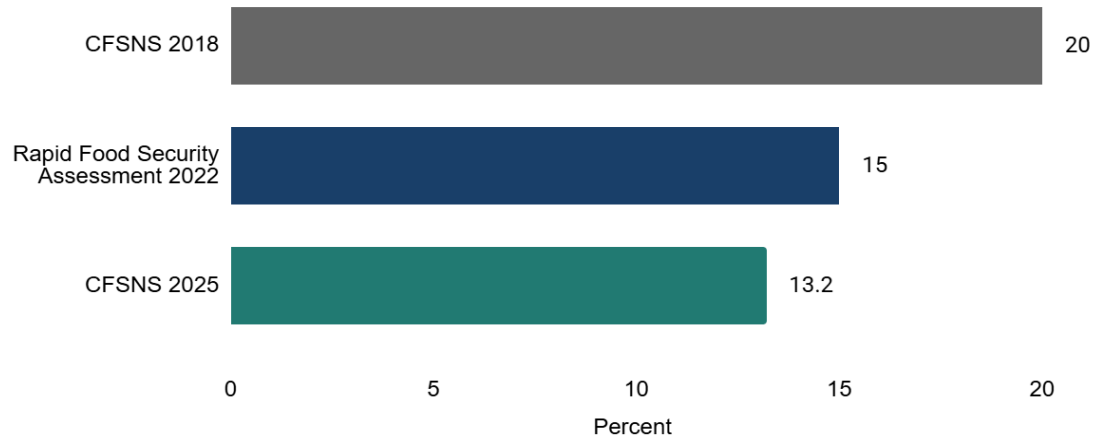
Counties such as River Gee, River Cess, and Margibi, which exhibit higher levels of moderate hunger, are characterized by limited livelihood diversification, greater dependence on markets for food access, and heightened vulnerability to seasonal shortages and price fluctuations. In these contexts, even short-term disruptions can translate into increased hunger experiences. These findings highlight the need for

geographically targeted interventions that strengthen livelihoods, improve market connectivity, and enhance shock-responsive safety nets in high-hunger counties, rather than relying solely on national averages.

Hunger outcomes also follow a strong economic gradient. Among the wealthiest households, nearly all (97.7 percent) report little to no hunger, with severe hunger essentially absent. In contrast, households in the lowest wealth quintile experience substantially higher levels of moderate hunger (19.8 percent; compared to 2.3 percent for wealthiest households), demonstrating how economic status continues to shape vulnerability to acute food shortages (**Annex 3; Table A14**).

The Household Hunger Scale (HHS) shows a sustained downward trend, declining from 20 percent in 2018 to 13.2 percent in 2025 (**Figure 8**). While this reflects measurable progress in reducing the severity of

Figure 8. Trend in Household Hunger Scale (HHS), 2018–2025.



household hunger, more than one in eight households continue to experience hunger, underscoring the need for sustained and geographically targeted interventions.

5.1.4 Household Food Insecurity Access Scale

The Household Food Insecurity Access Scale (HFIAS) measures the degree to which households experience problems related to food access during the previous four weeks. It captures increasing severity, from anxiety about food availability to reductions in food quality and, in more severe cases, reductions in food quantity. Based on the standardized nine-item questionnaire, households are classified as food secure, mildly food insecure, moderately food insecure, or severely food insecure. The indicator reflects lived experiences of food access constraints—such as worry, dietary monotony, and reduced meal sizes—making it central for understanding non-caloric dimensions of food insecurity.

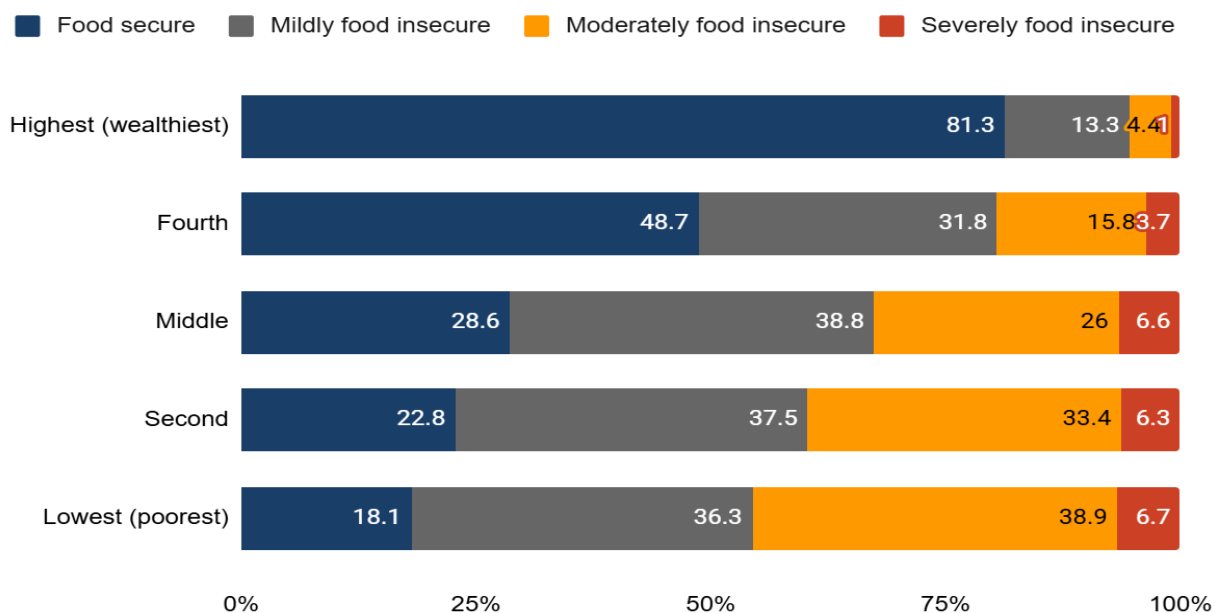
At the national level, food access challenges remain widespread. Only 39.2 percent of households are food secure, while 31.8 percent are mildly food insecure and 24.1 percent are moderately food insecure. Severe food insecurity affects 4.9 percent of households, indicating that while extreme deprivation is relatively limited, a substantial majority of households continue to face significant disruptions in food access. The national mean HFIAS score is 5.0, reflecting moderate levels of food-access vulnerability (**Annex 3; Table A15**).

Food insecurity differs sharply by residence. Rural households are considerably more affected: only 23.8 percent are food secure compared with 50.3 percent of urban households. Rural areas also carry a much higher burden of mild (38.6 percent) and moderate (32.1 percent) food insecurity than urban households (26.9 percent and 18.3 percent, respectively). Severe food insecurity affects 5.4 percent of rural households and 4.5 percent of urban households.

County-level patterns reveal substantial geographic disparities in food access. Urban Montserrado stands out as the least food insecure, with 67.2 percent of households food secure and very low severe food insecurity (0.8 percent), though again with an insufficient sample size for the severe category. Other counties with relatively secure access include Grand Bassa (51.1 percent food secure) and Gbarpolu (48.0 percent). In contrast, several counties face markedly high food insecurity. Households in River Gee (18.2 percent), Margibi (14.7 percent), Rural Montserrado and Bomi (11.6 percent and 11 percent, respectively) have severely high food insecurity.

Food insecurity is also strongly patterned by socioeconomic status. Households in the highest wealth quintile exhibit overwhelmingly better food access: 81.3 percent are food secure, with less than 1 percent severely food insecure (though again with a sample size under 30). In contrast, only 18.1 percent of households in the poorest quintile are food secure. More than one-third of the lowest-wealth households (36.3 percent) are moderately food insecure, and 6.7 percent are severely food insecure which is the highest rate across all socioeconomic groups (**Figure 9**).

Figure 9. Household Food Insecurity Access Scale (HFIAS) Classification by Wealth Quintile, CFSNS 2025



HFIAS provides insight into households' experiences of food access constraints, including anxiety about food supply and compromises in food quality and quantity. At the national level, the HFIAS results indicate that a substantial share of households experience access-related food insecurity, reflecting persistent economic and structural barriers to adequate food access. County-level variation in HFIAS outcomes mirrors patterns observed in other food security indicators, with higher access constraints evident in

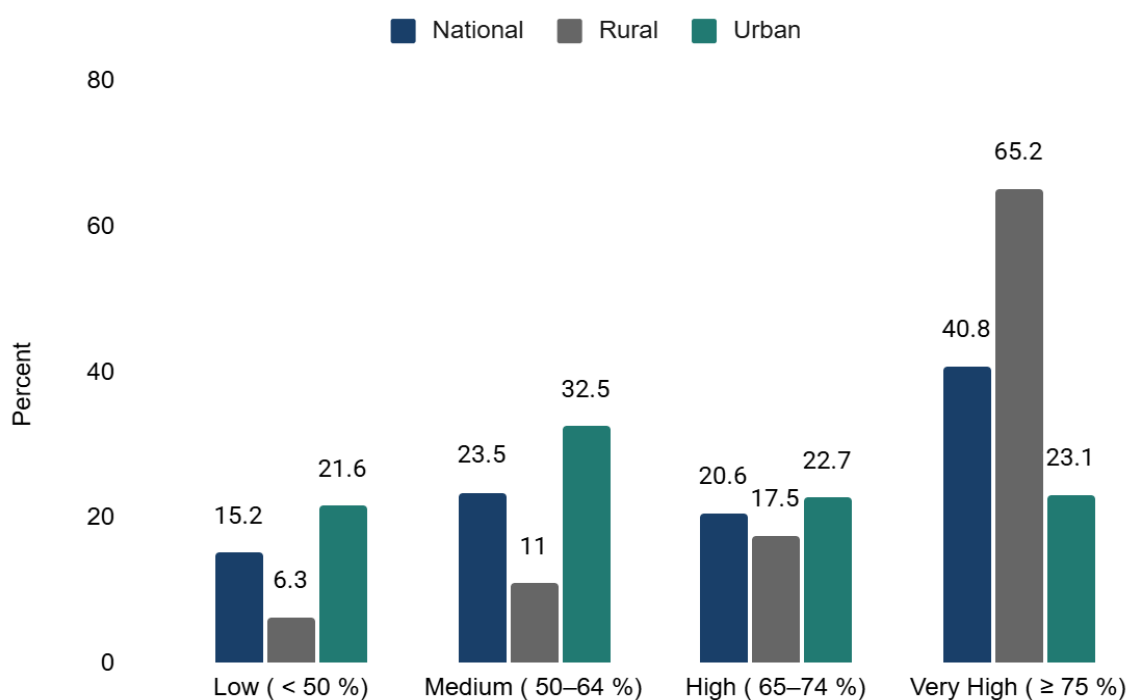
counties characterized by limited livelihood opportunities, greater market dependence, and exposure to seasonal shortages and shocks. These access-related challenges are closely linked to lower dietary diversity, as captured by HDDS, and to poorer food consumption outcomes reflected in FCS, while HFIAS complements HHS by capturing less extreme but more widespread forms of food insecurity. Together, these indicators highlight that food insecurity in Liberia is driven not only by severe hunger, but also by chronic constraints on food access and diet quality. The findings underscore the importance of interventions that improve household purchasing power, market access, and livelihood resilience, particularly in counties with elevated HFIAS levels.

5.1.5 Food Expenditure Share

The Food Expenditure Share (FES) measures the proportion of total household expenditure allocated to food. Households are classified as having low FES (<50%), medium FES (50–65%), high FES (65–75%), or very high FES (>75%). A higher food share generally signals greater economic vulnerability, as poor households must devote a larger portion of limited resources to food, leaving little for health, education, or other essentials. The FES indicator is widely used by WFP and partners to assess household welfare and economic resilience.

At the national level, households allocate an average of 69 percent of total expenditure to food, indicating that consumption patterns across much of Liberia remain heavily constrained by limited incomes. **Figure 10** shows the percentage of households classified into low, medium, high, and very high food expenditure categories based on FES.

Figure 10. Distribution of Households by Food Expenditure Score (FES) Category by Region, CFSNS 2025



The distribution highlights that a substantial share of households fall into the very high expenditure category, while smaller proportions are observed in the low and medium categories. Nearly 41 percent of

households fall into the very high expenditure category (FES >75%), while an additional 20.6 percent fall into the high category (65–75%). Only 15.2 percent of households maintain a low food expenditure share of less than half of total spending. These patterns suggest that most households continue to operate near subsistence levels, with limited financial flexibility to absorb price shocks or invest in non-food needs.

Marked differences emerge between rural and urban areas. Rural households spend a significantly higher proportion of their budgets on food, with 65.2 percent falling into the very high expenditure group, compared with only 23.1 percent of urban households. Conversely, low food expenditure is far more common in urban areas: 21.6 percent of urban households report low FES compared with only 6.3 percent of rural households.

Food expenditure patterns vary substantially across counties, highlighting wide inequities in purchasing power and household resilience. Urban Montserrado has one of the lowest shares of very high FES at 14.8 percent, while counties such as River Gee (77.5 percent), Gbarpolu (72.4 percent), Grand Cape Mount (71.3 percent), and Grand Bassa (70.7 percent) show higher rates of very high expenditure, indicating more acute economic vulnerability. Bomi and Grand Kru also record elevated shares at 66.5 percent and 64.1 percent, respectively. Low food expenditure is most common in the wealthier and more economically diversified counties. For example, the low FES (<50%) are found in Grand Kru (4.2 percent) and Bomi (4.7 percent). However, careful interpretation is needed for counties where the number of households in a given FES category falls below 30; for example, cases such as River Gee's low FES group (1.4 percent; n = 9) or Grand Cape Mount (3.3 percent; n=24) should not be used for statistical inference (**Annex 3; Table A16**).

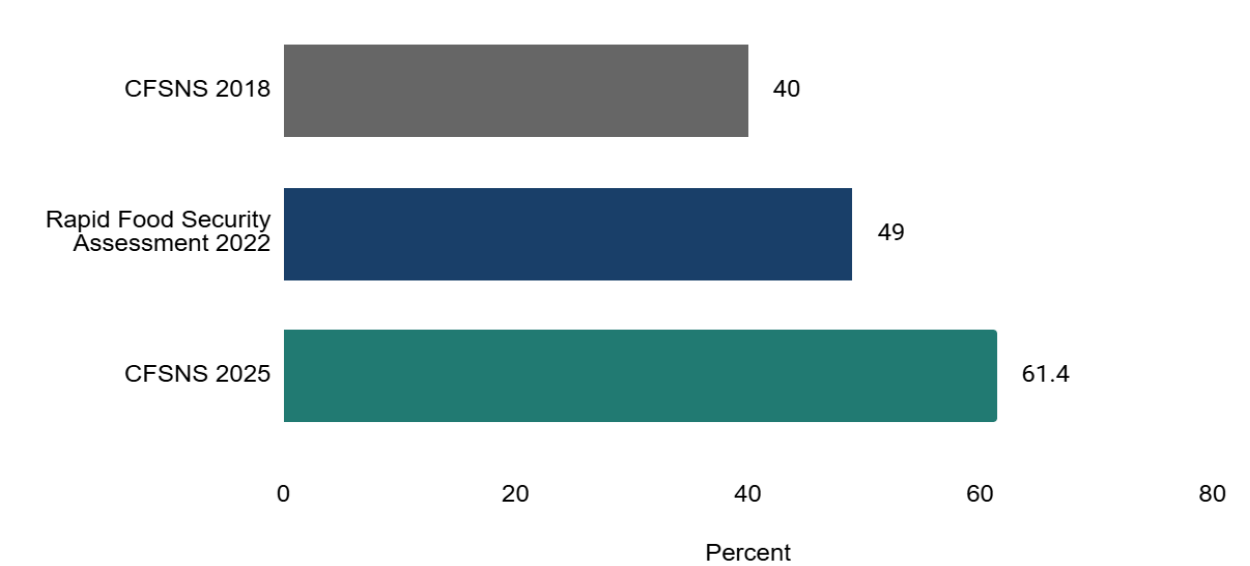
Food expenditure is strongly correlated with household wealth. Among the wealthiest quintile, only 8.4 percent spend more than 75 percent of their budget on food, while 32.3 percent maintain low FES. In contrast, the poorest quintile shows the reverse pattern: 72.7 percent of the poorest households fall into the very high food share category, and only 4.7 percent report low FES. Middle-quintile households fall between these extremes but remain heavily burdened, with 25.4 percent recording high FES and 37.2 percent recording very high expenditure.

Figure 11 shows a steady increase in the share of households allocating at least 65 percent of their income to food, rising from 40 percent in the 2018 CFSNS to 49 percent during the 2022 Rapid Food Security Assessment, and further to 61.4 percent in the 2025 CFSNS. The upward trend indicates growing economic pressure on households, with food expenditures absorbing an increasingly large share of total income. Such high food expenditure shares are commonly associated with heightened vulnerability to food insecurity, as households have limited capacity to absorb price shocks or income losses. The findings suggest a deterioration in household economic resilience over time, despite changes in food consumption outcomes.

FES provides an important measure of household economic vulnerability, as higher shares of total expenditure devoted to food indicate reduced flexibility to absorb shocks or invest in non-food needs such as health, education, and productive assets. Households with high FES are more likely to experience constraints on diet quality and diversity, as limited resources are prioritized toward staple foods rather than nutrient-rich items, a pattern reflected in lower HDDS and poorer food consumption outcomes

Elevated FES is also closely linked to access-related food insecurity captured by HFIAS, as households spending a large proportion of their income on food remain highly sensitive to price increases and market disruptions. County-level disparities in FES reflect differences in livelihood opportunities, income sources, market access, and exposure to shocks, with higher FES observed in counties characterized by limited economic diversification and greater reliance on purchased food. These findings underscore the need for

Figure 11. Trend in the Proportion of Households Spending ≥65 Percent of Income on Food, CFSNS 2025



policy and programmatic interventions that strengthen livelihoods, increase household incomes, improve market efficiency, and reduce exposure to price volatility, particularly in high-FES counties.

5.2 SHOCKS AND COPING STRATEGIES

Households in Liberia face a range of shocks that affect their livelihoods, food security, and overall resilience. These shocks include the loss of household members, illness, employment disruptions, crop losses, and price fluctuations, among others. Understanding the types and frequency of shocks experienced is essential for designing policies and programs that strengthen household coping capacity and prevent long-term food insecurity. This section examines both general and economic shocks reported over the previous 12 months, their distribution across demographic and geographic groups, and their immediate impact on household well-being.

5.2.1 Experience of any shocks

Nationally, 26.3 percent of households reported experiencing at least one shock in the past 12 months, underscoring the widespread exposure to adverse events. Rural households reported shocks more frequently (30.0 percent) than urban households (23.5 percent), reflecting greater vulnerability among rural households to climatic, economic, and livelihood-related disturbances. There is notable variation across counties. Counties with higher reported exposure include Margibi (53.7 percent), River Gee (44.9 percent), Sinoe (43.6 percent) and Grand Cape Mount (42.8 percent). In contrast, counties such as Grand Kru (5.9 percent) and Rural Montserrado (8.8 percent) reported lower levels of shock exposure. These differences likely

reflect variations in livelihood structures, reliance on agriculture, and exposure to environmental or economic instability (**Annex 3; Table A17**).

Shock exposure also varies across wealth quintiles. The lowest/poorest quintile reports a shock rate of 30.8 percent, compared with 17.0 percent among the wealthiest households, suggesting that poorer households face higher vulnerability to disruptions that threaten their livelihoods and consumption.

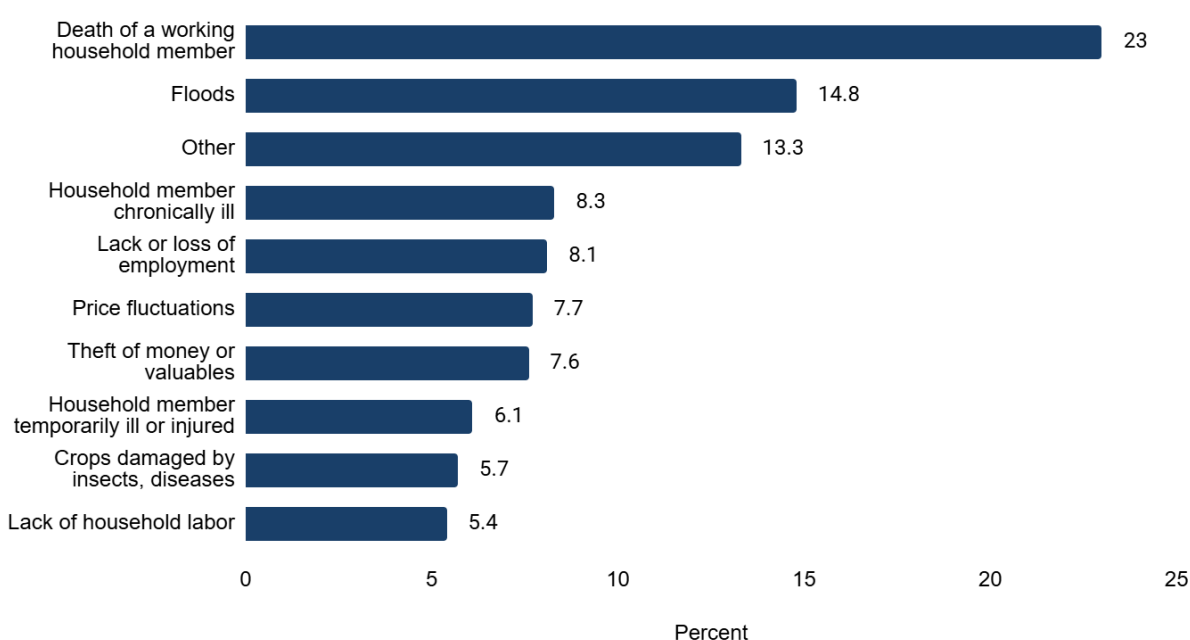
5.2.2 Types of shocks experienced by households

Households in Liberia experience a range of shocks that vary in both frequency and impact on livelihoods and food security. Economic shocks—particularly food price increases and employment disruptions—emerge as the most widespread and impactful, directly constraining household purchasing power and access to food. Livelihood-related shocks, including crop losses and reduced agricultural production, are especially pronounced in rural areas and contribute to seasonal food shortages and income instability. Health-related shocks, such as illness or the loss of a household member, impose additional financial burdens through increased medical expenses and reduced labor availability, further weakening household resilience.

Specifically, the most commonly reported shock nationally was the death of a working household member, affecting 23.0 percent of all households (**Figure 12**). Floods were also widely experienced, reported by 14.8 percent of households. Other frequently cited shocks included chronic illness of a household member (8.3 percent), lack or loss of employment (8.1 percent), price fluctuations (7.7 percent), and theft of money or valuables (7.6 percent).

Patterns differed substantially by residence. Rural households more commonly experienced agriculturally related shocks, including crop damage by insects or disease (10.5 percent), whereas urban households

Figure 12. Most Common Types of Shocks Experienced by Households in the Past 12 Months



reported higher exposure to theft (8.9 percent) and floods (24.6 percent).

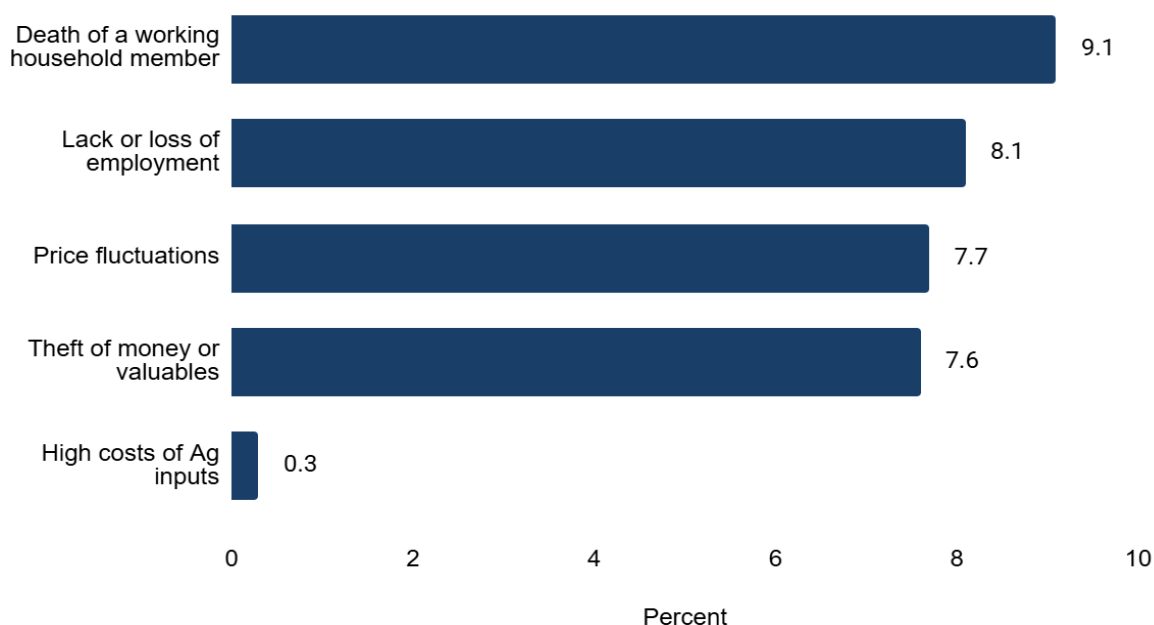
Community Perspectives: Further, environmental instability increases food insecurity and undermines coping capacity, especially for poor households. Communities reported face flooding, storms, pest attacks, and erosion. These shocks and rainy season severely disrupt livelihoods.

County-level variation in shock exposure reflects differences in livelihood systems, market integration, and vulnerability to climatic and economic stressors, with higher shock prevalence observed in counties that rely heavily on rainfed agriculture and market-dependent food access. Lofa, for example, showed higher levels of crop damage (21.3 percent), while flooding was most common in Urban Montserrado (42.7 percent) and Maryland (30.4 percent). Chronic illness was notably prevalent in Nimba and River Cess (21.0 percent). These variations reflect differences in livelihood patterns, environmental exposure, and infrastructure across counties.

5.2.3 Economic shocks

Economic shocks directly affecting household financial stability were also assessed. **Figure 13** shows the most common economic shocks included death of a working household member (9.1 percent), lack or loss of employment (8.1 percent), price fluctuations (7.7 percent), and theft of money or valuables (7.6 percent).

Figure 13. Economic Shocks Experienced by Households in the Past 12 Months, CFSNS 2025



Rural and urban areas experienced similar levels of price-related shocks, though loss of employment was slightly more common in urban households. County-level patterns again varied. Gbarpolu exhibited exceptionally high reporting of lack or loss of employment (75.2 percent), while Bong County had elevated levels of households affected by the death of a working member (25.1 percent). Theft was most prevalent in Nimba (21.2 percent). Shocks related to price fluctuations was reported in Grand Cape Mount (32.3

percent) and Sinoe (31.8 percent). Wealth differences were visible, with poorer households showing higher exposure to death of a working household member and lack/loss of employment compared with households in the wealthiest quintile.

5.2.4 Number of shocks experienced

Households often faced more than one shock during the recall period. Nationally, 18.8 percent of households experienced one shock, 6.0 percent experienced two shocks, and 1.4 percent experienced three shocks (**Annex 3; Table A17**).

Clear geographic and socioeconomic patterns also emerge, with higher incidences of multiple shocks observed in several counties and among poorer wealth quintiles, indicating that households already facing economic constraints are more likely to experience repeated shocks that can compound vulnerability and undermine food security and resilience.

Rural households showed slightly higher exposure to multiple shocks, with 21.7 percent reporting one shock and 6.5 percent reporting two shocks, compared with 16.8 percent and 5.7 percent in urban areas, respectively. The distribution of multiple shocks varied across counties. In Sinoe, 37.5 percent of households reported experiencing one shock, while River Gee showed a high concentration of households experiencing two shocks (14.4 percent). In contrast, households reporting three shocks is rare, with Margibi and Sinoe (4.7 percent and 4.5 percent, respectively) reporting three shocks.

The number of households reporting type of shocks in many counties is fewer than 30. As a result, several county-level estimates do not meet statistical reliability thresholds and should be interpreted with caution. These patterns underscore the importance of shock-responsive social protection, livelihood diversification, and early warning systems to mitigate the immediate and longer-term impacts of shocks on food security

5.2.5 Impact of shocks on household

Shocks had broad impacts on households' ability to meet essential needs. Nationally, 74.9 percent of households indicated that the shock they experienced affected their ability to purchase food or non-food items. This impact was markedly higher in rural areas, where 86.4 percent of households reported reduced purchasing power, compared with 64.2 percent in urban areas. County-level patterns show that some areas faced particularly severe consequences. River Gee and Sinoe reported especially high levels of impact, with 97.9 percent and 98.7 percent of affected households, respectively, indicating reduced ability to purchase essential goods. Rural Montserrado (97.1 percent), Grand Gede (95.9 percent), and Gbarpolu (92.5 percent) also showed high levels of shock-related hardship. Even among wealthier households, 46.9 percent reported that the shock they experienced affected their essential purchases, while 86.9 percent of the poorest households indicated a similar impact (**Annex 3; Table A18**).

5.3 COPING STRATEGIES

5.3.1 Reduced coping strategy index

The Consumption-based Coping Strategy Index (rCSI) measures how frequently households rely on short-term food-related coping behaviors when they face food shortages. These behaviors include eating less preferred foods, borrowing food or money, limiting portion sizes, reducing adult consumption so children can eat, and reducing the number of meals consumed per day. Households are classified into three levels of

coping: low coping ($rCSI \leq 3$), medium coping ($rCSI 4\text{--}18$), and high coping ($rCSI \geq 19$). Higher rCSI scores reflect greater stress on household food access and reduced resilience to shocks.

At the national level, households have an average rCSI score of 5.1, indicating a moderate reliance on food-related coping strategies. Nearly 59 percent of households are using low coping, while 34.6 percent employ medium coping strategies. High coping—reflecting severe and more frequent reliance on distress strategies—affects 6.6 percent of households (**Annex 3; Table A19**).

Coping behavior varies notably by residence. Urban households show stronger food access resilience, with 69.1 percent reporting low coping compared with 44.5 percent in rural areas. Medium coping affects nearly half of rural households (48.1 percent), whereas only 24.9 percent of urban households report medium coping. High coping remains relatively uncommon across both settings, recorded among 7.4 percent of rural and 6.0 percent of urban households.

County-level variation is considerable. Several rural counties—particularly Bomi (30.9 percent), Gbarpolu (16.5 percent), Maryland (21.5 percent) and Margibi (14.1 percent)—have elevated levels of high coping, reflecting heightened stress on food access. In contrast, counties such as Bong (5.1 percent), and Nimba (3.9 percent) show very low proportions of high coping.

Households in the lowest wealth quintile demonstrate the highest burden, with 9.2 percent using high coping strategies. Low coping is most common among the wealthiest households (92.6 percent), while 37.7 percent of the poorest households fall into this group, underscoring the economic gradient in food access pressures.

Overall, Coping strategies provide critical insight into household vulnerability and behavioral responses to food insecurity and economic stress. The rCSI results show that while most Liberian households rely on low or moderate levels of food-related coping, a meaningful share—particularly in poorer and rural areas—resort to high coping strategies that may erode long-term resilience and deepen vulnerability to future shocks.

When interpreted alongside other food security indicators, such as FCS, HHS, HFIAS, and Food Expenditure Share, coping behaviors highlight stress and erosion of resilience that may not yet be reflected in severe hunger outcomes. Households reporting higher reliance on stress and crisis coping strategies often exhibit constrained food access, reduced dietary diversity, and elevated food expenditure shares, underscoring the close linkage between coping behavior and structural drivers of food insecurity, including limited income, market dependence, and exposure to shocks.

The observed coping patterns suggest that for many households, particularly those facing repeated shocks or livelihood instability, coping strategies remain persistent rather than transient, indicating ongoing vulnerability rather than short-term distress. While direct comparability with earlier surveys is limited, the continued reliance on coping strategies observed in the 2025 CFSNS is broadly consistent with findings from the 2018 CFSNS and related indicators from the 2019–20 LDHS, suggesting that structural drivers of food insecurity have not substantially abated. Vulnerability is more pronounced among larger households, households with higher dependency ratios, female-headed households, households with members living with disabilities, and those reliant on agriculture or informal livelihoods, where coping often reflects limited alternatives rather than choice. County-level variation in coping strategies mirrors patterns observed in other food security indicators, reinforcing the need for geographically and socially targeted interventions that address underlying drivers rather than symptoms alone.

5.3.2 Livelihood coping strategy index

The Livelihood Coping Strategy Index (LCSI) assesses the extent to which households resort to stress, crisis, or emergency strategies to manage food shortages or other livelihood pressures. The indicator reflects the severity of non-consumption-based coping and is widely used to identify households under economic strain. Households are grouped into four coping levels: none, stress, crisis, and emergency, with higher levels reflecting more disruptive livelihood decisions such as selling productive assets, reducing health or education expenditures, or engaging in high-risk economic activities.

Nationally, the LCSI results show that 61.5 percent of households did not employ any livelihood coping strategies in the 30 days preceding the survey. Meanwhile, 22.4 percent relied on stress coping strategies, 11.5 percent adopted crisis strategies, and 4.6 percent engaged in emergency coping—indicating that roughly one in six households are experiencing livelihood pressures that threaten long-term resilience.

Annex 3; Table A20 shows that LCSI patterns vary by residence, though the majority of households in both settings reported no coping. In rural areas, 57.4 percent of households reported no coping strategies, compared with 64.5 percent in urban areas. Crisis and emergency coping are also more common in rural settings (13.5 percent and 5.7 percent, respectively) than urban ones (10.0 percent and 3.8 percent), reflecting greater vulnerability among rural populations whose livelihoods are more sensitive to shocks, price fluctuations, and seasonal income variability.

Across counties, the proportion of households adopting no coping strategies ranges widely—from 90.6 percent in Grand Cape Mount, 86.2 percent in Gbarpolu to only 19.9 percent in Nimba and 35.0 percent in Sinoe. Crisis and emergency coping are substantially more prevalent in a few areas. Nimba stands out sharply: 49.7 percent of households are using crisis strategies and 13.0 percent are using emergency strategies—double or triple the levels observed in most counties. River Gee also shows elevated emergency coping (13.3 percent), suggesting deep livelihood constraints. Small numbers of households using emergency coping (<30 cases) should be interpreted cautiously due to limited statistical reliability.

LCSI results also vary by wealth quintile, reflecting the strong association between economic capability and household resilience. Among the wealthiest households, 80.4 percent used no coping strategies, and only six households used emergency measures. In stark contrast, households in the poorest quintile show considerably greater strain: only 55.3 percent engaged in no coping, while 24.9 percent used stress strategies, 11.8 percent used crisis strategies, and 8.0 percent employed emergency coping. These results indicate that poorer households face more severe constraints and fewer buffers when exposed to shocks.

5.3.3 Livelihood-based coping strategies – Food security

The Livelihood Coping Strategy–Food Security (LCS-FS) indicator assesses the severity of livelihood stress households face as a result of food insecurity. Unlike rCSI, which measures short-term consumption adjustments, the LCS-FS captures longer-term and often more damaging coping mechanisms that households use to manage inadequate food access. These behaviors are grouped into four progressive levels: minimal, stressed, crisis, and emergency based on whether households reduce essential expenditures, sell productive assets, or engage in irreversible strategies that jeopardize future well-being.

Nationally, a large share of households (73.8 percent) rely on minimal or no livelihood-related coping to manage food insecurity, indicating that most households have not yet resorted to drawing down on essential

livelihood assets. However, 14.8 percent face stressed-level coping, meaning they have started reducing savings or delaying essential expenditures to meet food needs. A further 7.6 percent employ crisis-level coping, such as selling productive assets, which can undermine long-term resilience. The remaining 3.8 percent rely on emergency strategies, perhaps, including selling land or last remaining livestock, representing the most severe form of livelihood erosion (**Annex 3; Table A21**).

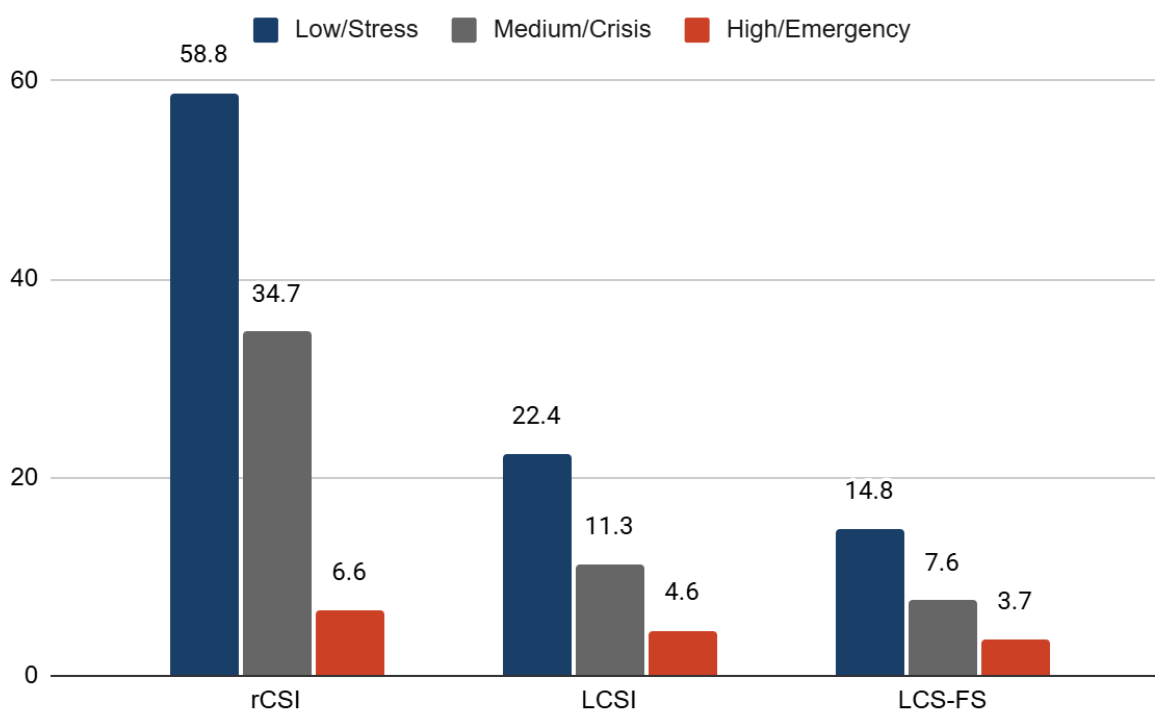
Rural–urban patterns show modest differences. Rural households experience higher levels of stress- and crisis-level coping (16.0 percent and 8.8 percent respectively) compared with urban households (14.0 percent and 6.7 percent). Emergency-level coping is slightly more common in rural areas (4.6 percent) than in urban settings (3.2 percent), reflecting the greater sensitivity of rural livelihoods to shocks such as crop failure, market access disruptions, and seasonal food shortages.

County-level results reveal wide variation in the intensity of livelihood coping behaviors. Counties such as Grand Bassa (92.9 percent), Gbarpolu (92.7 percent), Grand Cape Mount (93.3 percent), Grand Gedeh (91.7 percent), and River Cess (94.5 percent) show high levels of households engaging in no or minimal coping. In contrast, Nimba stands out with the highest proportion of households adopting crisis-level coping at 33.5 percent and emergency-level coping at 9.6 percent, suggesting severe livelihood stress. River Gee (30.9 percent), Sinoe (14.9 percent), and Margibi (11.4 percent) also show elevated crisis-level coping, reflecting deeper vulnerability to long-term food insecurity (**Annex 3; Table A21**). However, emergency-level estimates in several counties are based on fewer than 30 observations and should therefore be interpreted cautiously.

Wealthier households face lower livelihood stress, while poorer households are disproportionately affected. Among the wealthiest quintile, 90.9 percent report minimal coping and only 1.5 percent crisis-level strategies, with emergency-level coping almost negligible. In contrast, the poorest quintile shows greater strain, with 17.7 percent adopting stressed coping, 7.5 percent crisis strategies, and 6.6 percent emergency-level measures. These patterns reflect the unequal ability of households to absorb shocks without resorting to damaging coping mechanisms.

Figure 14 compares the distribution of households across coping severity levels using three complementary indicators. The consumption-based Coping Strategy Index (rCSI) shows that the majority of households rely on low coping strategies (58.8%), with smaller shares engaging in medium (34.7%) and high (6.6%) coping. Livelihood-based measures indicate that 22.4% of households are adopting stress strategies, while 11.3% and 4.6% have moved into crisis and emergency coping, respectively (LCSI). Under the food-security-aligned livelihood coping classification (LCS-FS), 14.8% of households are classified as stressed, 7.6% in crisis, and 3.7% in emergency, highlighting a smaller but significant share facing severe livelihood stress.

Figure 14. Coping strategies used by households, by severity category (rCSI, LCSI, and LCS-FS).



5.4 CONSUMPTION OF FORTIFIED FOODS

Consumption of commonly fortified staple foods in Liberia, including fortified rice, fortified flour, vegetable oil, iodized salt, and fortified bouillon cubes provides important insight into household access to micronutrient-rich foods. The CFSNS 2025 assessed both the prevalence of consumption and the average quantities consumed per day for major fortified food groups, allowing for a comprehensive picture of dietary fortification patterns across the country.

At the national level, consumption of fortified rice varieties is widespread, though types vary considerably. Approximately 30 percent of households consume long-grain rice, 52 percent consume parboiled rice, and 13.6 percent consume country rice, while smaller proportions report using broken rice or other varieties. Households consume an average of 3.5 cups of rice per day, reflecting rice's central role in the Liberian diet (**Annex 3; Table A22**). Urban households report higher consumption of long-grain rice (41.4 percent) compared with rural households (14.1 percent), whereas rural households rely more heavily on country rice

(27.1 percent) compared to urban areas (3.8 percent), reflecting differences in access, affordability, and market integration. Disaggregation by socioeconomic status and residence suggests important differences in exposure to fortified foods. Poorer households and rural households are more likely to rely on country rice and locally produced staples, which are typically unfortified, reflecting constraints related to affordability, availability, and market access. As a result, these households may have lower exposure to commercially milled fortified rice and other fortified products. In contrast, wealthier and urban households report higher consumption of long-grain and parboiled rice, which are more commonly commercially milled and therefore more likely to be fortified.

Urban households also demonstrate greater reliance on imported and commercially processed foods, including edible oils, which may increase their exposure to fortified products. These patterns indicate that fortification strategies may disproportionately benefit urban and better-off households, while poorer and rural households—who face higher nutrition vulnerability—may be less reached. This underscores the importance of complementing food fortification with targeted nutrition interventions, improved access to fortified staples in rural markets, and broader dietary diversification strategies to reduce inequities in micronutrient intake.

With respect to fortified salt, three-quarters (74.8 percent) of all households report using table salt, while only 9 percent indicate “don’t know,” and 16 percent report “n/a,” which likely reflects households unaware of their salt’s iodine status. Rural households demonstrate slightly higher uncertainty. Average salt consumption is 1.1 teaspoons per day (**Annex 3; Table A23**).

Fortified wheat flour is also commonly consumed across Liberia. Nationally, only 1.0 percent of households report consuming “specific” branded fortified flour, while 43 percent do not know whether their flour is fortified. This uncertainty suggests that fortification awareness remains limited. Average flour intake is 2.7 loaves of bread (or equivalent flour-based products) per day, with slightly higher use reported in urban areas (**Annex 3; Table A23**).

Use of fortified cooking oil is very widespread. The majority of households—92.5 percent—consume red palm oil, which is naturally rich in provitamin A. Use of refined vegetable oil or fortified Argo oil is less common (6 percent) but more prevalent in urban areas, where market availability is higher (**Annex 3; Table A24**). About 1.5 liters of oil is consumed per day. Counties such as Bong, River Gee, and Lofa report near-universal access to red palm oil, while refined oil use is more common in Sinoe (18.4 percent) and Grand Gedeh (17.9 percent).

Fortified bouillon cube consumption—primarily Crown and Vita cubes—is widespread across Liberia. Nationally, 78.7 percent of households consume Crown cubes, and 12.4 percent consume Vita. An average of 3.6 cubes is consumed per day. Urban households report somewhat higher consumption of Crown fortified cubes compared with rural areas (**Annex 3; Table A25**).

Overall, these findings highlight that Liberia maintains broad access to fortified foods, particularly red palm oil, iodized salt, and fortified bouillon cubes. However, limited awareness of fortification—especially for flour and rice—indicates the need for stronger communication on the importance of fortified foods. Differences across residence, county, and wealth groups also underscore the importance of market access and affordability in shaping fortified food consumption patterns. Furthermore, patterns of fortified food consumption have important implications for micronutrient nutrition. The widespread consumption of red

palm oil across households suggests a potential contribution to dietary vitamin A intake, as red palm oil is a well-recognized source of provitamin A carotenoids in the Liberian diet. However, the nutritional impact depends on quantity consumed, preparation practices, and bioavailability, and therefore high consumption alone does not guarantee adequate vitamin A status. In contrast, consumption of other fortified foods, including wheat flour and iodized salt, appears more variable and less consistently reported, particularly in rural areas. This uncertainty may limit the effectiveness of fortification programs aimed at addressing iron and iodine deficiencies, especially among vulnerable populations. These findings highlight the continued importance of strengthening fortification quality assurance, improving consumer access and awareness, and complementing fortification strategies with dietary diversification and targeted nutrition interventions.

5.4 FOOD INSECURITY, SHOCKS, COPING STRATEGIES AND VULNERABILITY

ANALYTICAL LINKAGES BETWEEN HHS, FCS, HDDS, AND CSI

- Differences between hunger outcomes measured by HHS and other food security indicators such as the FCS, HDDS and CSI reflect the distinct dimensions captured by each measure. HHS focuses on the most severe experiences of food deprivation and hunger, whereas FCS and HDDS capture dietary quality and diversity, and CSI reflects behavioral responses to stress.
- As a result, households may exhibit acceptable food consumption or dietary diversity while still engaging in stress or crisis coping strategies or conversely report low levels of hunger despite constrained diet quality.
- These patterns highlight that low HHS values do not necessarily imply the absence of food insecurity, but rather indicate lower prevalence of extreme hunger, underscoring the importance of interpreting HHS alongside complementary indicators to fully understand food security conditions.

This section integrates the various dimensions of household food insecurity, shocks, and coping strategies assessed in the CFSNS 2025. Taken together, these indicators provide a comprehensive picture of household resilience, the pressures affecting food access, and the extent to which households are able to withstand or adapt to adverse events. The following subsections present a consolidated analysis of these measures, beginning with overall food security status as measured by CARI, followed by an assessment of household vulnerability across multiple deprivation domains.

5.5.1 Consolidated approach to reporting indicators of food security

The Consolidated Approach for Reporting Indicators of Food Security (CARI) provides an integrated measure of household food security by combining food consumption, livelihood coping, and economic vulnerability into a single, interpretable profile. Rather than classifying households into rigid categories, CARI reflects the degree to which households are managing to meet food needs, maintain livelihoods, and avoid asset depletion. The four outcome levels—Food Secure, Marginally Food Secure, Moderately Food

Insecure, and Severely Food Insecure—represent progressively worsening conditions across these dimensions.

For CFSNS 2025, only 21.5 percent of households are food secure, demonstrating relatively low stable food consumption. The majority of households—56.2 percent—are marginally food secure, indicating that while basic food needs are generally met, many households remain vulnerable to shocks or food-related stress. Moderate food insecurity affects 21.0 percent of households, showing constrained access to food or reliance on more detrimental livelihood strategies. About 1.2 percent of households are classified as severely food insecure, indicating very limited food access and substantial livelihood stress (**Figure 15**).

Figure 15. Comparison of household food security status, CFSNS 2018, RFSLNMA 2022, and CFSNS 2025.

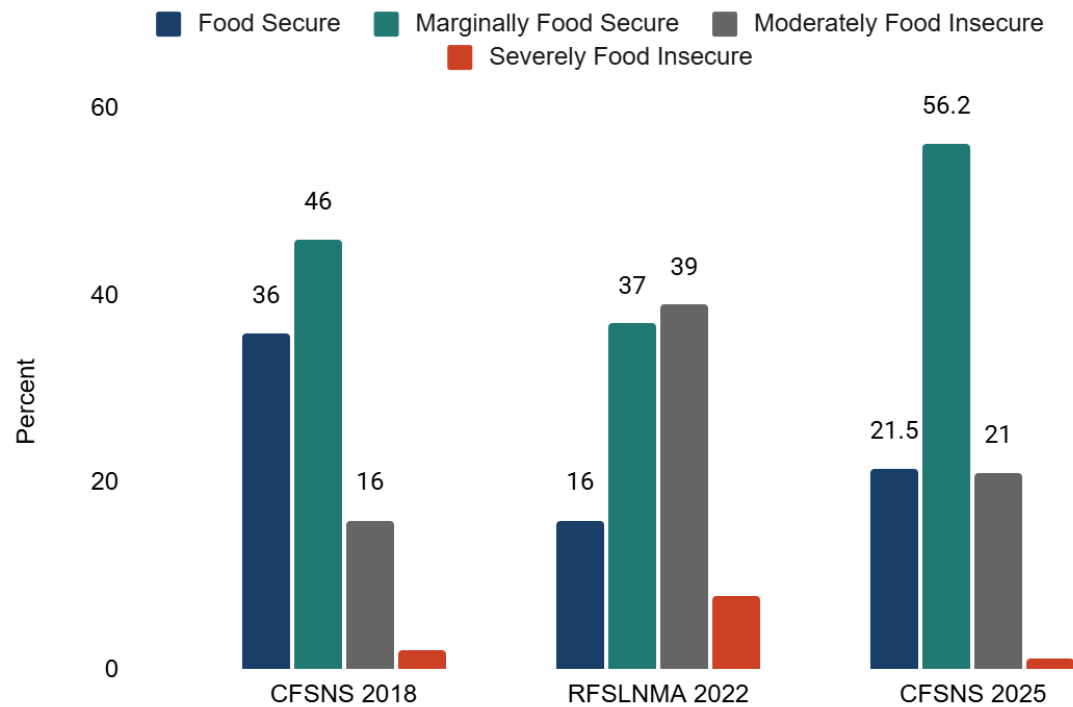


Figure 15 presents trends in household food security status across three survey rounds (CFSNS 2018, RFSLNMA 2022, and CFSNS 2025) using the CARI food security classification. The proportion of food secure households declined from 36 percent in 2018 to 16 percent in 2022, before partially recovering to 21.5 percent in 2025. Marginally food secure households increased substantially from 46 percent in 2018 to 56.2 percent in 2025, indicating a shift toward greater vulnerability despite some recovery from 2022 levels. Moderate food insecurity rose sharply to 39 percent in 2022 before declining to 21 percent in 2025, although it remains higher than the 2018 level (16 percent). Severe food insecurity increased from 2 percent in 2018 to 8 percent in 2022 but declined markedly to 1.2 percent in 2025. Overall, while severe food insecurity has reduced and moderate food insecurity has improved compared to 2022, the expansion of marginal food security suggests that many households remain vulnerable and at risk of deterioration under future shocks.

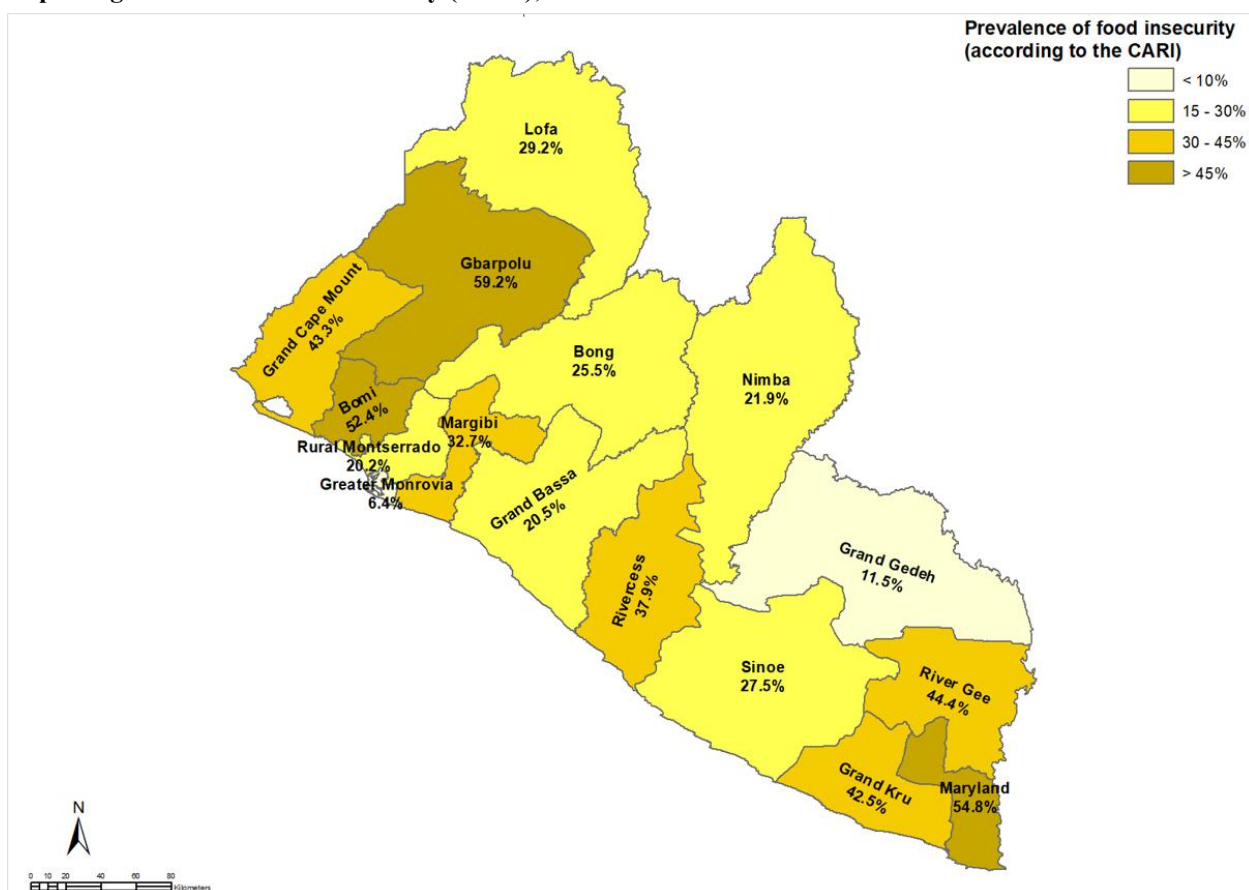
These trends point to a broad-based deterioration in food security driven less by a surge in extreme hunger

and more by widespread vulnerability. The expansion of marginal and moderate food insecurity signals heightened sensitivity to shocks such as price increases, income loss, or climate-related disruptions. Policy responses should therefore prioritize preventive and resilience-building interventions—such as social protection, livelihood support, and market stabilization—to prevent further downward shifts into severe food insecurity, while also targeting moderately food-insecure households before conditions worsen.

Food security outcomes vary modestly by the sex of the household head. Female-headed households show slightly lower food security at 15.6 percent, compared with 24.5 percent among male-headed households. Female-headed households also have higher moderate food insecurity (25.7 percent) than male-headed households (18.6 percent). Severe food insecurity remains low in both groups, with female-headed households at 1.6 percent and male-headed households at 1.1 percent, though the number of severe cases is small.

The county-level results show considerable geographic variation. **Figure 16** map illustrates substantial geographic variation in food insecurity across counties.

Figure 16. County-level prevalence of food insecurity in Liberia according to the Consolidated Approach for Reporting Indicators of Food Security (CARI), CFSNS 2025



Credit: WFP, Liberia

Very high prevalence (>45%) is concentrated in Gbarpolu, Maryland, and Bomi, while elevated levels (30–45%) are observed in parts of Grand Cape Mount, Grand Kru, River Cess, River Gee, Margibi, and Bomi.

In contrast, lower prevalence (<15%) is observed in Grand Gedeh and Greater Monrovia. Overall, the spatial pattern highlights pronounced regional disparities, with rural and border counties experiencing markedly higher food insecurity than the capital area and selected central counties.

The contrast between residence is pronounced. In rural areas, only 5.2 percent of households are food secure, while nearly two-thirds (62.2 percent) are marginally food secure. Moderate food insecurity is relatively high in rural settings (30.5 percent), and severe food insecurity, while low (2.1 percent). In urban areas, food security is substantially higher at 33.3 percent, and moderate food insecurity is lower (14.1 percent), suggesting comparatively better access to food and livelihood stability.

Table A26 (Annex 3) shows that Urban Montserrado stands out with the highest share of food-secure households (47.7 percent) and the lowest moderate food insecurity (6.4 percent). In contrast, counties such as Maryland (6.4 percent) and Margibi (7.5 percent) are least food secure. Moderate food insecurity is notably pronounced in counties such as Gbarpolu (58.4 percent), Bomi (51.6 percent) and Maryland (51.6 percent). While some counties show extremely high percentages of severely food-insecure households, several of these cell counts are below 30 and should therefore be interpreted cautiously. Among the wealthiest households, 63.4 percent are food secure, compared with only 2.5 percent in the poorest wealth quintile. Severe food insecurity is low across all wealth groups but higher among the poorest households (2.9 percent).

5.5.2 Vulnerability profile of the households

The vulnerability profile provides a multi-dimensional picture of households facing heightened risks in food access, coping capacity, exposure to shocks, and nutrition. A household is considered “vulnerable” if it meets at least two of the following conditions: poor or borderline food access (defined as FCS-poor/borderline or HFIAS ≥ 9), use of crisis or emergency coping mechanisms (rCSI ≥ 19 or LCSI crisis/emergency), experience of one or more economic or natural shocks in the previous 12 months, or low dietary diversity (HDDS ≤ 3). This composite approach captures overlapping deprivations that single indicators may overlook. Nationally, 23.1 percent of households face food-access-related vulnerability, 10.1 percent rely on crisis or emergency coping strategies, 26.3 percent experienced at least one shock, and 4.0 percent have very low dietary diversity. When these conditions are combined, 15.0 percent of all households qualify as “vulnerable” under the composite definition.

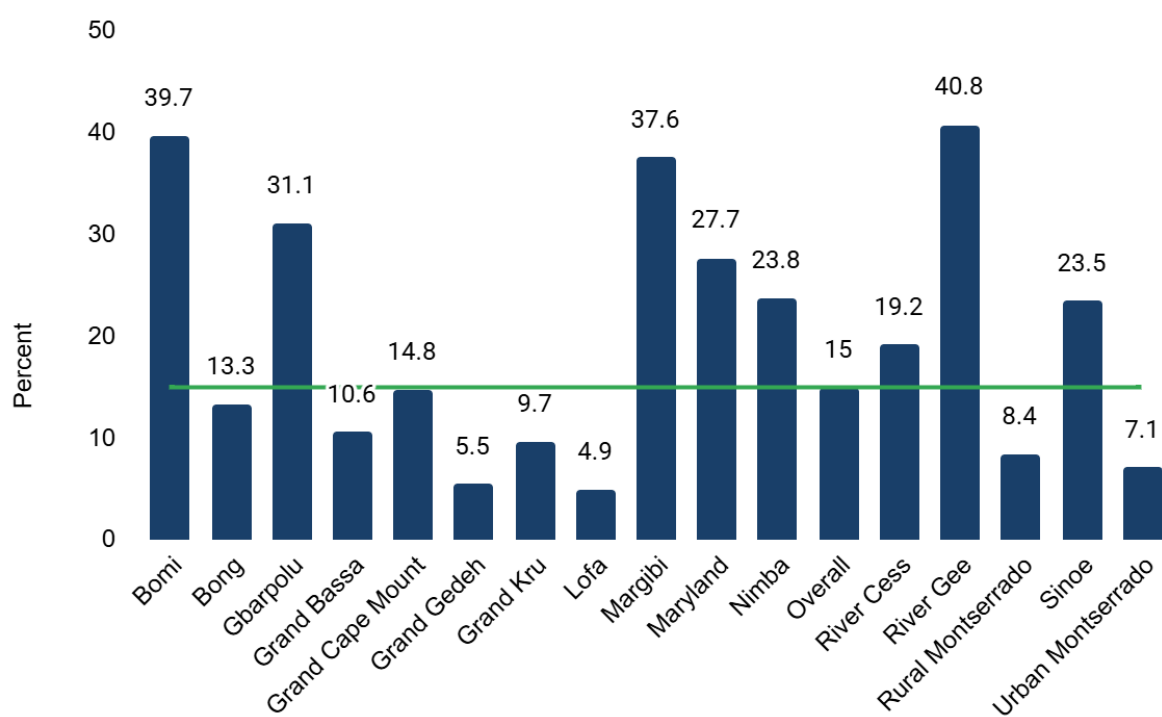
Female-headed households experience higher levels of vulnerability across multiple dimensions. Nearly 28.6 percent face food-access challenges compared with 20.4 percent among male-headed households. Crisis/emergency coping is also more common among female-headed households (12.8 percent versus 8.8 percent). Exposure to shocks is slightly higher as well (28.4 percent versus 25.2 percent). Overall, 18.7 percent of female-headed households meet the composite vulnerability criteria, compared with 13.2 percent of male-headed households, suggesting a persistent gendered burden in household resilience (**Annex 3; Table A27**).

Vulnerability is more pronounced in rural areas, where 29.5 percent of households face food-access-related challenges, compared with 18.6 percent in urban settings. Crisis or emergency coping is employed by 11.8 percent of rural households versus 8.9 percent in urban areas. Rural households also show higher exposure to shocks (30.0 percent compared with 23.5 percent). Composite vulnerability reaches 18.0 percent in rural areas, considerably higher than the 12.9 percent observed in urban areas.

County-level vulnerability varies considerably. Some counties exhibit particularly high levels of food-access deprivation, including Bomi (49.9 percent), River Gee (49.3 percent), Margibi (46.7 percent), and Maryland (41.7 percent). Crisis or emergency coping is also elevated in several counties, with notable levels in Maryland (25.6 percent), River Gee (17.7 percent), and Margibi (16.7 percent). Exposure to shocks exceeds 50 percent in some areas, including Margibi (53.7 percent) and River Gee (44.9 percent).

Figure 17 and **Table A27 (Annex 3)** show that eight counties record vulnerability levels above the national average of 15 percent, underscoring substantial geographic disparities. The overall proportion of households meeting the composite vulnerability threshold is highest in River Gee (40.8 percent), Bomi (39.7 percent), Margibi (37.6 percent) and Gbarpolu (31.1 percent), suggesting concentrated pockets of vulnerability that warrant targeted and prioritized interventions. These counties demonstrate overlapping vulnerabilities across food access, coping, and shock exposure. However, in counties where the number of observations for certain sub-indicators is below 30—such as some coping-related or nutrition-related measures—the estimates should be interpreted cautiously due to limited statistical reliability.

Figure 17. Percentage of vulnerable households by county and area of residence., CFSNS 2025

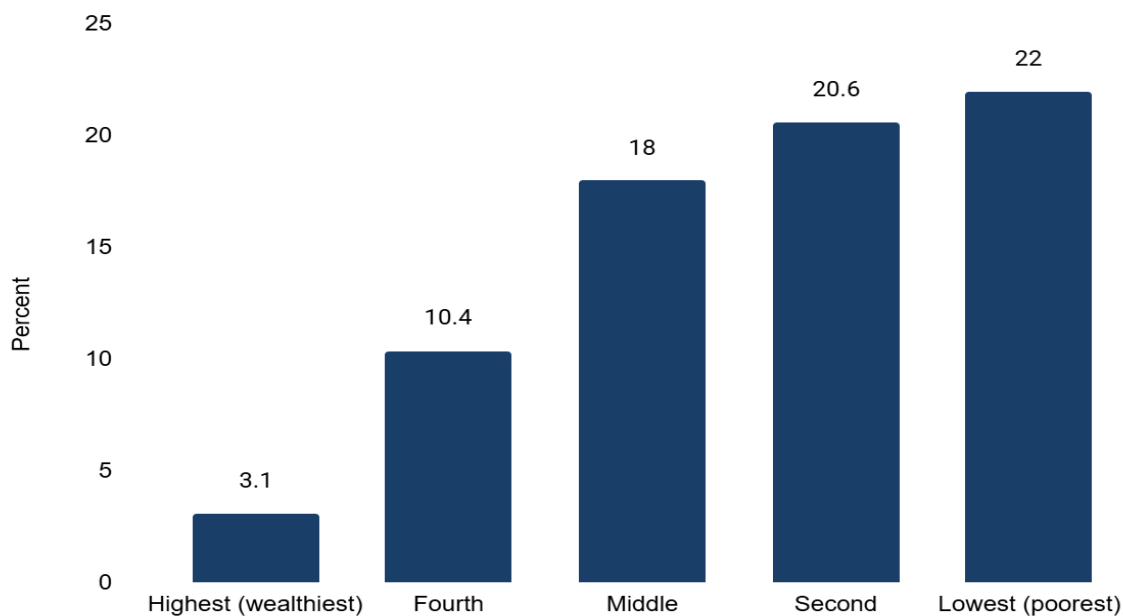


Vulnerability is strongly associated with economic status. Only 3.1 percent of households in the wealthiest quintile are vulnerable, compared with 22.0 percent among the poorest (**Figure 18**). Similarly, individual components also show wealth gradient, vulnerability related to food access is 4.5 percent among wealthiest households compared to 35.5 percent in poorest households. Crisis/emergency coping increases from 2.0 percent among the wealthiest to 14.9 percent among the poorest. Exposure to shocks also rises steadily across wealth quintiles, reaching 30.8 percent among the poorest households. The composite vulnerability measure shows that the poorest quintile experiences 22.0 percent vulnerability, more than seven times the

rate observed among the wealthiest households (3.1 percent).

In counties or subgroups where the number of observations for specific indicators falls below 30—particularly for coping-related or nutrition-related measures—results are subject to higher uncertainty and reduced statistical reliability. Such estimates should not be interpreted in isolation or used as the sole basis for geographic prioritization. Throughout this report, findings from small samples are interpreted cautiously and triangulated with complementary indicators, including food security outcomes (CARI, FCS, HHS), shock exposure, and broader vulnerability patterns, to strengthen confidence in conclusions. Where relevant, limitations related to sample size are explicitly noted to guide transparent and responsible use of the data in policy and programmatic decision-making. Importantly, core findings related to wealth-based

Figure 18. Percentage of vulnerable households by wealth quintile., CFSNS 2025



vulnerability gradients and shock exposure are consistent across multiple indicators and survey modules, lending robustness to the overall vulnerability profile despite localized sample size limitations.

5.5.3 Food Insecurity, Shocks, Coping Strategies and Vulnerability

Taken together, CARI, the rCSI, and shock exposure indicators provide a coherent picture of household vulnerability and resilience in Liberia. While over half of households are classified as food secure or mildly food insecure, a substantial proportion fall into the moderate food insecurity category, indicating widespread stress that may not yet manifest as severe hunger but reflects constrained access, limited resilience, and heightened sensitivity to shocks. Rural households are disproportionately represented in the moderate CARI category, consistent with higher exposure to seasonal food shortages, limited market access, and reliance on agriculture-based livelihoods.

The rCSI results complement the CARI findings by highlighting behavioral responses to food access constraints. Households with elevated rCSI scores are more likely to be classified as moderately or severely food insecure, underscoring coping strategies as an early warning signal of deteriorating food security.

Clear interpretation of rCSI thresholds indicates that increased reliance on stress and crisis coping reflects erosion of household resilience rather than short-term adaptation. These patterns are more pronounced among households affected by recent shocks, including price increases, illness, and livelihood disruptions, demonstrating how shocks translate into food insecurity through reduced purchasing power and constrained consumption.

Equity analysis beyond sex and wealth further reveals vulnerability among larger households, households with higher dependency ratios, those reliant on informal or agricultural livelihoods, and households with limited access to WASH, health, and social protection services. These multisectoral constraints interact to reinforce food insecurity, particularly during lean seasons and periods of economic stress. From a nutrition perspective, households classified as moderately or severely food insecure and those engaging in higher levels of coping are also more likely to experience poor or borderline food consumption, with implications for dietary quality and child nutrition outcomes.

Overall, the combined evidence from CARI, rCSI, and shock indicators highlights the need for targeted, geographically differentiated responses that prioritize households in the moderate food insecurity category, strengthen resilience before crisis thresholds are reached, and integrate food security interventions with agriculture, market support, social protection, WASH, and nutrition programming. These findings also support the use of coping and shock indicators as part of early warning systems to inform anticipatory action.

6. PROGRAM COVERAGE, SUPPORT AND ACCESS TO HEALTH SERVICES

6.1 ASSISTANCE RECEIVED BY HOUSEHOLDS

The survey collected data on proportion of households that received assistance in the past 12 months. The indicator measured the percentage of households that reported receiving any form of assistance—food, cash, or in-kind—from government, non-governmental organizations (NGOs), or United Nations agencies in the 12 months preceding the survey. This indicator followed the WFP VAM (2020) and FAO (2021) standards for assessing external support to vulnerable populations.

The proportion of households reporting assistance from formal organizations in the past 12 months is relatively low. Nationally, 8.7 percent of households reported receiving some form of assistance. Rural and urban households reported similar levels of support at 9.1 percent and 8.3 percent, respectively. Among households that received assistance, the largest share reported government sources, including ministries, national food-assistance programs, and county authorities, while others cited support from NGOs or UN agencies. At the county level, reported receipt of assistance varies, with some areas such as Grand Cape Mount and Nimba showing higher proportions of households receiving support (**Annex 3; Table A28**). However, in most counties, the number of households reporting assistance is fewer than 30, making these estimates statistically unreliable. As such, county-level differences should be interpreted with caution and should not be generalized beyond the sampled respondents.

6.2 ACCESS TO HEALTH SERVICES

Access to health services is a critical determinant of child and household health outcomes, shaping timely care-seeking, disease management, and overall resilience. The 2025 CFSNS results show that Liberia has relatively high levels of self-reported access to health services, but with substantial disparities across residence, county, and wealth groups. The data highlights structural, geographic, and financial barriers that continue to inhibit equitable health service utilization, particularly in rural and low-income settings.

Nationally, 83.1 percent of households report having access to health services, reflecting generally widespread primary care availability. However, effective utilization is more uneven: only 50.8 percent of households accessed health services in the past 30 days, and 10.7 percent reported needing health services but being unable to obtain them (**Annex 3; Table A29**). These gaps underscore that while physical facilities may exist, economic and logistical barriers still limit actual use.

Urban households demonstrate higher access and utilization than rural households. About 91.8 percent of urban households report having access to health services, compared with 71.1 percent of rural households. Urban residents also seek care more frequently—55.2 percent visited a health provider in the past month, compared with 47.6 percent of rural households. Unmet need for health services is similar across residence types, with 10.7 percent of rural households and 10.8 percent of urban households reporting that they needed care in the past 30 days but were unable to obtain it (**Annex 3; Table A29**).

County-level patterns reveal even sharper disparities. Counties such as Bomi (96.1 percent) Urban Montserrado (95.0 percent), Nimba (90.2 percent) and Lofa (88.6 percent) report high access to health facilities, consistent with their stronger health infrastructure networks. In contrast, Rural Montserrado (49.4 percent), Grand Basa (51.3 percent) and Grand Cape Mount (56.8 percent) have much lower access, often

reflecting geographic isolation, difficult terrain, and limited facility density. Actual care-seeking in the past 30 days tends to follow similar patterns. For example, Nimba (69.6 percent) and Urban Montserrado (54.6 percent) have high recent use, while counties such as Grand Basa (25.5 percent) lag behind.

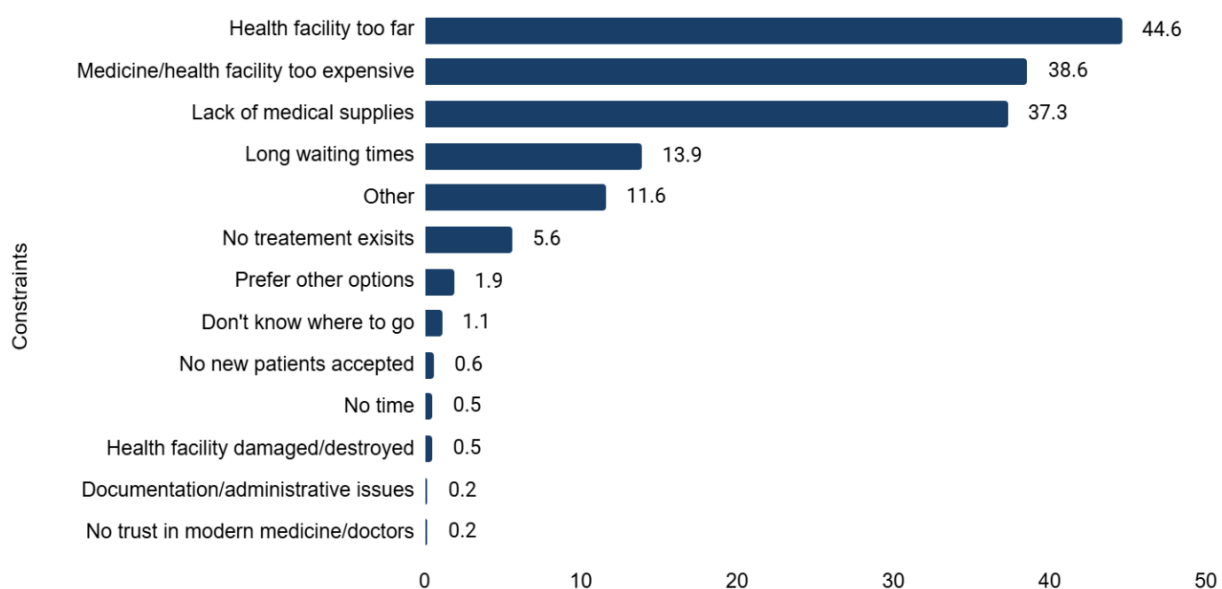
Wealth-related differences are substantial and reinforce persistent inequalities in the health system. Among the wealthiest households, 93.8 percent report access to health services, compared with 68.3 percent of the poorest. Utilization also follows a clear socioeconomic gradient: 57.4 percent of the wealthiest households sought care in the past 30 days, whereas only 42.8 percent of households in the lowest wealth quintile did so. Unmet need is also higher among poorer families, at 17.2 percent, compared with 2.3 percent among the wealthiest is (**Annex 3; Table A29**). These disparities point to financial vulnerability, including transportation costs, user fees, and opportunity cost of time, as a significant barrier to accessing healthcare.

6.2.1 Barriers to accessing health services

Barriers to accessing health services vary widely across counties but consistently illustrate financial, geographic, and system-level constraints. Nationally, the most commonly reported barriers include facilities being too far (44.6 percent of those with unmet need), services being too expensive (38.6 percent), and lack of medical supplies (37.3 percent). Long waiting times affect 13.9 percent of households facing barriers, and a smaller share report challenges such as lack of time, distrust of medical professionals, or administrative issues. Several counties show extremely high levels of specific constraints. For example, River Gee reports 48.8 percent citing long waiting times, while Grand Gedeh reports 55.6 percent reports that medicine or health facility being too expensive.

Figure 19 illustrates the primary reasons households reported for not accessing health services, expressed as percentages. Distance to health facilities, high costs of medicines or services, and lack of medical

Figure 19. Main barriers to accessing health services among households who needed care, CFSNS 2025



supplies emerge as the most frequently cited barriers, followed by long waiting times. Other constraints—such as lack of information, absence of available treatment, administrative issues, or distrust of modern

medicine—were reported far less frequently.

Community Perspectives: Only 18% of communities have a functional health facility; most require long, difficult travel. Poor access to health facilities is a key structural driver of low treatment rates and delayed care for children and pregnant women.

Poorer households consistently experience higher structural barriers. Among the poorest quintile, 62.7 percent reports health facility being too far and 30.9 percent mentioned that medicine or health facility too expensive. Distance to facilities remains a major obstacle for rural and poor households, reflecting ongoing limitations in road quality, distribution of facilities, and transportation options.

7. CHILD HEALTH AND NUTRITION

Child health and nutrition are central determinants of household well-being and long-term human development. The CFSNS 2025 provides a comprehensive picture of child morbidity, preventive health practices, and treatment-seeking patterns among children ages 6–59 months across Liberia. These indicators reflect both immediate household conditions—such as sanitation, water quality, caregiving capacity, and access to services, as well as deeper structural factors including poverty, geographic isolation, and health system reach.

7.1 MORBIDITY AND HEALTH SEEKING BEHAVIOR

Child morbidity remains a major public health concern in Liberia, with common illnesses such as diarrhea, fever, and acute respiratory infections driving much of the disease burden among young children. Understanding the prevalence of these conditions and how caregivers respond when children become ill provides critical insight into the functioning of the health system and the barriers households face in accessing care. The CFSNS 2025 data allows for a detailed examination of both illness patterns and treatment-seeking behavior, offering an opportunity to identify gaps in preventive coverage, timeliness of care, and equity across geographic and socioeconomic groups.

7.1.1 Birth registration

Table A30 (Annex 3) presents the proportion of children aged 6–59 months who have a birth certificate and the proportion whose birth certificate was physically seen by enumerators, disaggregated by child characteristics, place of residence, county, and household wealth quintile. Birth registration remains limited for children 6–59 months. Overall, about one-third of children have a birth certificate, while only a small share (10 percent) had documentation verified at the time of survey, indicating substantial gaps between reported and confirmed registration.

Birth registration coverage is generally higher among older children, urban residents, and children from wealthier households, with pronounced geographic disparities across counties. Registration is slightly higher among girls (35.4 percent) than boys (32.6 percent). Coverage is higher in older children: 24.3 percent among children 6–11 months, rising to 32.1 percent at 12–23 months and peaking at 37.9 percent at 24–35 months, before stabilizing around 35–36 percent for older preschool children. Clear residence gaps persist, with 29.9 percent of rural children registered compared to 36.1 percent in urban areas. County patterns are highly uneven: Gbarpolu reports very high registration (81.8 percent, with 46.5 percent of certificates seen), while several counties show low levels, including Grand Bassa (13.4 percent), Rural Montserrado (13.2 percent), Maryland (16.5 percent), and River Gee (16.2 percent). By wealth, birth certification is low (25.9 percent) in the poorest quintile and higher (38.0 percent) in the wealthiest, indicating persistent socioeconomic barriers to civil documentation.

7.1.2 Prevalence of diarrhea and ARI

Recent child illness remains common. Diarrhea in the two weeks before the survey affected 14.7 percent of children 6–59 months, with slightly higher prevalence among boys (15.9 percent) than girls (13.4 percent). Illness concentrates in the second year of life: diarrhea affects 20.1 percent of children 12–23 months and 16.8 percent of those 24–35 months, compared with 6.1 percent among children 48–59 months. By residence, diarrhea is reported more often in urban settings (15.6 percent) than rural ones (12.8 percent).

County variation is wide, with notably higher diarrhea in Nimba (31.9 percent), Sinoe (22.2 percent), and Margibi (20.8 percent). Very low figures in other counties are based on small sample sizes and should not be interpreted as true differences (**Annex 3; Table A31**).

Table A33 (Annex 3) presents the percentage of children who experienced symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey. Symptoms of acute respiratory infection (ARI) are also substantial, affecting 22.2 percent of children nationally. ARI prevalence is similar by sex (22.5 percent among boys; 21.9 percent among girls) but higher in urban areas (23.8 percent) than rural areas (19.0 percent). Nimba has the highest ARI burden (41.4 percent), followed by Margibi (30.6 percent) and Grand Gedeh (30.4 percent), while Gbarpolu reports a low ARI estimate (8.2 percent). Across wealth quintiles, ARI ranges from 17.7 percent in the wealthiest to 27.4 percent in the middle quintile, and lower again in the poorest wealth quintile, suggesting that exposure risks and care environments are not strictly linear by wealth.

7.1.3 Treatment and source of treatment

Treatment practices for diarrhea indicate improvements but continued gaps in recommended case management. Among children with diarrhea, 45.3 percent received oral rehydration salts (ORS). Use is higher in rural households (53.2 percent) than among urban households (41.7 percent), while reliance on homemade sugar-salt solution is more common in rural settings (13.1 percent) than urban ones (3.5 percent). Over half of children with diarrhea received “other fluids” (52.6 percent), suggesting that caregivers frequently attempt other forms of hydration (**Annex 3; Table A31**).

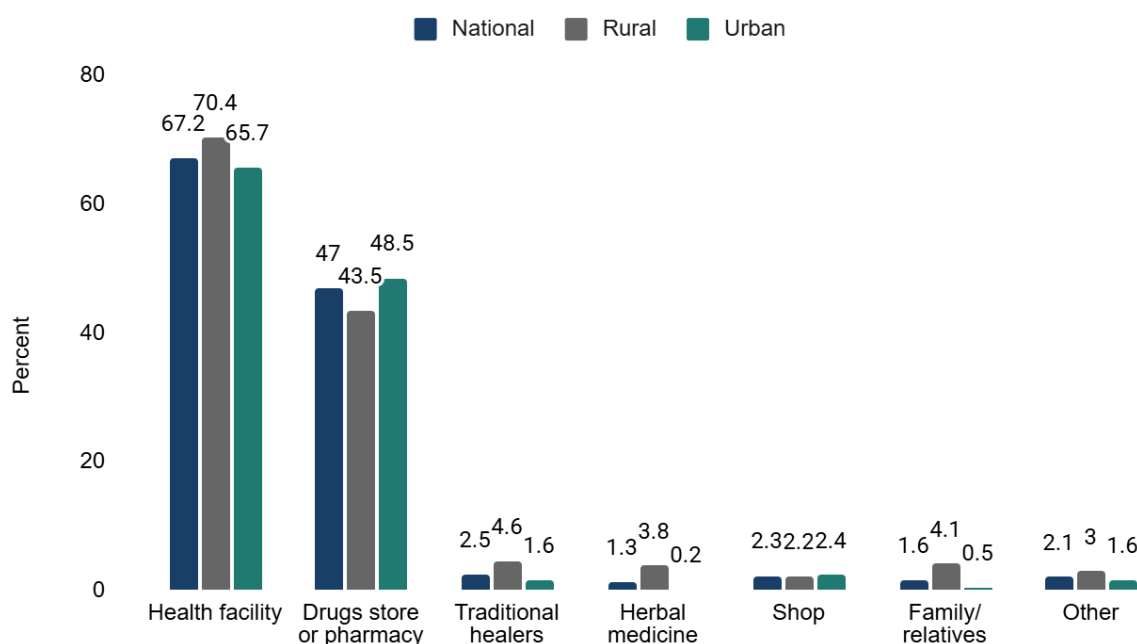
Stool disposal practices indicate substantial sanitation-related risk for young children. Nationally, 68.1 percent of stools were disposed of inappropriately, exposing children to a heightened risk of fecal contamination and enteric infections. Urban households show poor disposal practices, with 57.0 percent managing stools inappropriately, meaning only 43.0 percent are properly disposed, while rural households demonstrate far worse outcomes: 89.4 percent of stools in rural areas are disposed of inappropriately and only 10.6 percent are disposing the stool appropriately (**Annex 3; Table A32**). These patterns underscore the strong link between inadequate household sanitation and childhood illness, especially diarrhea, and highlight the urgent need for improvements in household-level waste management, hygiene practices, and sanitation access..

For ARI, care seeking is relatively strong: advice or treatment was sought for 70.4 percent of symptomatic children, and 88.2 percent received some form of medicine (**Annex 3; Table A33**). Rural care-seeking for ARI is slightly higher (73.8 percent) than urban (69.1 percent). Notable variations by residence, county, and wealth quintile indicate persistent inequities in timely care-seeking and access to appropriate treatment for childhood respiratory illness.

Table A35 (Annex 3) and **Figure 20** summarize the types of treatment sources used for sick children, including health facilities, drug stores or pharmacies, and alternative sources such as traditional healers, herbal medicine, shops, and family or relatives. When care is sought, formal services are the dominant entry point. Nationally, 67.2 percent of sick children were taken to a health facility, and 47.0 percent received care or medicines from a drug store or pharmacy, reflecting the strong role of private and semi-formal retail providers. Use of traditional healers (2.5 percent), herbal remedies (1.3 percent), shops (2.3 percent), or family/relatives (1.6 percent) is limited. Rural residents rely more on health facilities (70.4 percent) than

urban residents (65.7 percent), while urban households use pharmacies slightly more often (48.5 percent versus 43.5 percent). County-level patterns vary, but several estimates are based on very small samples and comparisons for those counties should be treated cautiously. Overall, the distribution suggests that strengthening quality of care in both facilities and pharmacies will have the greatest impact on case management outcomes.

Figure 20. Primary Sources of Health Care by Residence (National, Rural, Urban), CFSNS 2025



7.1.4 Bednet ownership and usage

Malaria prevention through bed net use is moderate and unevenly distributed. Nationally, 59.0 percent of children 0–59 months slept under a mosquito net the night before the survey. Coverage is higher in rural areas (68.7 percent) than urban areas (54.2 percent), consistent with stronger net distribution and perceived risk in rural communities. County differences are stark: Lofa (92.1 percent), Grand Gedeh (88.5 percent), and Nimba (78.2 percent) report high child net use, while Grand Bassa (39.6 percent), Sinoe (42.3 percent), and Urban Montserrado (48.4 percent) lag behind. By wealth, net use does not follow a wealth gradient, that is, children in the second quintile report the highest coverage (71.8 percent), while the wealthiest quintile is lower (55.2 percent), suggesting that distribution campaigns may be effectively reaching poorer households (**Annex 3; Table A35**).

7.1.5 Vaccination and program coverage

Childhood immunization

Table A36 (Annex 3) shows the proportion of children aged 6–59 months who have ever received a measles vaccination and, among children aged 9–59 months, the distribution of measles vaccination status (no doses, incomplete vaccination, or full vaccination). Childhood immunization coverage is high overall but shows clear residence and county gaps. Nationally, 87.4 percent of children 6–59 months have ever received a measles vaccine. Rural coverage is higher (88.1 percent) than urban coverage (77.4 percent). For children

9–59 months, 57.1 percent reportedly received all recommended measles doses, while 33.9 percent received some but not all doses and 7.4 percent received none. Full measles coverage is higher in urban settings (59.7 percent) than rural settings (52.5 percent), pointing to completion challenges in remote areas.

Overall coverage is high nationally, but completion rates vary substantially by county and socioeconomic status, with lower full vaccination coverage observed in urban areas and among poorer households, indicating persistent geographic and equity gaps in routine immunization services.

Table A37 (Annex 3) presents the distribution of polio vaccination status among children aged 6–59 months, showing the proportions who received no doses, an incomplete course, or all three recommended doses. Polio vaccination also remains strong nationally: 60.0 percent of children 6–59 months received all three doses, 31.2 percent received some doses, and 7.3 percent received none; full polio coverage is higher in urban areas (62.3 percent) than rural areas (55.6 percent). Counties with stronger completion for both measles and polio include Lofa, Grand Gedeh, and Nimba, while dose completion is notably lower in Maryland, Sinoe, Margibi, and Bong, indicating localized service delivery or access constraints.

While a majority of children have completed the full polio vaccination schedule nationally, substantial sub-national and socioeconomic disparities persist, with lower full coverage and higher incomplete vaccination observed in several counties and among poorer households, highlighting gaps in routine immunization completion

Deworming

Deworming coverage among children aged 12–59 months is moderate nationally, with 60.2 percent receiving deworming medication in the past six months (**Annex 3; Table A35**). Coverage is similar for boys (60.9 percent) and girls (59.5 percent), indicating no gender disparities. Rural children are more likely to be dewormed (66.8 percent) than urban children (56.7 percent), reflecting the stronger reach of community health workers and school-based campaigns in rural areas.

County variation is substantial. Several counties report high coverage, including Lofa (93.5 percent), Maryland (93.0 percent), showing strong program performance. In contrast, coverage is notably low in Sinoe (30.0 percent) and Grand Gedeh (36.7 percent) suggesting gaps in outreach, supply, or campaign participation. Wealth differentials are present but not extreme. The wealthiest households report 68.3 percent coverage and the poorest 62.1 percent, indicating broadly equitable access. Middle-income households show lower uptake, suggesting irregular program reach rather than affordability barriers. Because worm infections impair nutrient absorption and contribute to anemia and growth faltering, strengthening deworming in low-coverage counties is essential to improving overall child nutrition and reducing preventable morbidity.

Vitamin A and micronutrient supplementation

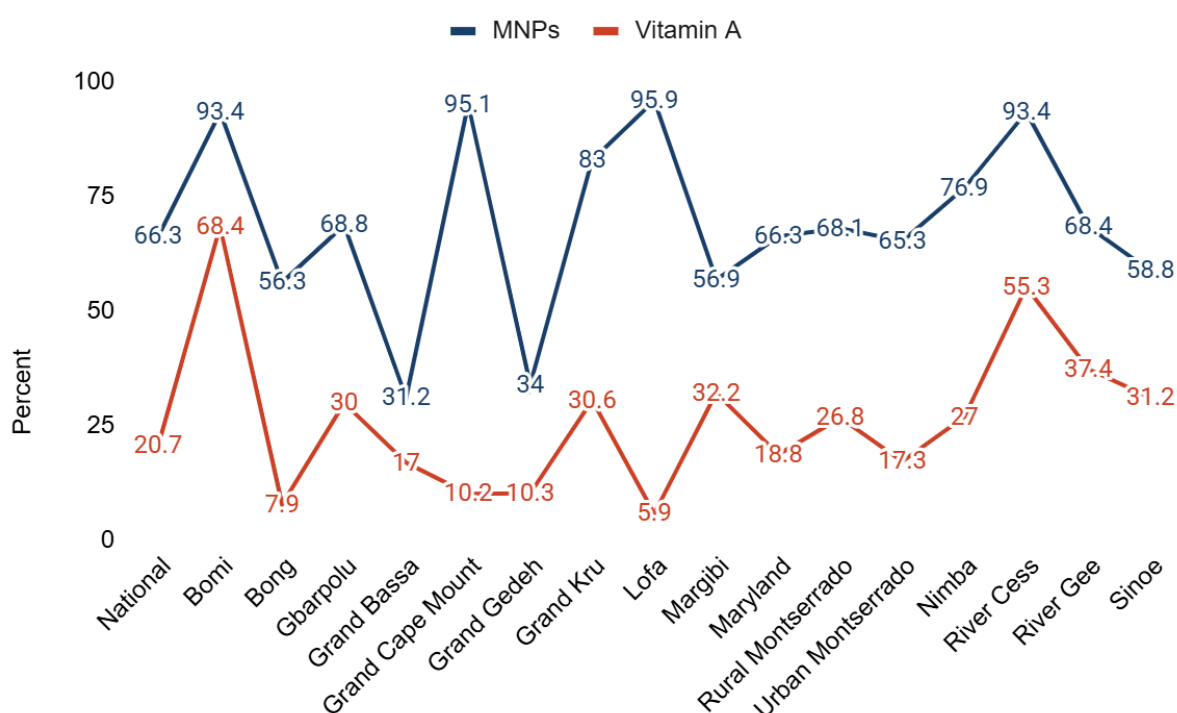
Micronutrient interventions remain a key component of child nutrition in Liberia, and the 2025 CFSNS results show substantial but uneven progress across regions and socioeconomic groups. While MNP coverage is relatively high nationally, vitamin A supplementation remains substantially lower, with marked variation by county, residence, and wealth status, indicating uneven reach of child nutrition interventions and the need for more targeted delivery in lagging areas.

Nationally, 66.3 percent of children aged 6–59 months received Micronutrient Powders (MNPs), while only 20.7 percent received Vitamin A supplementation in the previous six months (**Figure 21**). Coverage

patterns differ moderately by sex, with boys showing slightly higher MNP uptake (66.8 percent) compared with girls (65.6 percent), and similarly small differences in Vitamin A supplementation (21.3 percent for boys, 20.0 percent for girls). Rural–urban differences are more pronounced. Rural areas exhibit higher coverage for both interventions—67.3 percent for MNPs and 24.3 percent for Vitamin A—compared with 65.7 percent and 18.8 percent in urban settings, respectively. This suggests stronger reach and utilization of community-based nutrition programs in rural counties, though lower Vitamin A coverage in urban areas may reflect access barriers or gaps in service delivery (**Annex 3; Table A38**).

County-level disparities are substantial (**Figure 21**). Some counties display exceptionally high MNP coverage rates: Lofa (95.9 percent), Grand Cape Mount (95.1 percent), Bomi (93.4 percent), River Cess (93.4 percent), indicating strong supplementation efforts. Vitamin A coverage is similarly variable. Counties such as Bomi (68.4 percent), River Cess (55.3 percent), River Gee (37.4 percent), and Margibi (32.2 percent) report relatively high uptake, while others including Lofa (5.9 percent), Bong (7.9 percent), Maryland (18.8 percent), and Urban Montserrado (17.3 percent) fall well below national averages. These variations point to geographic gaps in supplementation campaigns, stock availability, and health-worker outreach.

Figure 21. Coverage of Micronutrient Powder (MNP) and Vitamin A Supplementation by County, CFSNS 2025



Wealth gradients also shape micronutrient access. While MNP coverage ranges from 60.5 percent among the poorest to 67.7 percent among the wealthiest, Vitamin A supplementation also reveals similar pattern: 21.9 percent of the poorest compared with 21.2 percent of the wealthiest. Middle and fourth-quintile households show the lowest levels of Vitamin A uptake, suggesting that program reach does not strictly follow economic status but may be influenced by county-level health system performance (**Annex 3; Table**

A38).

7.1.6 Knowledge of caregiver prompting medical attention

Table A39 (Annex 3) presents the percentage of children exhibiting key danger signs and symptoms—including fever, worsening illness, fast or difficult breathing, inability to drink or breastfeed, blood in stool, and poor drinking—disaggregated by residence, county, and wealth quintile. Nationally, caregivers most often identify fever as a reason to seek care (62.5 percent), followed by a child becoming sicker (32.1 percent). Respiratory signs are less commonly recognized: 14.6 percent mention fast breathing and 11.8 percent mention difficulty breathing. Severe gastrointestinal signs are mentioned by fewer caregivers, including blood in stool (8.4 percent), inability to drink or breastfeed (9.6 percent), and drinking poorly (5.0 percent).

Caregivers in rural households report higher recognition of multiple danger signs than urban caregivers, including fast breathing (20.8 percent rural versus 10.1 percent urban), difficulty breathing (16.7 percent versus 8.2 percent), blood in stool (11.7 percent versus 6.1 percent), and a child becoming sicker (45.7 percent versus 22.2 percent), while urban caregivers more frequently select “other” non-specific concerns (42.2 percent).

Knowledge also varies by wealth: poorer households are more likely to cite serious signs such as fast breathing, difficulty breathing, and a child becoming sicker, which may reflect greater exposure to community health worker messaging or higher cumulative illness experience.

7.2 NUTRITIONAL STATUS

Nutritional status among young children reflects both immediate and structural determinants of health, including food security, care practices, disease burden, and access to health services. Using WHO Child Growth Standards, the assessment of stunting, wasting, underweight, overweight, and pitting oedema provides a comprehensive overview of chronic and acute malnutrition in Liberia. The 2025 CFSNS results reveal persistent nutritional vulnerabilities in early childhood, with marked variation by geography, wealth status, sex, and age.

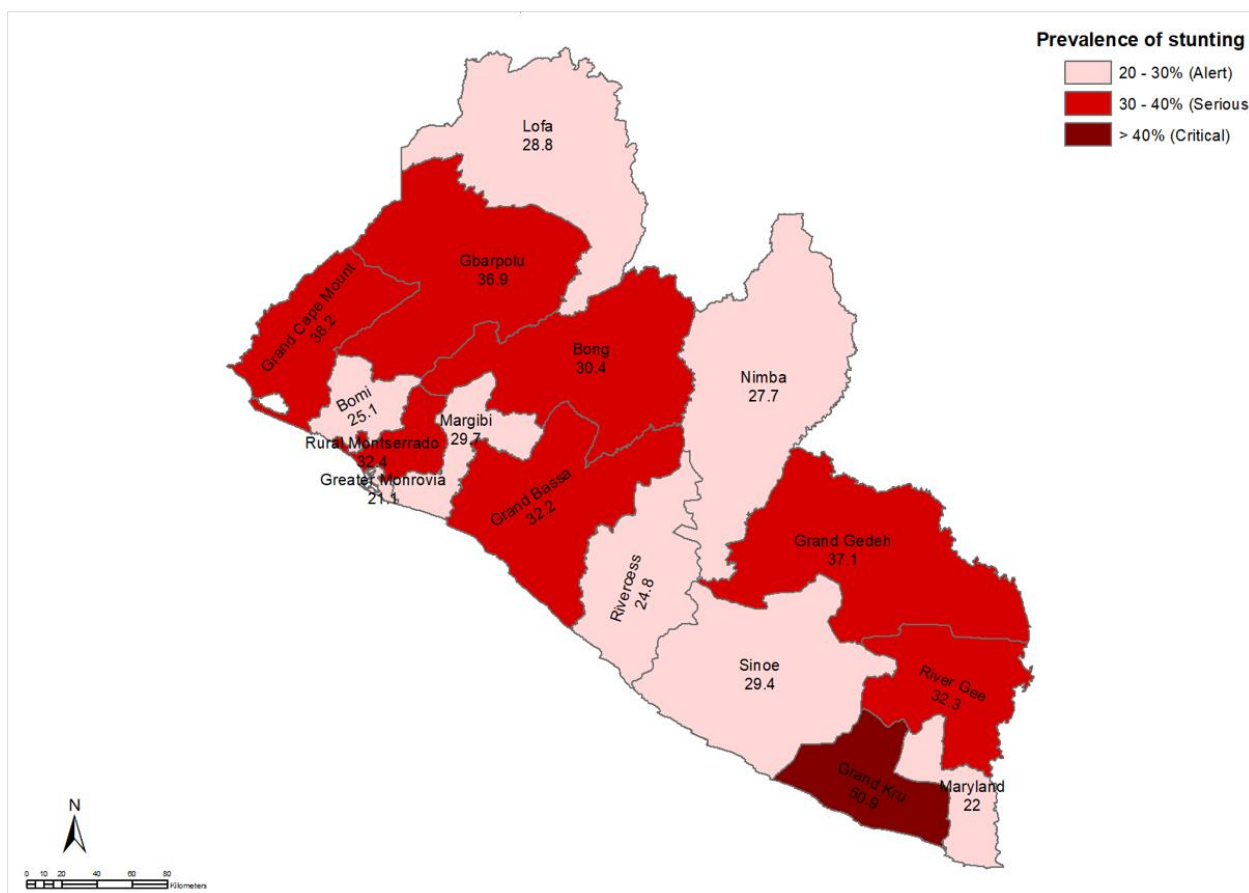
County-level malnutrition estimates should be interpreted alongside sample size considerations, particularly where values appear unusually high or low, and should be triangulated with morbidity, WASH, and food security indicators.

7.2.1 Prevalence of stunting

Stunting reflects chronic undernutrition and is defined as height-for-age z-score (HAZ) below -2 SD from the WHO reference median; severe stunting corresponds to HAZ below -3 SD. Nationally, 26.3 percent of children are stunted and 10.3 percent are severely stunted, indicating that roughly one in four children experiences long-term growth faltering (**Annex 3; Table A40**). Boys show a noticeably higher stunting burden than girls: 30.0 percent of boys are stunted compared with 22.2 percent of girls, and severe stunting is also higher among boys (12.0 percent) than girls (8.5 percent). The age pattern is consistent with cumulative nutritional deprivation: stunting is lower in infancy but rises rapidly in the second year of life,

peaking among children 12–23 months at 29.1 percent total stunting and 10.4 percent severe stunting, and remains elevated through older ages (e.g., 31.1 percent among 24–35 months).

Figure 22. Prevalence of stunting among children aged 6–59 months, by county, CFSNS 2025



Credit: WFP, Liberia

By residence, rural disadvantage is pronounced. Rural areas record 32.3 percent stunting and 13.2 percent severe stunting, compared with 23.0 percent and 8.8 percent respectively in urban settings. County differences are wide and suggest persistent geographic inequities in chronic nutrition.

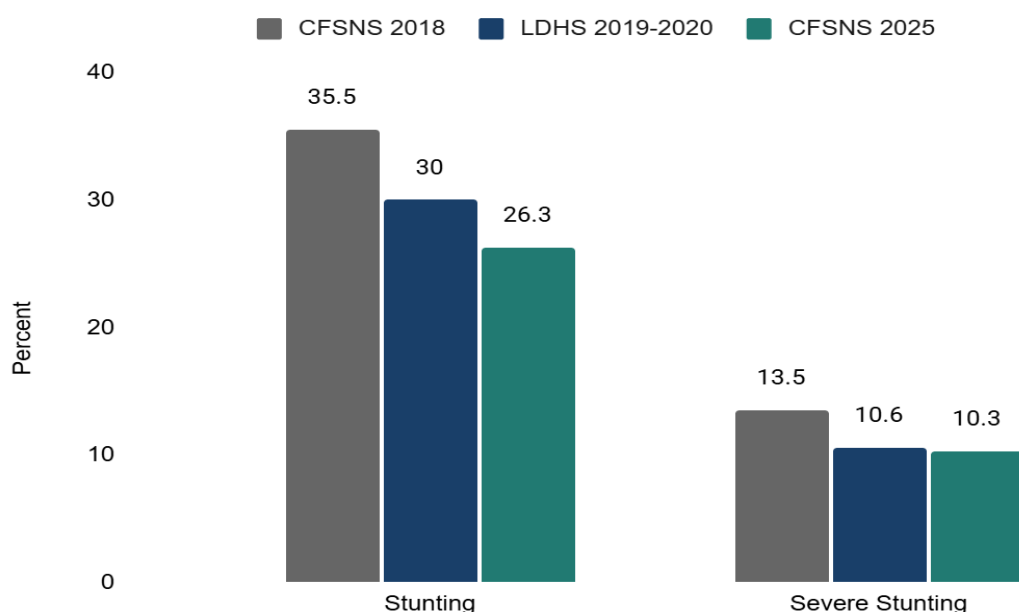
Figure 22 shows county-level stunting prevalence classified by severity thresholds: Alert (20–30%), Serious (30–40%), and Critical (>40%). Several counties—including Gbarpolu, Bong, Grand Bassa, Grand Gedeh, Grand Cape Mount, River Gee, and Grand Kru—fall within the serious to critical categories, indicating a high burden of chronic malnutrition. Lower, but still concerning, levels are observed in counties such as Nimba, Lofa, River Cess, and Sinoe. The spatial pattern highlights pronounced geographic disparities and underscores the need for targeted, county-specific nutrition and multisectoral interventions, particularly in critical-burden areas. Specifically, counties with particularly high total stunting are: Grand Kru (50.9 percent), Grand Cape Mount (38.2 percent), and Gbarpolu (36.9 percent), while others such as Maryland (22.0 percent) and Urban Montserrado (21.1 percent) appear lower.

Wealth gradients reinforce this inequity: stunting is lowest in the wealthiest households (16.0 percent) and highest in the poorest (34.5 percent), showing that poverty remains a major structural driver of long-term

child growth failure (**Annex 3; Table A40**).

Benchmarking stunting shows gradual improvement over time. **Figure 23** compares levels of stunting and severe stunting among children across two survey rounds. Overall stunting declined from 35.5 percent in CFSNS 2018 to 30.0 percent in the LDHS 2019–2020 to 26.3 percent in the CFSNS 2025, while severe stunting decreased from CFSNS 2018 (13.5 percent) to LDHS 2019–2020 (10.6 percent), but then remained

Figure 23. Prevalence of stunting and severe stunting among children, CFSNS 2018, LDHS 2019–2020 and CFSNS 2025

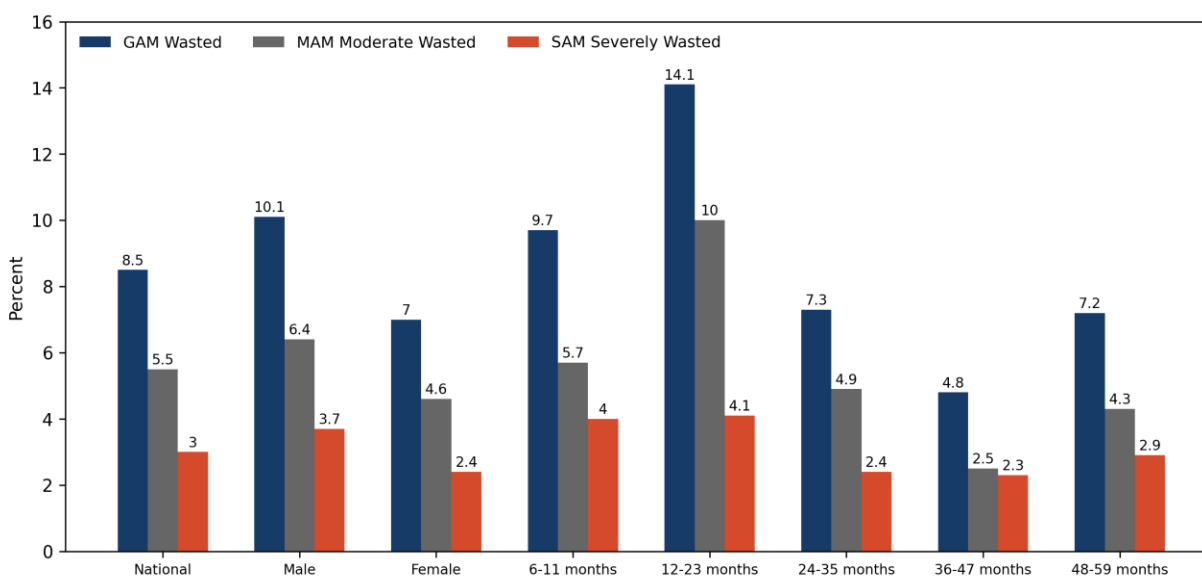


relatively stable, decreasing slightly from 10.6 percent to 10.3 percent. These results suggest slow but meaningful gains in chronic nutrition; however, persistently high severe stunting underscores the need for sustained interventions targeting maternal nutrition, early childhood feeding, and infection prevention.

7.2.2 Prevalence of wasting

Wasting captures acute malnutrition and is defined as weight-for-height z-score (WHZ) below -2 SD; moderate acute malnutrition (MAM) corresponds to WHZ between -2 and -3 SD, and severe acute malnutrition (SAM) to WHZ below -3 SD. Nationally, 8.5 percent of children are acutely malnourished (GAM), including 4.7 percent with MAM and 2.7 percent with SAM. These levels indicate a substantial acute nutrition burden, even while most children remain within normal weight ranges. **Figure 24** shows acute malnutrition is higher among boys (10.1 percent GAM) than girls (7.0 percent GAM), driven by higher MAM (6.4 percent) and SAM (3.7 percent) in males, indicating a greater vulnerability of male children to acute malnutrition. These patterns underscore the need for sex-sensitive screening, prevention, and treatment strategies, alongside strengthened community-based management of acute malnutrition (CMAM) services. The age profile shows the highest acute malnutrition during the transition to complementary feeding: children 12–23 months record 14.1 percent GAM, with 10.0 percent MAM and

Figure 24. Prevalence of wasting among children aged 6–59 months, overall and by sex and age, CFSNS 2025



4.1 percent SAM, far above levels in older age groups (**Annex 3; Table A40**).

Residence patterns show slightly higher GAM in urban areas than rural areas (9.2 percent vs. 7.4 percent), largely because MAM is higher in urban settings (6.0 percent) than rural (4.7 percent). SAM is also somewhat higher in urban areas (3.2 percent) compared with rural (2.7 percent), suggesting more frequent acute shocks or unstable food access in dense, low-income urban environments.

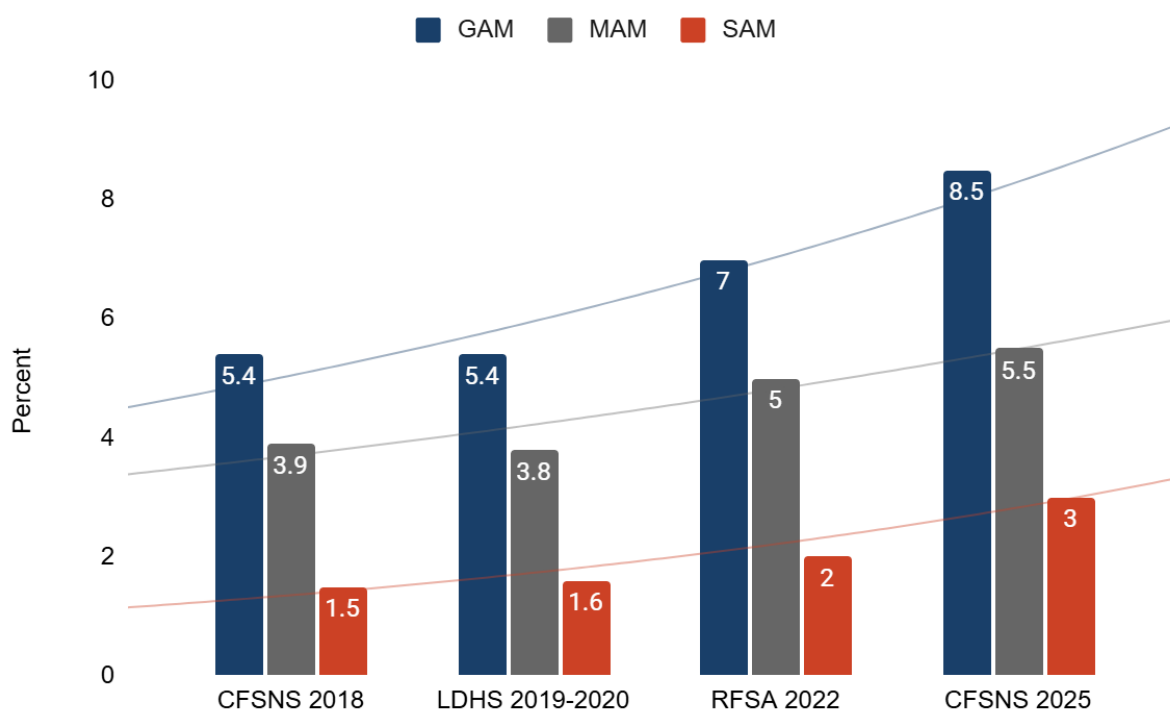
County-level acute malnutrition varies sharply. Grand Cape Mount shows the highest GAM at 19.8 percent, including 10.4 percent MAM and a very high 9.4 percent SAM, pointing to severe acute nutrition stress (**Annex 3; Table A40**). Other counties with elevated GAM include Gbarpolu (13.9 percent), River Gee (12.7 percent) and Margibi (11.8 percent). Several counties display low GAM, for example Nimba (3.2 percent), Grand Gedeh (3.6 percent) and Grand Kru (2.8 percent). Wealth patterns are less linear for wasting than for stunting: GAM is highest in the middle quintile (9.9 percent) and lowest in the poorest quintile (6.5 percent), which may reflect complex links between acute shocks, disease exposure, and seasonality across livelihood groups rather than wealth alone.

Figure 25 illustrates that GAM prevalence has increased steadily, rising from 5.4 percent in the 2018 CFSNS and 5.4 percent in the 2019–20 LDHS, to 7.0 percent in WFP’s 2022 Rapid Food Security Assessment (RFSA), before reaching 8.5 percent in 2025. This trajectory suggests a worsening trend in acute nutritional vulnerability, likely driven by climatic shocks, persistent food insecurity, economic pressures, and recurrent disease outbreaks documented during this period. The sharper rise between 2022 and 2025 aligns with household-level indicators of declining dietary diversity (Chapter 7.4), rising food expenditure burdens, and greater reliance on crisis-level coping mechanisms.

MAM has followed a similar pattern. MAM rose only modestly between CFSNS 2018 (3.9 percent) and LDHS 2019–20 (3.8 percent) but climbed substantially to 5.0 percent in RFSA 2022 and 5.5 percent in

2025. This expansion of moderate wasting suggests a broadening population at risk—children who may deteriorate into severe wasting without timely preventive interventions.

Figure 25. Trends in acute malnutrition among children aged 6–59 months across survey rounds (2018–2025), CFSNS 2025



SAM, the most life-threatening form of wasting, has also increased. SAM rose from 1.5 percent in 2018, to 1.6 percent in the LDHS, then 2.0 percent in RFSA 2022, and now stands at 3.0 percent in the 2025 survey (**Figure 25**). This doubling of SAM prevalence over seven years is concerning, given its association with substantially higher morbidity and mortality risks. The sharp increase in SAM is consistent with county-level findings in Grand Cape Mount (9.4 percent), Grand Margibi (7.4 percent), and River Gee (6.3 percent), where disease exposure, low dietary diversity, and weak treatment coverage converge (**Annex 3; Table A40**).

Overall, the comparative trend analysis underscores a clear message: wasting in Liberia is worsening, not stabilizing. The progression from 2018 through 2025 highlights increasing acute nutritional stress across households. These findings call for intensified early detection, expansion of community-based management of acute malnutrition (CMAM), and strengthened prevention through improved diets, childcare practices, and disease control.

Enrollment in IFP and OTP

Enrollment in Integrated Feeding Programs (IFP) and Outpatient Therapeutic Programs (OTP) provides critical treatment for severe wasting and other acute nutrition conditions. Nationally, 9.9 percent of children aged 6–59 months were enrolled in an IFP/OTP program at the time of the survey. Enrollment patterns differ by residence: rural children show substantially higher participation (15.8 percent) compared with urban children (6.9 percent), likely reflecting both higher levels of acute malnutrition in rural areas and

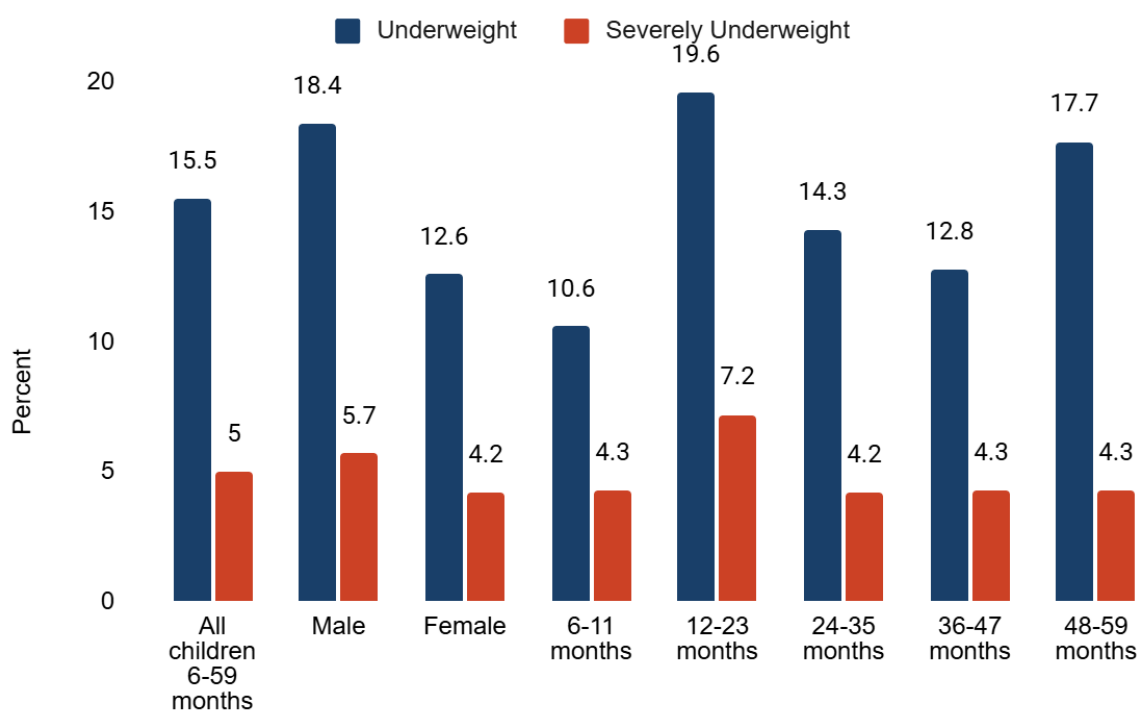
stronger outreach efforts by community health volunteers. County-level variation is pronounced. Grand Cape Mount reports extremely high enrollment (82.7 percent). Other counties with higher enrollment include Nimba (29.3 percent), Rural Montserrado (33.6 percent), indicating areas where acute malnutrition burdens or service availability are particularly significant. Conversely, counties such as Gbarpolu (2.2 percent), Grand Kru (0.8 percent), Maryland (1.2 percent), and River Cess (1.4 percent) show low participation, which may reflect gaps in program coverage, accessibility challenges, or lower detection of wasting (**Annex 3; A35**).

A clear socioeconomic gradient is also evident. Enrollment is lowest among the wealthiest households (2.9 percent) and highest among households in the middle and lowest wealth quintiles (12.0 percent and 12.1 percent, respectively), consistent with global patterns in which acute malnutrition disproportionately affects children from poorer households. Together, these findings suggest that while therapeutic feeding services reach many of the most vulnerable children, significant geographic and socioeconomic disparities persist, requiring targeted efforts to ensure equitable access to lifesaving nutrition interventions.

7.2.3 Prevalence of underweight

Underweight is defined as weight-for-age z-score (WAZ) below -2 SD, capturing both chronic and acute deficits; severe underweight aligns with WAZ below -3 SD. Nationally, 15.5 percent of children are underweight, including 5.0 percent severely underweight. Boys again face greater disadvantage (18.4 percent underweight) than girls (12.6 percent). **Figure 26** shows the prevalence of underweight (weight-for-age < -2 SD) and severe underweight (weight-for-age < -3 SD) among children aged 6–59 months.

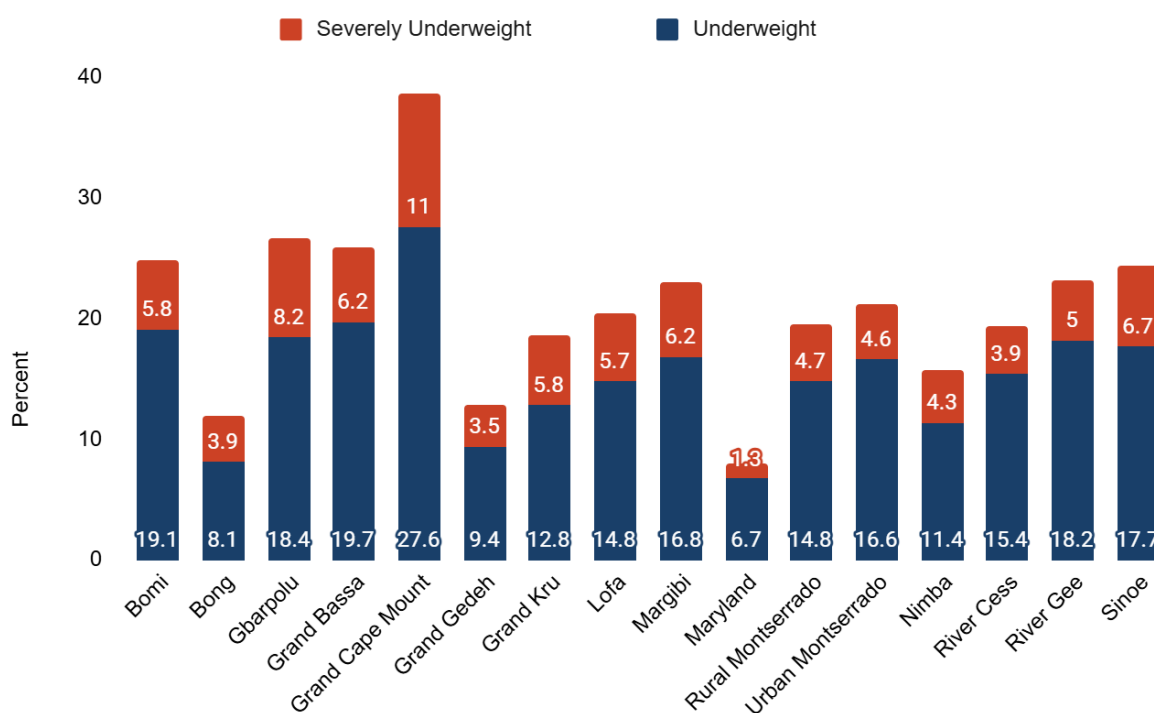
Figure 26. Prevalence of underweight and severe underweight among children aged 6–59 months, by age group, CFSNS 2025



Undernutrition peaks in the 12–23 month age group, where 19.6% of children are underweight and 7.2% are severely underweight, highlighting increased nutritional vulnerability during the transition to complementary feeding. Elevated levels of underweight persist among children aged 24–35 months (14.3%), 36–47 months (12.8%), and 48–59 months (17.7%), indicating sustained nutritional deficits beyond infancy. These findings underscore the importance of early and sustained nutrition interventions, particularly during the first 1,000 days and early childhood.

Differences by residence are modest at the national level: underweight is 15.7 percent in urban areas and 15.3 percent in rural areas, suggesting that acute and chronic pathways offset each other in different environments. County patterns, however, reveal substantial disparities (**Figure 27**); Grand Cape Mount (27.6 percent), Grand Bassa (19.7 percent), and River Gee (18.2 percent) show high underweight prevalence, while several other counties fall below 15 percent. Severe underweight is also highest in Grand Cape Mount (11.0 percent) followed by Gbarpolu (8.2 percent).

Figure 27. Prevalence of Underweight and Severely Underweight Children by County, CFSNS 2025



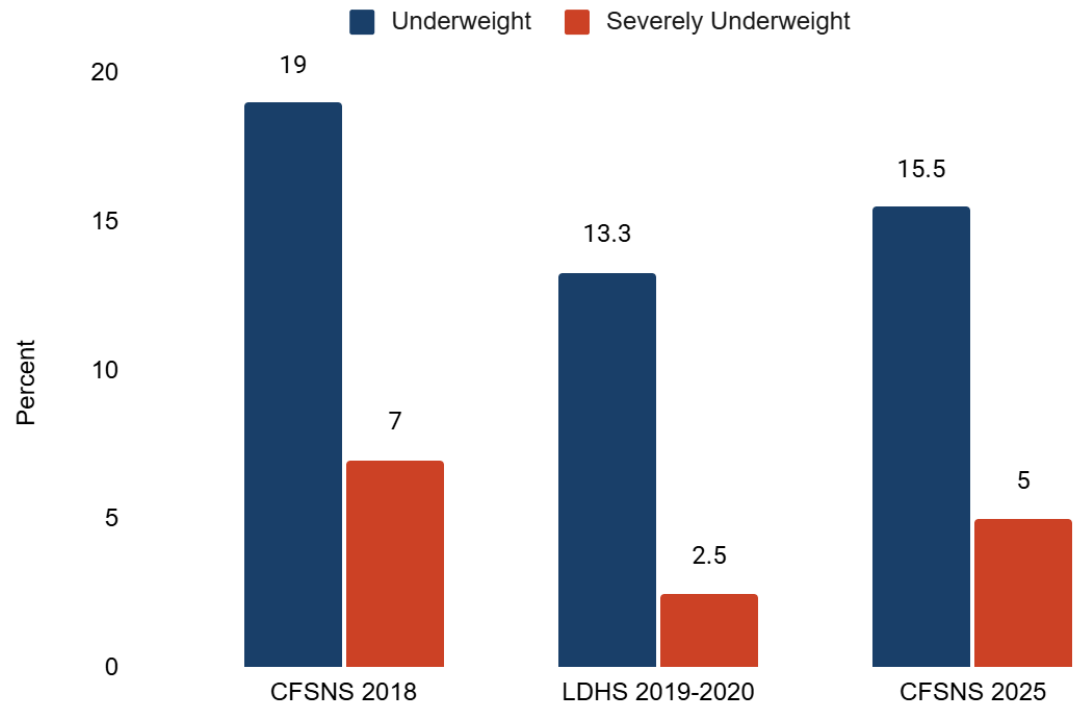
By wealth status, underweight declines with socioeconomic advantage, it is 15.7 percent in the poorest quintile and 11.8 percent among the wealthiest, reinforcing poverty as a key determinant of combined growth and weight deficits.

In comparison to prior national rounds, underweight appears to remain a persistent burden with only limited improvement. **Figure 28** compares the prevalence of underweight and severe underweight among children aged 6–59 months across CFSNS 2018, LDHS 2019–2020, and CFSNS 2025. Underweight prevalence declined from 19.0 percent in 2018 to 13.3 percent in 2019–2020, followed by a rebound to 15.5 percent in

2025, indicating a partial reversal of earlier gains. Severe underweight decreased substantially between 2018 (7.0 percent) and 2019–2020 (2.5 percent), but increased again to 5.0 percent in 2025, suggesting renewed deterioration in child nutritional status. These trends point to persistent vulnerability and recent setbacks, underscoring the need for strengthened nutrition-sensitive and nutrition-specific interventions.

However, CFSNS 2025 suggests a reversal of this positive trend, with underweight rising to 15.5 percent and severe underweight doubling to 5 percent. While still improved compared with 2018, the increase from LDHS levels indicates emerging nutrition stresses.

Figure 28. Trends in underweight and severe underweight among children aged 6–59 months across survey rounds, CFSNS 2025



7.2.4 Prevalence of normal weight, overweight, obesity, and bilateral pitting oedema

Table A41 (Annex 3) presents the distribution of normal weight (weight-for-height/age between -2 and $+2$ SD), overweight ($> +2$ SD), obesity ($> +3$ SD), and bilateral pitting oedema among children aged 6–59 months, disaggregated by child sex, age group, place of residence, county, and household wealth quintile. Overall, 87.1% of children were of normal weight, while 4.7% were overweight and 1.5% were obese. The prevalence of bilateral pitting oedema was low (0.9%), indicating a relatively limited burden of acute oedematous malnutrition. Marked geographic and socioeconomic disparities are evident, with higher levels of overweight and obesity in several counties and among poorer households, highlighting the emerging double burden of malnutrition alongside persistent undernutrition.

By residence, excess weight is more pronounced in rural areas. Rural children show 7.4 percent overweight and 2.0 percent obesity, compared with 3.4 percent overweight and 1.2 percent obesity in urban settings. This may reflect dietary patterns in some rural livelihood zones (e.g., energy-dense staples plus limited

diversity) and lower physical resilience during illness episodes. County-level overweight/obesity varies, with some counties recording double-digit overweight proportions (for example, Grand Kru 25.4 percent overweight, Gbarpolu 17.7 percent, Maryland 14.5 percent, and River Gee 13.0 percent). Wealth gradients show higher overweight among poorer households (8.4 percent in the poorest quintile) than in the wealthiest (3.3 percent), suggesting that excess weight may coexist with undernutrition in low-income contexts driven by poor diet quality rather than surplus consumption.

The 2025 CFSNS estimates of child overweight (4.7 percent) and obesity (1.5 percent) can be compared with recent national benchmarks showing that approximately 4.4–4.5 percent of Liberian children under five were overweight according to the LDHS 2019–20 and the Global Nutrition Report.

7.2.5 Prevalence cGAM and MUAC-based acute malnutrition

Table A42 (Annex 3) presents the prevalence of Combined Acute Malnutrition (cGAM) and severe wasting (measured by MUAC and/or presence of bilateral oedema; < -3 SD) among children aged 6–59 months, disaggregated by child sex, age group, place of residence, county, and household wealth quintile.

Nationally, 8.9 percent of children meet the cGAM definition. cGAM is higher in boys (10.7 percent) than girls (7.2 percent) and again peaks in early childhood (14.5 percent among 12–23 months). Urban areas show slightly higher cGAM (9.7 percent) than rural settings (7.6 percent), consistent with the GAM pattern. The highest county-level cGAM appears in Grand Cape Mount (20.6 percent) and Gbarpolu (12.6 percent), indicating acute nutrition crises in these locations; some counties show very low cGAM, but any estimate based on fewer than 30 sample size should not be over-interpreted. Wealth quintiles show relatively narrow differences in cGAM, reinforcing that acute malnutrition in Liberia is shaped by shocks and disease as much as by asset status alone.

MUAC-based acute malnutrition, a complementary screening method, yields 5.1 percent acute malnutrition nationally, lower than WHZ-based GAM as expected because the methods capture somewhat different risk profiles. Bilateral pitting oedema is rare at 0.9 percent nationally, and remains low across disaggregated variables.

The national cGAM prevalence of 8.5 percent is notably higher than the 5.4 percent reported in the 2018 CFSNS, signaling a worsening of acute malnutrition conditions over the past seven years. However, the 2025 estimate closely mirrors findings from the WFP Rapid Food Security Assessment 2022, which recorded GAM at approximately 7.0 percent.

7.3 INFANT AND YOUNG CHILD FEEDING

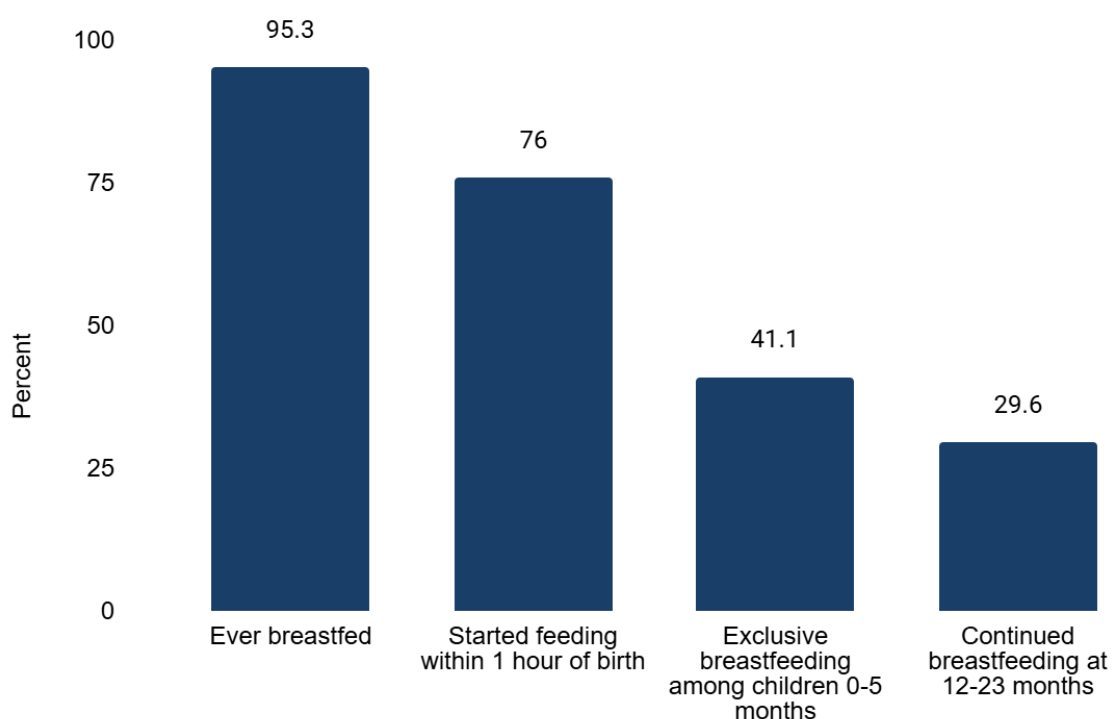
Infant and Young Child Feeding practices are critical determinants of child survival, nutrition, and development. The 2025 CFSNS data offer a detailed picture of breastfeeding behaviors, complementary feeding practices, and gaps in dietary adequacy among children 0–23 months. Overall, while breastfeeding initiation remains strong nationwide, challenges persist in exclusive breastfeeding, timely and adequate complementary feeding, and retention of breastfeeding through the second year of life. These patterns largely mirror previous findings from the 2019–20 LDHS, indicating slow progress in improving complementary feeding quality.

7.3.1 Early initiation and exclusive breastfeeding

Figure 29 presents key infant and young child feeding (IYCF) indicators, including the proportion of children who were ever breastfed, initiated breastfeeding within one hour of birth, exclusively breastfed during the first six months of life, and continued breastfeeding at 12–23 months.

Early initiation of breastfeeding is strong in Liberia. Nationally, 95.3 percent of children age 0–23 months have ever been breastfed, demonstrating near-universal uptake of this essential practice. Among them, 76 percent were put to the breast within one hour of birth, a figure that exceeds the LDHS 2019–2020 estimate of about 70 percent. Breastfeeding initiation is consistently high across sex and residence categories, though rural households show slightly higher early initiation than urban ones. Some counties—such as Bomi, Bong, Grand Cape Mount, Grand Gedeh, Lofa, Margibi—report early initiation at or above 97 percent, while others, such as Rural Montserrado, report slightly lower levels (**Annex 3; Table A43**).

Figure 29. Breastfeeding practices among children aged 0–23 months, CFSNS 2025



Exclusive breastfeeding among infants age 0–5 months stands at 41.1 percent, it remains below the level reported in the LDHS 2019–20, where 55.2 percent of infants under six months were exclusively breastfed. Rural infants fare better, with 50.5 percent exclusively breastfed compared to 39 percent of urban infants (**Annex 3; Table A43**). County variation is wide: exclusive breastfeeding is higher in Gbarpolu (94.1 percent), Grand Gedeh (86.5 percent), and Bomi (74.4 percent), but is below 25 percent in Nimba. These low levels indicate that despite strong initiation, sustained adherence to exclusive breastfeeding remains a national challenge.

7.3.2 Continued breastfeeding

Continued breastfeeding declines significantly after the first year of life. Nationally, only 29.6 percent of

children at age 12–23 months continue breastfeeding (**Figure 25**), far below recommended levels and lower than patterns reported in the LDHS 2019–2020, where continuation at 1 year was moderately higher. This highlights critical gaps in optimal breastfeeding practices beyond the immediate postnatal period. Rural children are much more likely to continue breastfeeding, with 41.3 percent still receiving breastmilk at 12–23 months, compared to only 24.8 percent in urban areas.

The average age at cessation is 9.2 months, indicating early discontinuation well before the recommended 24 months. Reasons for stopping breastfeeding provide insight into structural barriers. The most commonly reported reasons include the child refusing the breast (31.3 percent), child passed the age of breastfeeding (33.1 percent), weaning age (6.2 percent), new pregnancy (6.1 percent) and perceived insufficient milk (5.1 percent). Work-related reasons account for 4.7 percent nationally but rise in urban areas (urban: 8.7 percent vs rural: 3.9 percent), consistent with employment-related barriers. Breastfeeding cessation due to maternal illness and death of the mother are far less common. County variation is marked: cessation due to child refusal is particularly high in Urban Montserrado, Grand Bassa and Nimba (**Annex 3; Table A43**).

7.3.3 Complementary feeding

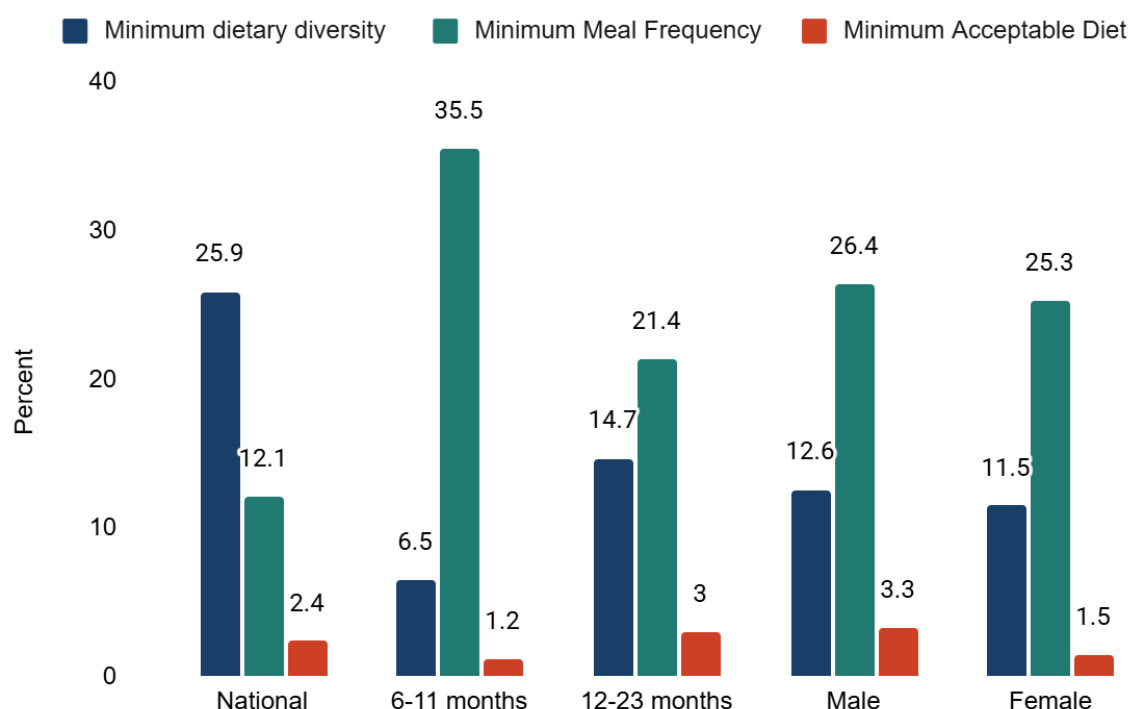
Table A44 (Annex 3) presents the prevalence of minimum dietary diversity (MDD), minimum meal frequency (MMF), and minimum acceptable diet (MAD) among children aged 6–23 months, disaggregated by sex, age group, place of residence, county, and household wealth quintile. Complementary feeding remains one of the weakest components of child nutrition in Liberia.

Only 12.1 percent of children age 6–23 months meet the Minimum Dietary Diversity (MDD) indicator, reflecting very limited access to or consumption of diverse food groups during this critical growth period. Boys have slightly higher dietary diversity (12.6 percent) than girls (11.5 percent). Younger children age 6–11 months are particularly disadvantaged, with only 6.5 percent achieving dietary diversity, underscoring vulnerability during the transition from breastfeeding to solid food.

County variation is substantial, ranging from just 3.3 percent in Grand Gedeh to 25.2 percent in Margibi and 18.5 percent in Grand Bassa. These findings closely mirror the LDHS 2019–2020, which also documented extremely low levels of dietary diversity, reinforcing the structural persistence of poor complementary feeding practices. Households in the highest wealth quintiles have higher MDD (15.8 percent) than poorest households (11.8 percent).

Minimum Meal Frequency (MMF) is met by 25.9 percent of children age 6–23 months, indicating that only one in four children receives the minimum number of daily feedings recommended for appropriate growth (**Figure 30**). Substantial disparities are observed across counties, urban–rural residence, and wealth quintiles, with urban and wealthier households consistently demonstrating higher adherence to recommended IYCF practices. Urban areas perform slightly better, with 28.9 percent of children achieving MMF compared with lower levels in rural areas, reflecting greater access to purchased foods and more consistent meal routines among urban households. Wealth shows a strong gradient: 39.2 percent of children in the wealthiest households meet MMF, compared with 19.8 percent among the poorest households. The highest MMF is in Gran Kru (46.0 percent) and lowest in River Cess (3.9 percent).

Figure 30. Infant and young child feeding (IYCF) indicators among children aged 6–23 months, by sex, CFSNS 2025

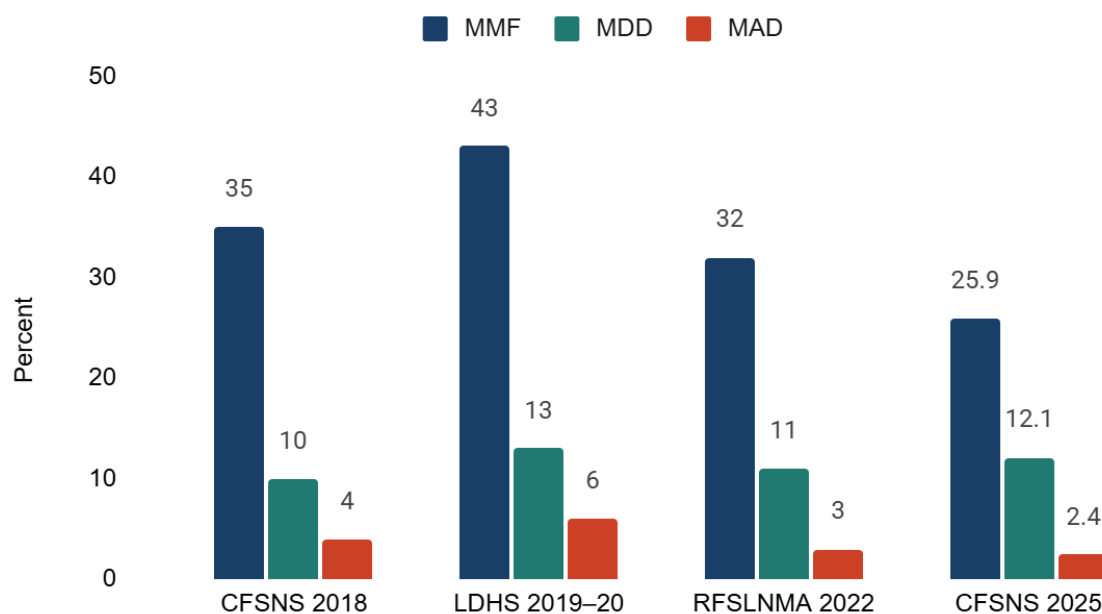


The Minimum Acceptable Diet (MAD)—the combined measure requiring children to meet both minimum dietary diversity and meal frequency—remains critically low, with only 2.4 percent of children age 6–23 months achieving this standard (**Figure 30**). This extremely low figure underscores a severe gap in complementary feeding quality: even when children receive meals frequently, the foods provided often lack the diversity needed to meet essential nutrient requirements. Urban–rural difference (rural: 0.4 percent vs. urban 3.3 percent), and wealth remains (poorest households: 0.6 percent vs. wealthiest 6.0 percent) a major determinant of MAD attainment, reflecting disparities in access to nutrient-rich foods such as eggs, dairy, fruits, and vegetables (**Annex 3; Table A44**).

Figure 31 presents trends in infant and young child feeding (IYCF) indicators across four survey rounds (CFSNS 2018, LDHS 2019–20, RFSLNMA 2022, and CFSNS 2025). MMF increased from 35 percent in 2018 to a peak of 43 percent in 2019–20, before declining to 32 percent in 2022 and further to 25.9 percent in 2025. This indicates a sustained downward trend in feeding frequency since 2019–20. MDD showed a modest increase from 10 percent in 2018 to 13 percent in 2019–20, followed by a decline to 11 percent in 2022. In 2025, MDD rose slightly to 12.1 percent but remains close to earlier levels and far below optimal thresholds. MAD, which combines both meal frequency and dietary diversity, followed a similar trajectory. MAD increased from 4 percent in 2018 to 6 percent in 2019–20, declined to 3 percent in 2022, and further decreased to 2.4 percent in 2025. Despite some fluctuations, MAD remains critically low across all survey years.

Overall, while MMF and MDD showed modest improvements between 2018 and 2019–20, the subsequent decline—particularly in MMF and MAD—suggests worsening child feeding practices in

Figure 31. Trends in Infant and Young Child Feeding Indicators (MMF, MDD, and MAD), 2018–2025.



recent years. The persistently low MAD prevalence highlights significant challenges in achieving adequate complementary feeding among young children in Liberia.

8. WOMAN AND ADOLESCENT NUTRITION

8.1 ANTENATAL CARE AND SUPPLEMENTATION

Table A45 (Annex 3) presents the percentage of non-pregnant women who received antenatal care (ANC) during their most recent pregnancy, received iron–folic acid (IFA) supplementation, and were counseled on infant and young child feeding, disaggregated by age group, place of residence, county, and household wealth quintile. ANC coverage among non-pregnant women age 10–49 provides insight into women’s prior engagement with health services. In the 2025 CFSNS, 67.5 percent of women reported receiving ANC during their most recent pregnancy, a level broadly comparable to the LDHS 2019–2020 estimate of 84 percent for at least one ANC visit, though not directly equivalent due to indicator differences.

IFA supplementation coverage also remains moderately strong, with 66.4 percent of women reporting that they received IFA during their last pregnancy. Rural–urban differences persist: ANC coverage is higher in rural areas (78.4 percent) compared with 63.0 percent in urban areas. Age patterns are consistent with expectations, coverage rises sharply after adolescence, peaking among women age 30–34, and then stabilizes.

Counseling on feeding practices during pregnancy remains critical for maternal nutrition and child outcomes. In 2025, 63.5 percent of women reported receiving counseling on feeding, with rural women again showing higher exposure (73.2 percent) than urban women (59.5 percent) (**Annex 3; Table A45**). Overall, 66.1 percent of women received breastfeeding messages. Breastfeeding messages are predominantly disseminated through health facilities (92.4 percent), indicating that facility-based care remains the major channel for maternal nutrition communication. Radio remains a secondary source (4.2 percent), while television and community volunteers contribute minimally (**Annex 3; Table A46**).

8.2 MINIMAL DIETARY DIVERSITY

Dietary quality among women remains a key determinant of micronutrient adequacy. In the 2025 CFSNS, 6.7 percent of women age 10–49 achieved the Minimum Dietary Diversity for Women (MDD-W)³, defined as consuming at least 5 of 10 food groups in the previous 24 hours. Rural women have slightly lower dietary diversity (6.4 percent) than urban women (6.8 percent), reflecting overall low consumption.

County-level variation is substantial: Grand Gedeh reported the highest prevalence at 22.3 percent, followed by Grand Cape Mount (14.2 percent) and Grand Bassa (11.8 percent), yet none of these counties reach even half of women meeting minimum dietary diversity (**Figure 32**). In several counties, the situation is particularly critical, with coverage below 5 percent: Gbarpolu (0.0 percent), Maryland (0.2 percent), Sinoe (0.8 percent), and Bomi (1.0 percent). Wealth gradients are clear, with 10.5 percent of the wealthiest women meeting MDD-W compared to 5.1 percent among the poorest. Despite the difference, the overall dietary diversity among adolescent and women is very low (**Annex 3; Table A47**).

Overall, the findings demonstrate that inadequate dietary diversity among women is widespread and severe across Liberia. The fact that no county approaches even 50 percent coverage underscores systemic

³ Previous CFSNS rounds used an outdated indicator, that is, “minimum dietary diversity of 4+ food groups. Using that older definition, the 2025 CFSNS shows that 22.7 percent of women consumed at least 4 food groups. Therefore, the transition to MDD-W (≥ 5 groups) represents a stricter global standard and explains the lower prevalence in 2025.

constraints in access to diverse and nutrient-rich foods. These results signal significant risk for micronutrient deficiencies and poor maternal nutrition outcomes, requiring urgent attention to food access, affordability, and nutrition-sensitive programming.

Figure 32. Prevalence of Minimum Dietary Diversity for Women (MDD-W) by County, CFSNS 2025

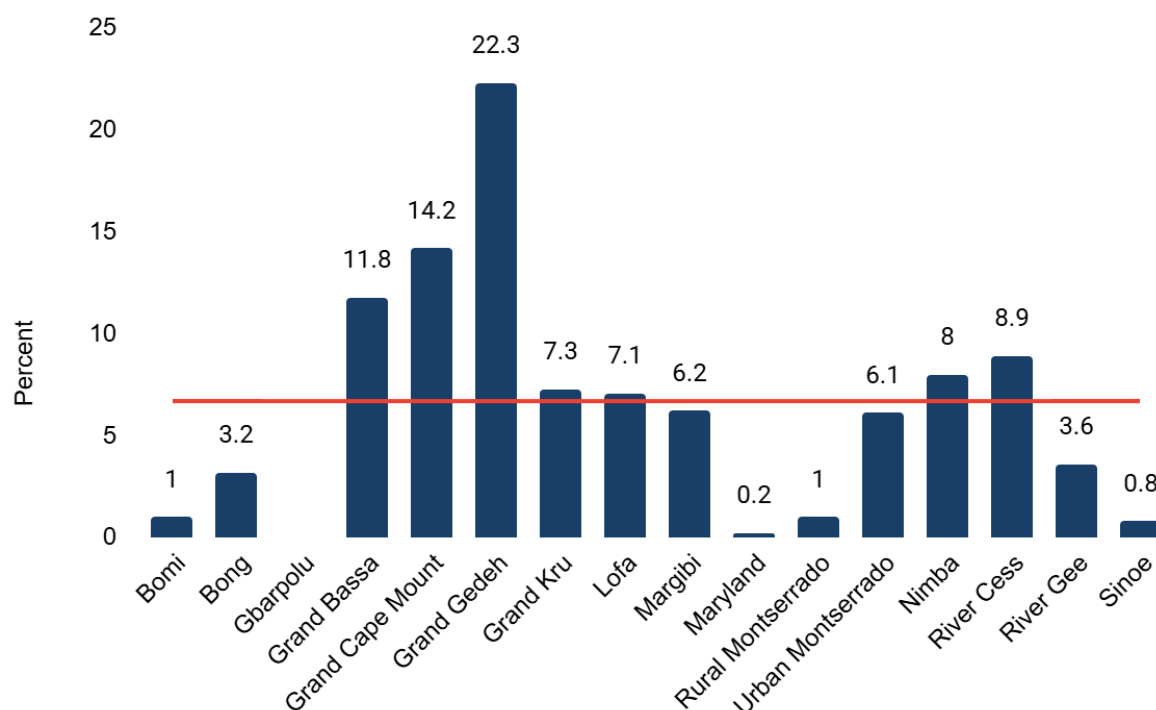


Figure 33 compares the prevalence of women meeting minimum dietary diversity using the current global definition (≥ 5 of 10 food groups, CFSNS 2025), the previous CFSNS definition (≥ 4 of 10 food groups, CFSNS 2025), and results from the Rapid Food Security Assessment (RFSA) 2022. The large variation across bars reflects differences in indicator definitions and survey instruments rather than a sudden change in women's diets. The ≥ 5 of 10 food groups indicator (6.7%, CFSNS 2025) represents the current global standard for MDD as adopted by WHO/FAO; this stricter threshold captures a higher level of diet quality and therefore yields a lower prevalence. The ≥ 4 of 10 food groups indicator (22.7%, previous CFSNS definition) reflects an older national standard.

Although both the CFSNS 2025 and RFSA 2022 apply a ≥ 4 food-group cut-off, results are not directly comparable due to differences in survey objectives, food-group probing, sampling design, population coverage, and seasonality. The RFSA relies on a rapid consumption module, which may underestimate dietary diversity relative to the more detailed CFSNS methodology.

Figure 33. Minimum Dietary Diversity among women aged 10–49 years under different measurement standards, CFSNS 2025

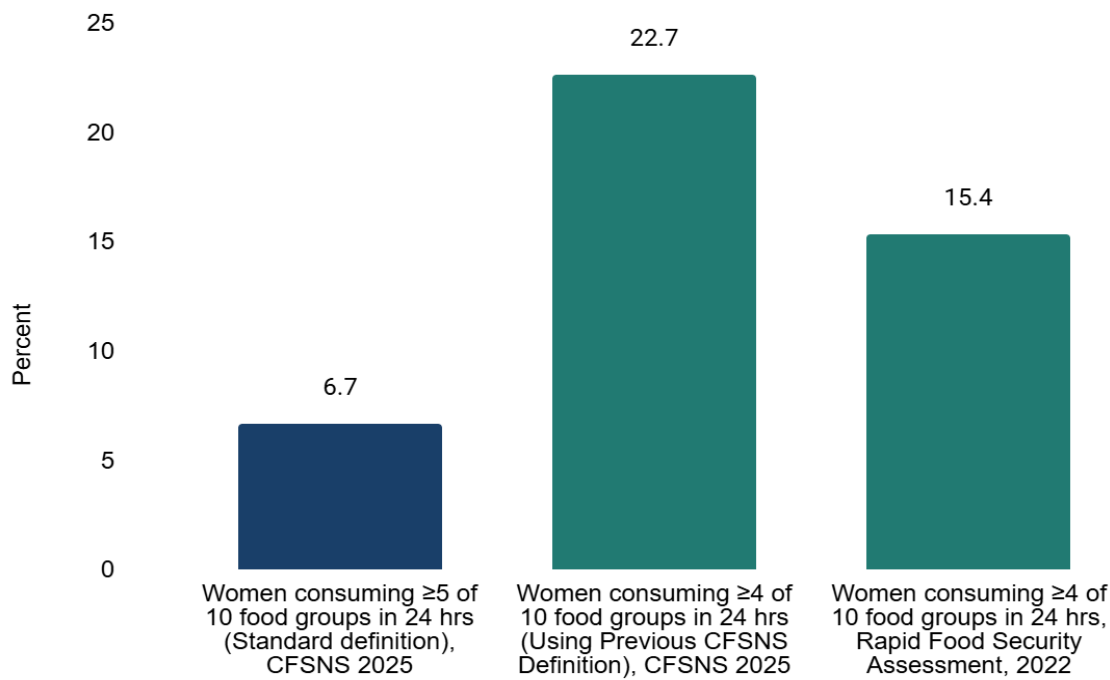


Table 48 (Annex 3) presents the percentage of women consuming selected food groups in the previous day, highlighting near-universal consumption of grains, roots, and tubers, alongside markedly lower intake of nutrient-dense foods such as legumes, nuts and seeds, dairy products, eggs, fruits, and vegetables.

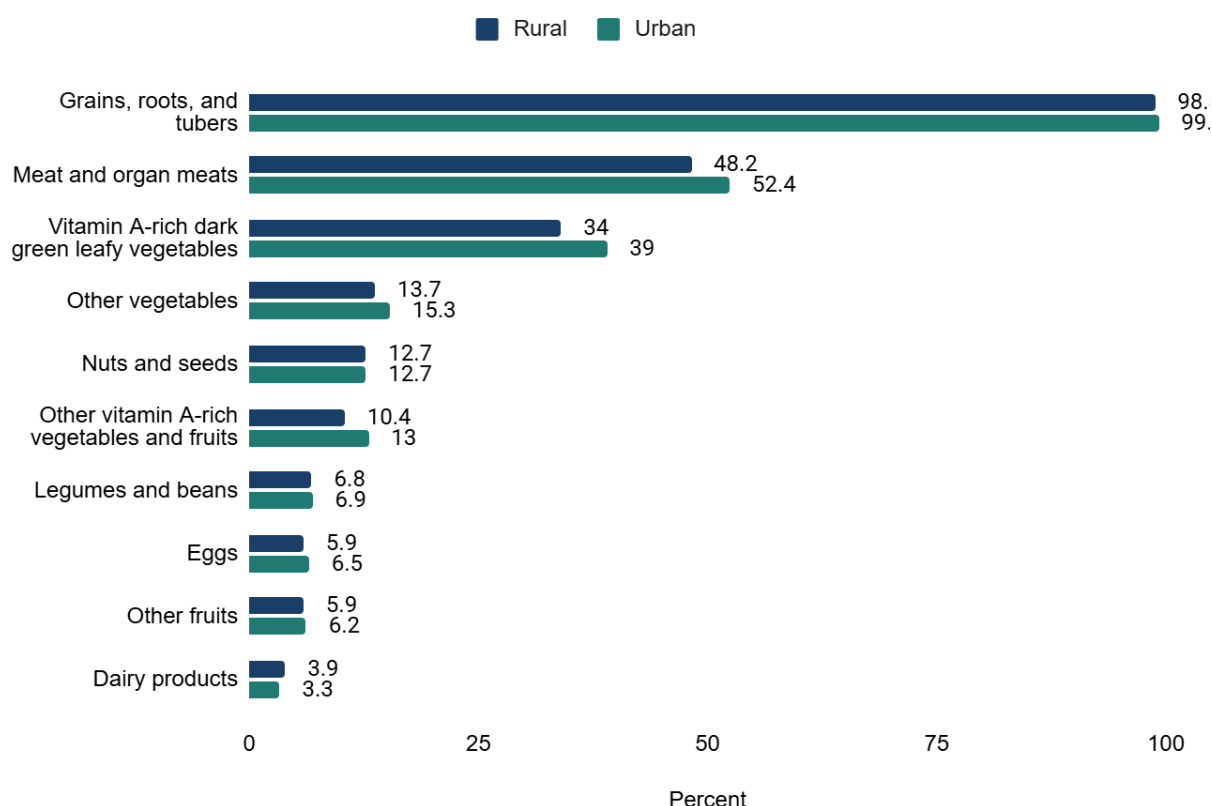
Figure 34 shows that across nearly all women consume grains, roots, and tubers (98 percent rural; 99 percent urban), indicating widespread dependence on carbohydrate-based staples. Consumption of animal-source foods is moderate but uneven. Intake of meat and organ meats is higher in urban areas (52.4 percent) compared to rural areas (48.2 percent). Eggs and dairy products are consumed by a relatively small proportion of women in both settings, with dairy intake particularly low (3.9 percent rural; 3.3 percent urban). Legumes and beans are consumed by fewer than 7 percent of women, suggesting limited intake of plant-based protein sources.

Vegetable and fruit consumption remains modest. Vitamin A-rich dark green leafy vegetables are consumed by 34 percent of rural women and 39 percent of urban women. Other vegetables and fruits are consumed by fewer than 16 percent of women in both areas. Nuts and seeds consumption is similarly low (12.7 percent in both rural and urban settings).

Overall, the findings demonstrate a diet dominated by staples, with insufficient intake of diverse, nutrient-dense foods across both rural and urban populations. The limited consumption of protein-rich foods, fruits, vegetables, and dairy contributes to the critically low MDD-W prevalence observed nationally.

Disaggregation reveals substantial geographic and socioeconomic disparities in dietary patterns, with lower wealth quintiles generally associated with more limited dietary diversity.

Figure 34. Consumption of food groups among women aged 10–49 years by residence (percent consuming each food group in the previous 24 hours), CFSNS 2025



8.3 NUTRITIONAL STATUS

Table A49 (Annex 3) presents mean mid–upper arm circumference (MUAC), the proportion of women below the MUAC threshold for acute malnutrition, and the prevalence of short stature (height <145 cm), disaggregated by age, residence, county, and wealth quintile. Overall, acute malnutrition among non-pregnant women is rare, while short stature—reflecting chronic nutritional deprivation earlier in life—varies by age, geography, and socioeconomic status, with higher prevalence observed among rural residents and women in poorer wealth quintiles.

Nutritional status indicators highlight chronic vulnerabilities among women and adolescents. The mean MUAC among women age 10–49 is 27.7 cm, with only 0.8 percent falling below the MUAC threshold for acute malnutrition (<23 cm). MUAC deficits are more common among adolescents, particularly those age 10–14, who recorded a mean MUAC of 21.6 cm and an acute malnutrition rate of 1.7 percent. County variation is notable: MUAC below the threshold is highest in Margibi (3.7 percent) and River Cess (1.2 percent) and lowest in Nimba (0.1 percent) and negligible in Bong.

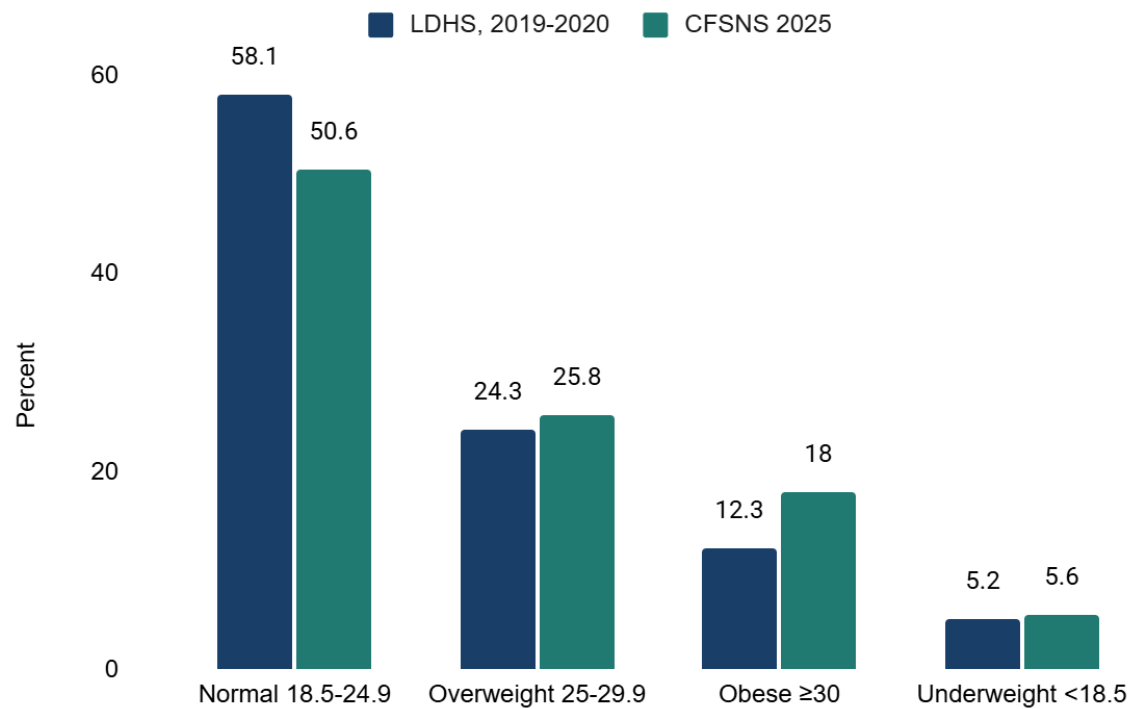
Short stature—height below 145 cm—affects 2.8 percent of women nationally. Rates are slightly higher in rural areas (4.2 percent) compared with urban areas (2.1 percent). Counties such as Grand Bassa (7.7

percent) and Maryland (7.4 percent) exhibit elevated levels, reflecting long-term nutritional deprivation beginning in childhood. The prevalence aligns closely with LDHS 2019–2020 (3 percent), indicating persistent structural drivers such as poverty, food insecurity, and adolescent undernutrition.

BMI patterns among non-pregnant, non-lactating women reveal a distribution skewed toward overweight and obesity. Nationally, 5.6 percent of women are classified as thin (BMI <18.5), 50.6 percent are within normal weight, 25.8 percent are overweight, and 18.0 percent are obese. Urban women exhibit higher overweight and obesity (total 46.1 percent) compared with rural women (39.2 percent). The LDHS 2019–2020 reported a combined overweight–obesity prevalence of 36 percent, indicating a continued upward trend (Table A50, Annex 3).

Figure 35 compares the nutritional status of women across two survey periods. The prevalence of underweight remained low and relatively unchanged (5.2 percent in LDHS 2019–2020 vs. 5.6 percent in CFSNS 2025). The proportion of women with normal BMI declined from 58.1 percent to 50.6 percent, while overweight and obesity increased over time, with overweight rising from 24.3 percent to 25.8 percent and obesity increasing from 12.3 percent to 18.0 percent.

Figure 35. Distribution of BMI categories among women, LDHS 2019–2020 and CFSNS 2025



These trends indicate a continued shift toward overweight and obesity among women, highlighting a growing double burden of malnutrition.

9. AGRICULTURE

Farming remains the backbone of rural livelihoods, with households relying heavily on smallholder production for both food and income. Land access, labor availability, and exposure to climate-related shocks continue to shape agricultural capacity, while market access, input use, and service delivery vary widely across counties and wealth groups. The following subsections analyze these determinants in greater detail, beginning with patterns of land ownership and cultivated area, and continuing through crop choices, access to agricultural services, and production outcomes.

Agricultural production figures derived from the household survey are presented to illustrate relative patterns and constraints rather than official production totals. These findings are interpreted alongside administrative and secondary data to provide context on productivity, market access, and post-harvest challenges.

9.1 CROP CULTIVATION

9.1.1 Land access, tenure and household labor participation

Land access for farming remains limited and largely informal. **Table A51 (Annex 3)** shows that only 19.5 percent of households report owning land for farming, while land tenure is dominated by family land without a deed (56.9 percent). A further 19.5 percent hold land with a personal or family deed, and smaller shares rely on squatter arrangements (14.6 percent) or rental/lease (1.6 percent), highlighting widespread insecurity of tenure. Rural households are far more likely to own land for farming (37.7 percent) than urban households (6.5 percent). However, even in rural areas most land is held without formal documentation (59.0 percent family land without deed).

Figure 36. Proportion of Households with Access to Owned Farmland by County.

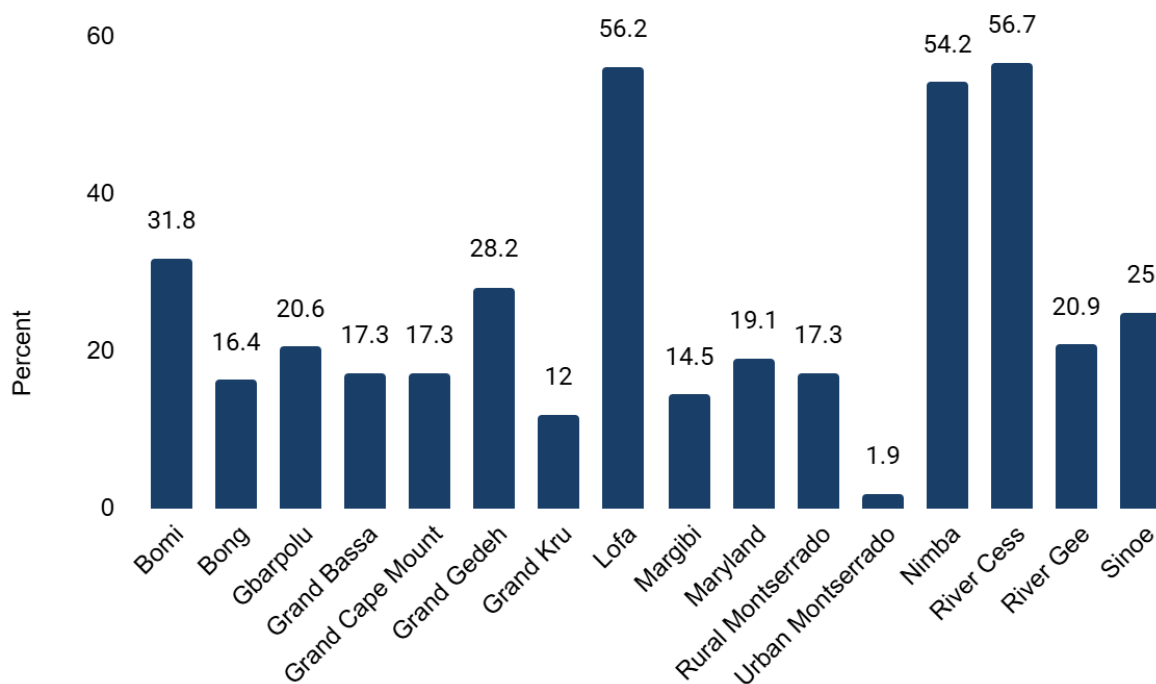


Figure 36 shows substantial geographic disparities in access to farmland ownership across counties. Access is particularly high in River Cess (56.7 percent), Lofa (56.2 percent), and Nimba (54.2 percent), indicating strong agricultural land ownership in traditionally agrarian counties. In contrast, access is extremely limited in Urban Montserrado (1.9 percent), reflecting the predominantly urban character of the area. Other counties show moderate levels of access, generally ranging between 14 and 32 percent.

Wealth gradients point to structural inequality in type of access: the poorest households are most likely to own land for farming (40.0 percent) but also depend heavily on undocumented family land (55.3 percent), whereas the wealthiest households rarely farm-owned land (3.4 percent) but are much more likely to hold land with formal deeds (77.2 percent).

Overall, these findings highlight structural differences between rural, agriculture-dependent counties and more urbanized areas. While farmland ownership is relatively widespread in certain counties, large segments of households in others, particularly urban and peri-urban settings, lack access to agricultural land, which may constrain food production capacity and resilience to food insecurity.

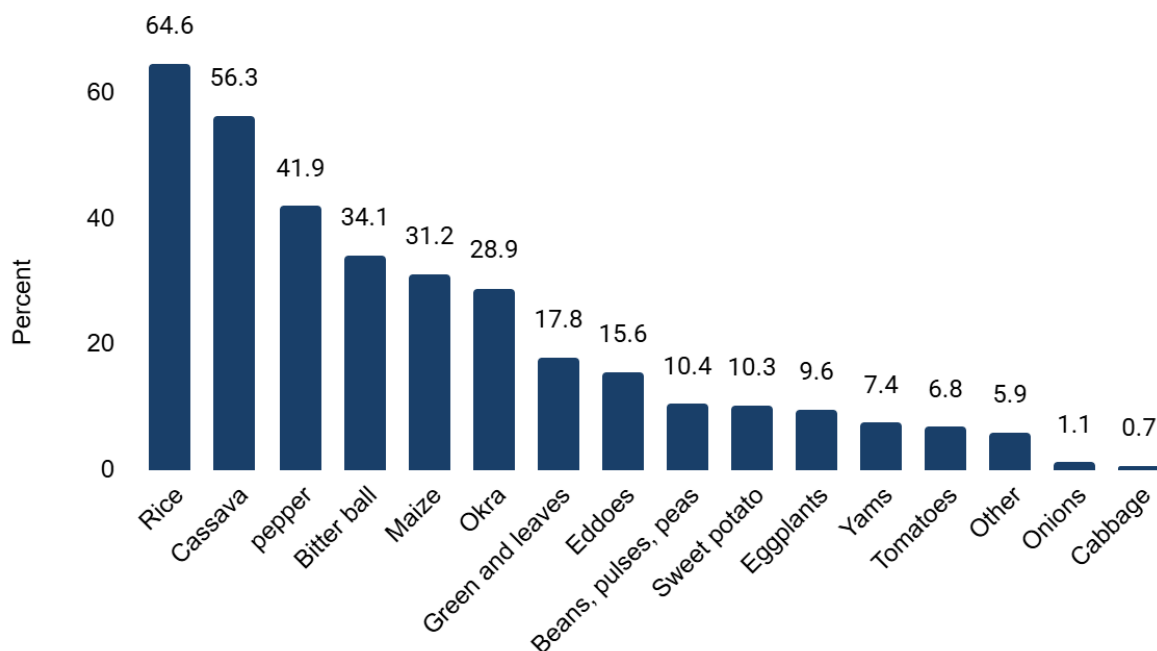
Table A52 (Annex 3) shows that household labor participation in farming is widespread among adults and noticeably gendered. Across all households, participation is highest among older adults, with 57.4 percent of households reporting male participation age 36 years and above and 56.7 percent reporting female participation in the same age range. Women age 15–35 years participate at a higher rate (46.5 percent) than men age 15–35 years (39.3 percent), suggesting that younger women remain heavily engaged in agricultural work. Children under 15 years contribute less relative to adults (15.6 percent nationally), though their involvement persists in many counties and likely reflects household coping and labor-sharing strategies. Participation rates are broadly similar across residence for working-age adults, reinforcing that farming remains a core livelihood in both rural and peri-urban contexts, even where land ownership is weak.

9.1.2 Cultivation, agriculture services, and improved practices

Average cultivated area is 6.1 acres, with rural households averaging 6.0 and urban households 6.5 acres, suggesting that the smaller share of urban farming is still occurring on relatively sizable plots, likely in peri-urban zones. County variation in cultivated area is marked: Bong stands out with the largest average cultivated area (39.3), while several counties report much smaller average land sizes, reflecting unequal land availability and differing agricultural production systems (**Annex 3; Table A53**).

Crop cultivation continues to be anchored in staple production. Nationally, about 64.6 percent of households cultivate rice and 56.3 percent cultivate cassava, confirming these as the two most dominant crops in Liberia's farm economy (**Figure 37**). Maize is cultivated by 31.2 percent of households, and vegetable production is also substantial, including pepper (41.9 percent), bitter ball (34.1 percent), okra (28.9 percent), and green leafy vegetables (17.8 percent). Rural households cultivate staple and vegetable crops at far higher rates than urban households, for example, rice cultivation is 56.7 percent in rural areas compared with 8.1 percent in urban areas, and cassava cultivation is 48.2 percent in rural areas versus 8.0 percent in urban areas, showing that crop-based livelihoods are overwhelmingly rural (**Table A53**).

Figure 37. Main Crops Produced by Households (Percent), CFSNS 2025



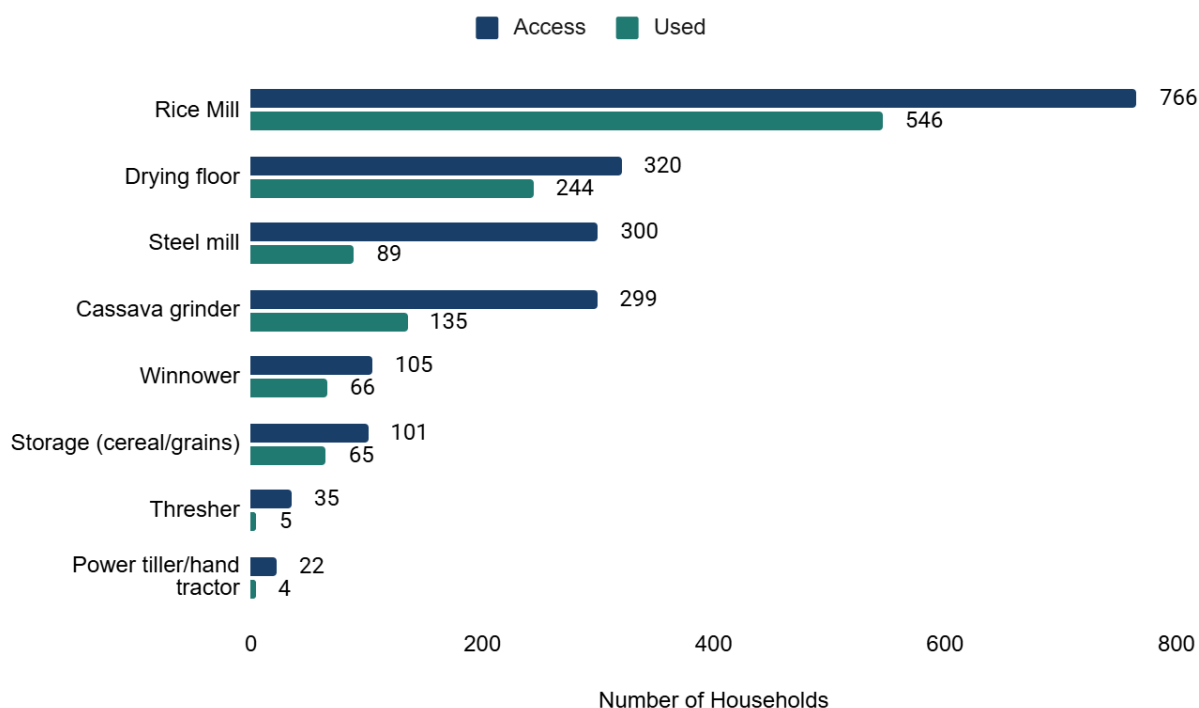
Access and use of agriculture input

Table A54a-c (Annex 3) shows that access to agricultural services and post-harvest equipment remains low overall and skewed toward basic tools. The figure presents the number of households with access to selected agricultural processing and post-harvest facilities compared to the number actively using them. Rice mills are the most widely available and utilized facility, with 766 households reporting access and 546 reporting use. However, for most other facilities, a notable gap exists between access and actual utilization. For example, while 320 households report access to drying floors, only 244 use them. Similarly, steel mills (300 access vs. 89 use) and cassava grinders (299 access vs. 135 use) show substantial underutilization relative to availability (**Figure 38**).

The disparity is even more pronounced for higher-value or mechanized equipment. Only 22 households report access to power tillers or tractors, with just 4 reporting use. Access to threshers is also limited (35 households), with minimal use (5 households). Storage facilities and winnowers show moderate access but lower usage levels.

Drying floors are scarce, with rural access at 11.6 percent and urban access at 6.7 percent, though usage among those with access is high. Rice mills represent the most widely accessed mechanized service (about 38.0 percent access in rural areas and 35.7 percent in urban areas), reflecting strong dependence on milling for rice processing. Cassava grinders are more available in urban settings (18.8 percent access) than rural (10.9 percent), likely due to market proximity and clustering of small processing businesses.

Figure 38. Household Access to and Use of Agricultural Processing and Post-Harvest Facilities, CFSNS 2025



Overall, the findings indicate that although some processing infrastructure exists, utilization rates are consistently lower than access levels, suggesting possible barriers such as cost, distance, operational constraints, or seasonal demand. Strengthening functional access and addressing constraints to utilization could enhance agricultural productivity and post-harvest management.

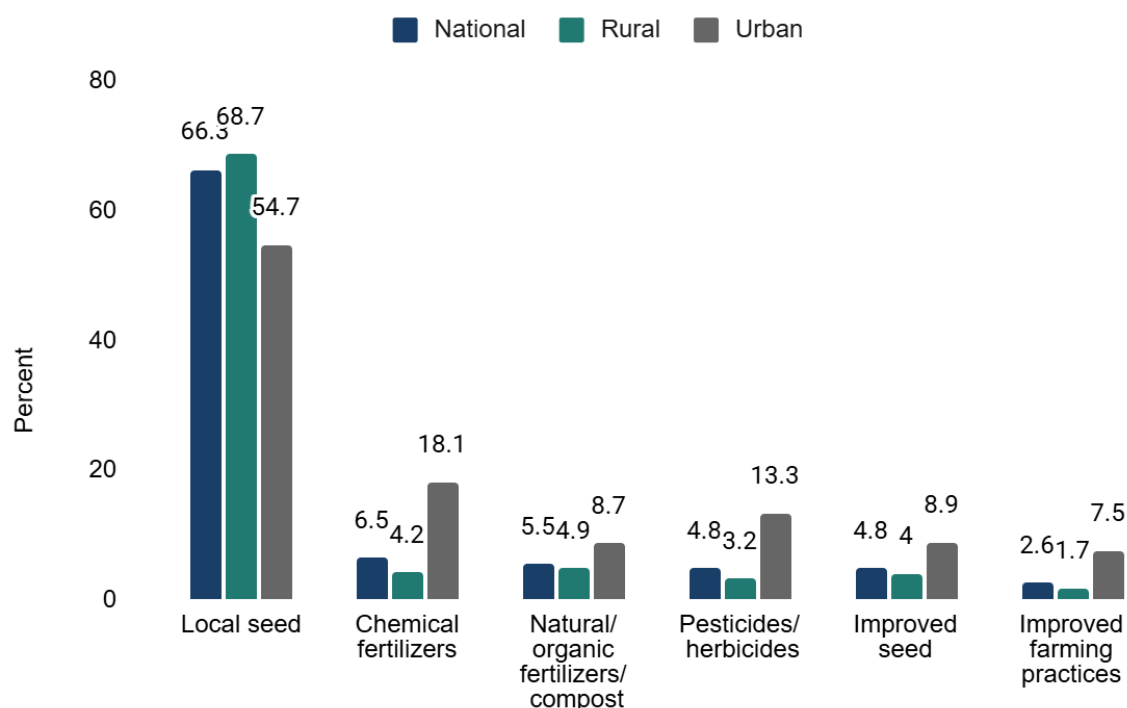
In contrast, productivity-enhancing equipment such as threshers, power tillers/hand tractors, and winnowers are extremely rare, with access generally below five percent across residence and almost nonexistent in many counties. This pattern signals persistent constraints in mechanization and limited diffusion of labor-saving technology. Use of improved farming inputs is modest, and most households rely on traditional practices (**Figure 39**).

Nationally, local seed use dominates (66.3 percent), while uptake of chemical fertilizers (6.5 percent), organic compost (5.5 percent), pesticides/herbicides (4.8 percent), and improved seed varieties (4.8 percent) remain low (**Annex 3; Table A55a-b**). Nearly one-third of households (29.9 percent) report using none of the improved practices. Urban households are substantially more likely to use modern inputs—chemical fertilizers reach 18.1 percent and pesticides/herbicides 13.3 percent in urban areas—while rural households rely more heavily on local seed (68.7 percent) and report lower use of purchased inputs.

County patterns reveal sharp inequalities: Urban Montserrado shows especially high use of chemical fertilizers (59.3 percent) and pesticides (27.2 percent) but very low reliance on local seed (17.1 percent), whereas Lofa shows the strongest reliance on local seed (87.5 percent) and very low “none” (12.3 percent).

Bomi reports the highest share of households using no improved practices (61.3 percent), pointing to serious

Figure 39. Use of agricultural inputs and improved practices among households, overall and by residence (rural vs. urban), CFSNS 2025



constraints in input access and adoption.

Community Perspectives: Communities reported soil degradation, tool shortages, climate shocks, and no extension services. These structural constraints on agriculture reinforce poor food availability and high prices, increasing household vulnerability.

Where households do use inputs, they are sourced largely through informal and private channels. Chemical fertilizers are overwhelmingly bought from markets/shops/traders (81.4 percent). Pesticides and herbicides follow the same pattern, with 89.4 percent sourced from traders (**Annex 3; Table A56**). For local seed, most households rely on their own production stock (57.4 percent) or market purchases (26.1 percent), reinforcing a self-reliant and informal seed system. Even improved seed—where formal systems are expected—comes mainly from markets (41.1 percent) and own stock (29.7 percent), with only small contributions from government (4.1 percent) or Ministry of Agriculture programs/partners (4.7 percent). Overall, this confirms that formal agricultural support systems remain a secondary source for production inputs.

Rice production, consumption, storage and sale

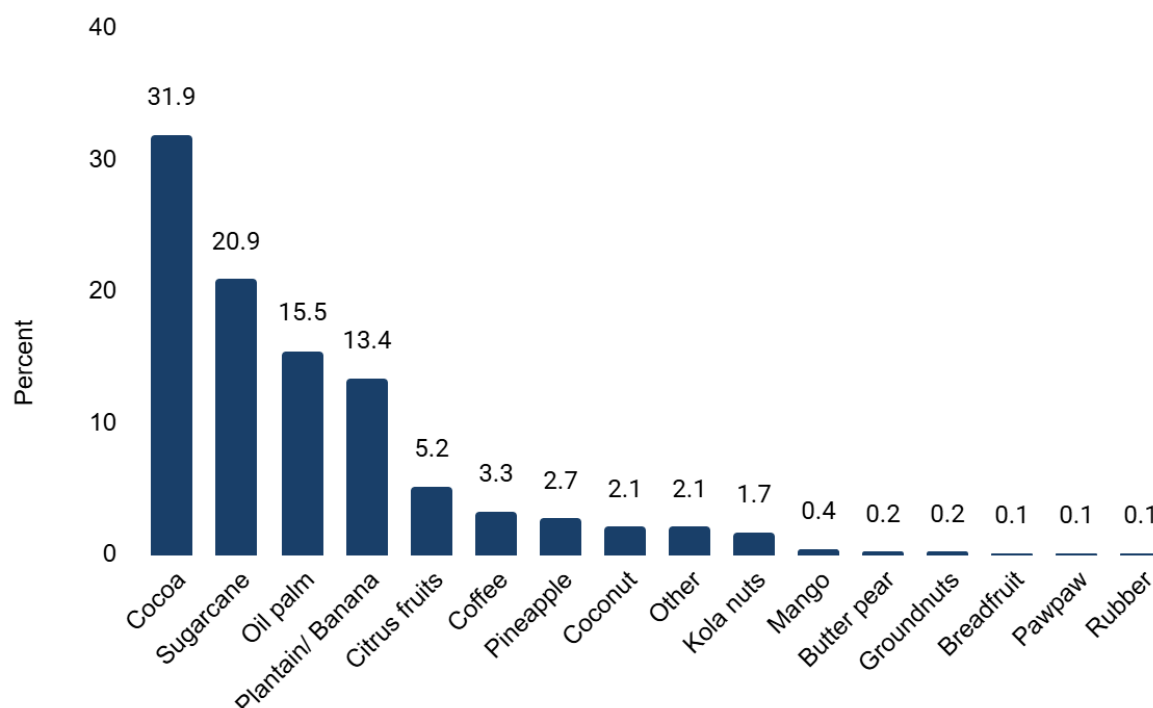
Rice production is highly seasonal and dominated by rural and poorer households. Total rice production rises from 113,143.48 MT in the lean season to a harvest peak of 279,227.99 MT, before declining post-harvest (214,450.45 MT). Rural households account for nearly all output—for example, harvest production is 255,004.90 MT in rural areas compared with 24,223.09 MT in urban areas (**Annex 3; Table A57**).

Table A58 (Annex 3) shows average household rice consumption, storage, and sales (kg) by residence, county, and wealth quintile. Average household rice consumption is 185.0 kg nationally but increases dramatically in rural areas (416.2 kg) relative to urban areas (16.7 kg). Storage patterns mirror production: rural households store an average of 621.0 kg compared with 33.5 kg in urban areas, and they sell more rice as well (144.6 kg rural versus 22.1 kg urban). County production is concentrated: Bong records by far the highest harvest output (119,253.28 MT), followed by Lofa (35,192.75 MT) and Nimba (34,143.91 MT), while counties such as Grand Kru produce very little (1,055.43 MT). Wealth gradients are steep: the poorest households produce the most rice (182,942.00 MT at harvest), consume the most (598.2 kg), and store the most (833.5 kg), whereas the wealthiest households produce and consume very little, reflecting the shift away from farming in higher-wealth, more urban livelihoods.

Cultivation of cash crops

Figure 40 shows that cash-crop cultivation is present but concentrated in a few key commodities. Nationally, cocoa is the dominant cash crop (31.9 percent of households), followed by sugarcane (20.9 percent), oil palm (15.5 percent), and plantain/banana (13.4 percent). Citrus fruits appear at lower levels (5.2 percent). These patterns indicate that while cash crops play an important role in livelihoods, most households remain centered on staple and mixed subsistence production. In several counties—notably Nimba and parts of the southeast—cash-crop engagement appears higher, consistent with longer-standing cocoa and oil palm belts (**Annex 3; Table A59**).

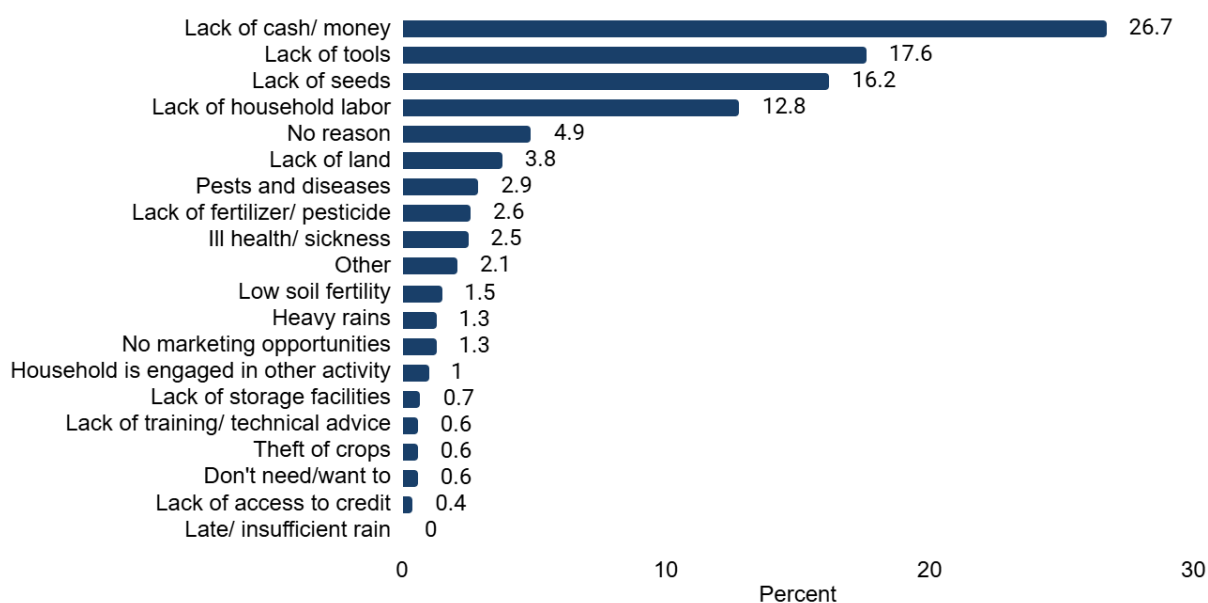
Figure 40. Cash Crops Produced by Households (Percent), CFSNS 2025



Barriers to expanding crop cultivation

Overall, households' inability to produce more food crops is driven primarily by financial and input-related constraints rather than agro-ecological or technical factors (Table not shown). Nationally, the main constraints preventing households from expanding crop cultivation. Financial limitations are the dominant barrier, with 26.7 percent of households reporting lack of cash or money as the primary constraint. Access to agricultural inputs also poses significant challenges, including lack of tools (17.6 percent) and lack of seeds (16.2 percent). Labor shortages (12.8 percent) further constrain production capacity (**Figure 41**).

Figure 41. Reported Barriers to Expanding Crop Cultivation (Percent of Households), CFSNS 2025



Other reported barriers include limited land access (4.9 percent), lack of land (3.8 percent), pests and diseases (2.9 percent), and limited access to fertilizer or pesticides (2.6 percent). Structural and environmental factors such as low soil fertility (1.5 percent) and heavy rains (1.3 percent) are less frequently cited. Very few households report lack of training, storage facilities, marketing opportunities, or credit as primary barriers. Urban households are more likely to report lack of land, whereas rural households face stronger liquidity and input access constraints. County-level differences are observed but should be interpreted with caution due to small sample sizes in several categories.

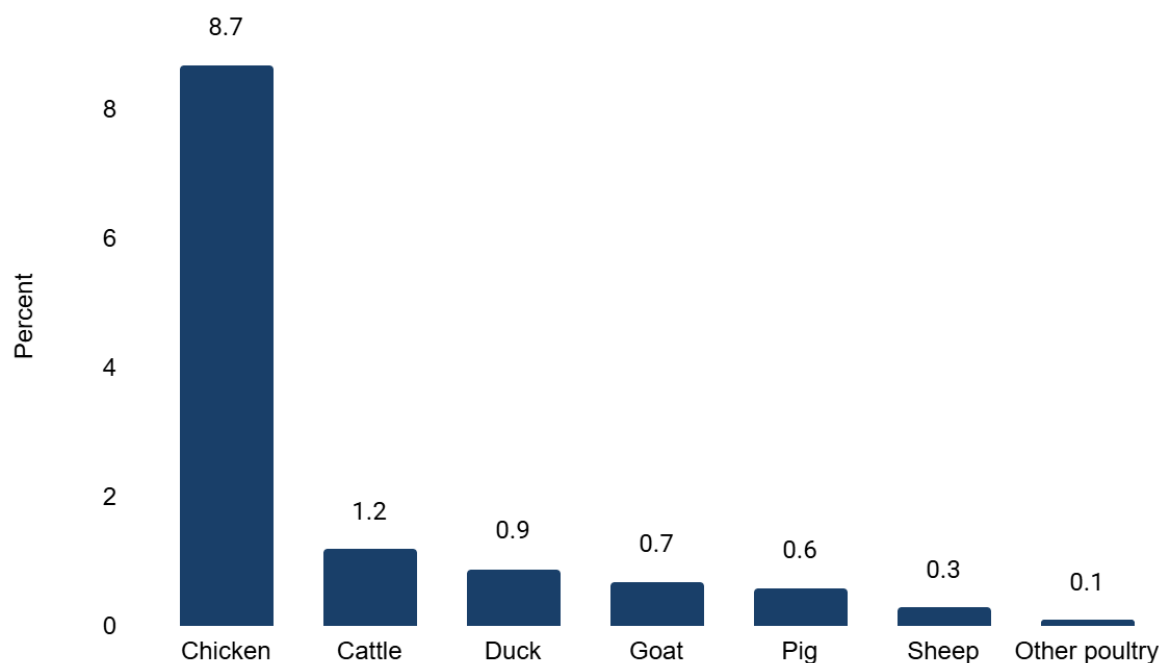
Overall, the findings indicate that economic and input-related constraints are the most significant obstacles to agricultural expansion. Addressing financial access and improving availability of basic agricultural tools and inputs could substantially enhance production potential.

9.2 LIVESTOCK OWNERSHIP

Table A60a-b (Annex 3) shows that livestock ownership is widespread but mainly small-stock and poultry-based. Nationally, livestock-owning households report an average of 12.4 animals. Chickens dominate holdings (8.7 birds on average), followed by ducks (0.9 ducks). Larger livestock is far less common: cattle

average 1.2 per livestock-owning household, goats 0.7, pigs 0.6, and sheep 0.3. Rural and urban averages are similar (12.1 rural versus 13.4 urban), though urban households show slightly higher cattle ownership (2.6) and pig ownership (0.8).

Figure 42. Livestock Ownership by Type (Percent of Households), CFSNS 2025

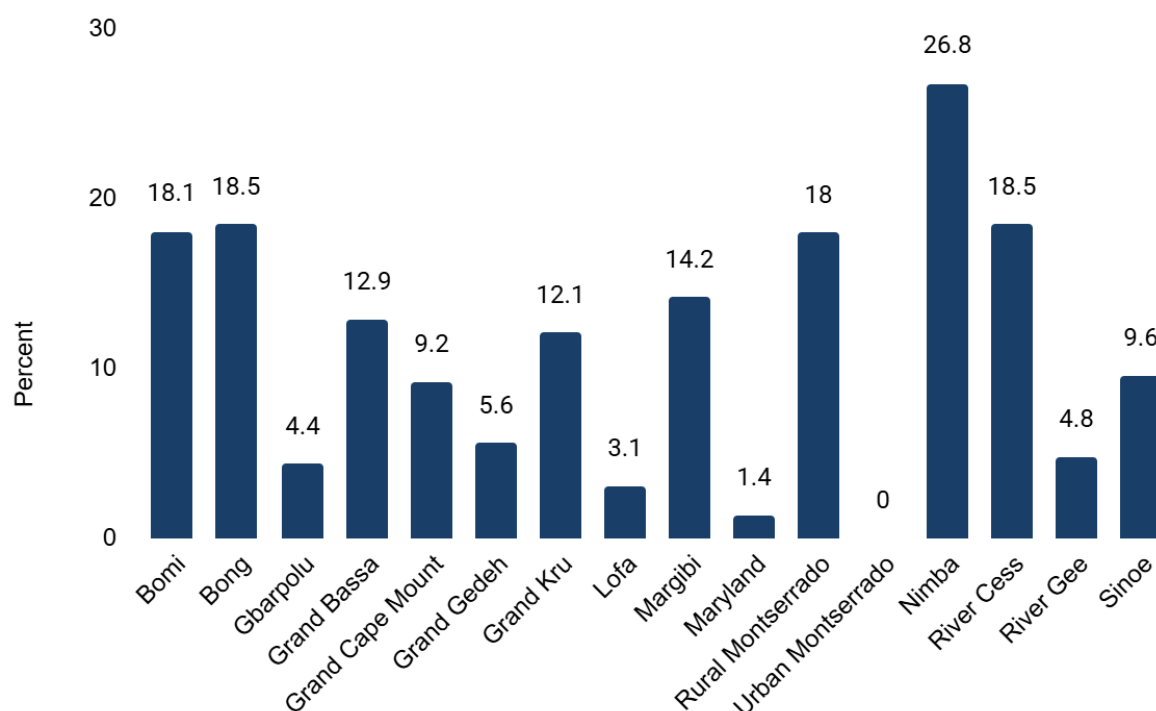


County variation is substantial. Sinoe (16.0) and Bong (14.9) show relatively robust livestock portfolios, while Mayland (6.0) and Rural Montserrado (9.1) report the smallest average herds. Household sample size for other counties is small to make a statistically reliable inference. Wealth patterns are mixed but suggest that middle-wealth households maintain the largest herds (17.1 animals), while the poorest households keep fewer animals on average (10.6), possibly reflecting limited ability to invest in livestock as a savings or livelihood strategy. Overall, poultry remains the backbone of livestock systems, with limited diversification into larger animals across most counties.

9.3 FISHING

Fishing is a secondary but regionally important livelihood: 9.0 percent of households engage in fishing activities, with a stark contrast between rural (17.8 percent) and urban households (2.5 percent). Fishing is primarily inland and riverine—49.1 percent of fishing households rely on river fishing, 62.3 percent on creeks and streams, and 1.8 percent on freshwater ponds or lakes (**Annex 3; Table A61**). Coastal ocean fishing is far less common nationally (6.2 percent) but dominates in counties with coastline or river-mouth access, such as Grand Bassa (24.4 percent ocean fishing), Sinoe (5.9 percent), and Grand Cape Mount (38.3 percent). Swamp fishing is practiced with higher prevalence in Grand Kru, Margibi, and Nimba, while ownership of private fish farms is extremely rare. County-level variation is substantial: fishing participation peaks in Nimba (26.8 percent), River Cess (18.5 percent), and Bong (18.5 percent), each of which relies heavily on river and creek-based fisheries for household consumption and local trade. In contrast, fishing is nearly absent in more urbanized counties such as Urban Montserrado (**Figure 43**).

Figure 43. Proportion of Households Engaged in Fishing by County (Percent), CFSNS 2025



Fishing is also shaped by wealth: the poorest households are far more likely to rely on fishing (21.1 percent) than the wealthiest (0.3 percent), highlighting its role as a coping and subsistence strategy rather than a commercial livelihood. The patterns suggest that fisheries contribute meaningfully to nutrition and income in specific counties, but remain heavily constrained by geography, limited equipment, and lack of market access.

9.4 DISTANCE TO MARKETS

Market accessibility varies considerably across Liberia, with important implications for food availability, prices, and household resilience. Nationally, 53.9 percent of households live within a 30-minute walk of the nearest daily market, but this masks sharp rural–urban differences: while 66.8 percent of urban households enjoy close proximity, only 35.9 percent of rural households do (**Annex 3; Table A62**). Rural areas face much longer travel times, with 24.1 percent requiring 1–2 hours and 17.9 percent needing 2–5 hours to reach a daily market—constraints that intensify during the rainy season. County-level disparities are significant: households in Nimba (76.6 percent) and Grand Gedeh (70.7 percent) commonly reach markets in under 30 minutes, whereas residents in Grand Kru (19.7 percent), Bomi (26.3 percent), and River Gee (37.1 percent) face far longer walks, limiting their ability to sell crops or purchase perishables. Access to weekly markets follows a similar pattern, with only 40.1 percent of households able to reach one in under 30 minutes and 6.6 percent requiring more than five hours.

Community Perspectives: Long distances to markets (3–7 km) with roads impassable in rainy season is also directly linked to reduced availability of perishables. Seasonal and geographic barriers reduce access to diverse foods, contributing to low diversity and poor child feeding practices.

Figure 44. Walking Distance to Daily and Weekly Markets (Percent of Households), CFSNS 2025

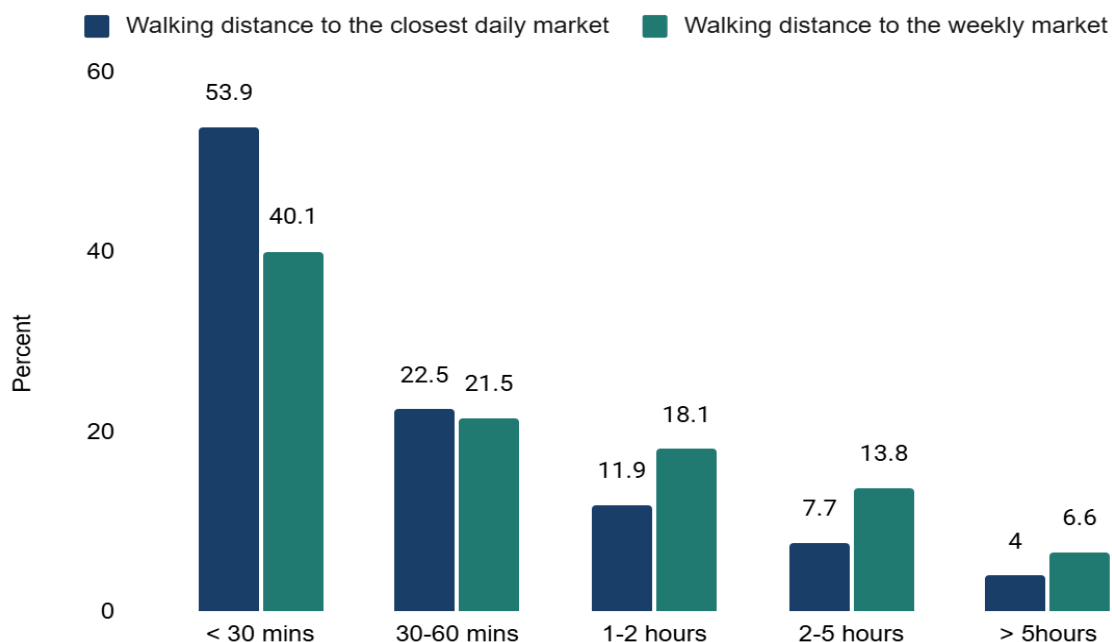


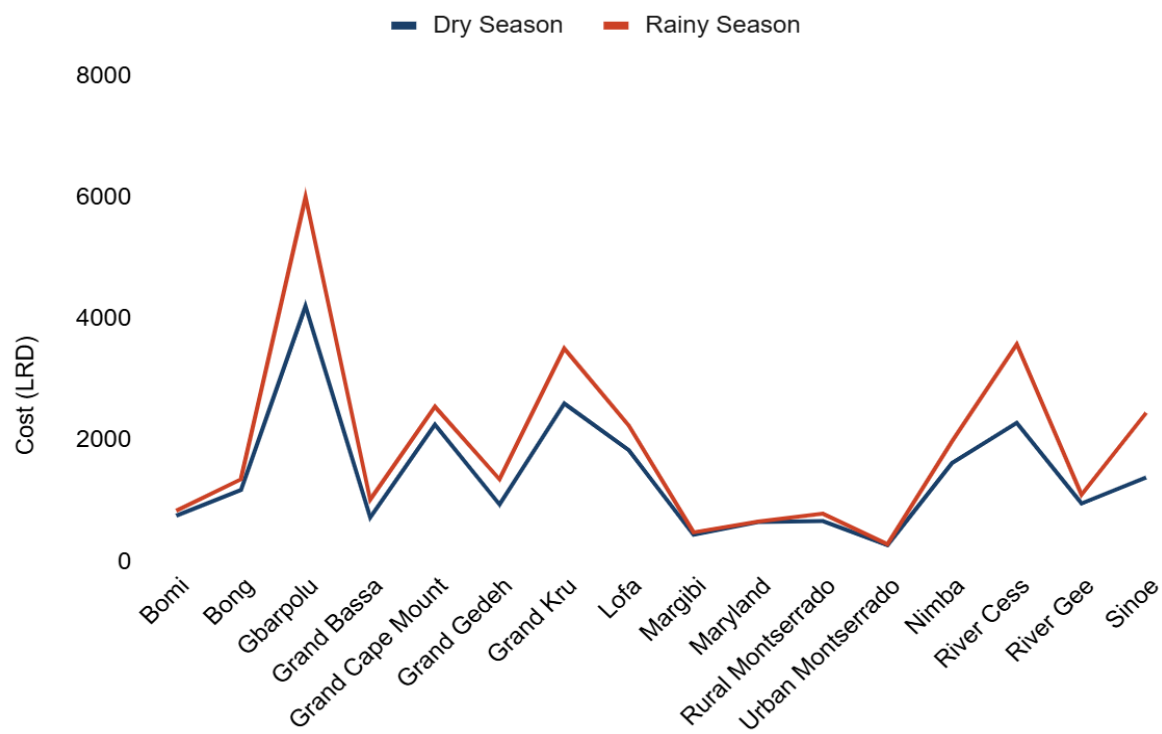
Figure 45 illustrates transportation costs (LRD) across counties during the dry and rainy seasons. Transportation costs are consistently higher during the rainy season compared to the dry season across nearly all counties, reflecting the impact of seasonal road conditions and infrastructure constraints. Transport costs further reinforce these inequities: the average cost of travel is 966 LRD during the dry season but jumps to 1,205 LRD in the rainy season due to road deterioration. Rural households bear the highest burden, spending 1,697 LRD in the dry season and over 2,182 LRD in the rainy season—more than triple the cost faced by urban households (**Annex 3; Table A63**).

The largest seasonal increases are observed in counties such as Gbarpolu, Grand Kru, River Cess, and Sinoe, where rainy season costs rise sharply relative to dry season levels. Gbarpolu records the highest overall transport costs in both seasons, with particularly steep increases during the rainy period. In contrast, counties such as Margibi, Maryland, and Montserrado (urban and rural) show comparatively lower and more stable transport costs across seasons.

The pronounced seasonal gap indicates that road accessibility and transportation infrastructure remain highly vulnerable to weather conditions. Increased transport costs during the rainy season likely affect market access, food prices, and household purchasing power, particularly in more remote counties. Strengthening rural road networks and climate-resilient infrastructure could help mitigate seasonal price volatility and improve economic access to food and markets.

Transportation costs also increase steadily with poverty status: households in the poorest wealth quintile incur the highest average costs in both seasons, while the wealthiest households face the lowest costs. These mobility constraints affect farmers' ability to sell produce, purchase inputs, and maintain diet quality, contributing to higher food insecurity and vulnerability in remote communities.

Figure 45. Transportation Costs by County During Dry and Rainy Seasons (LRD, CFSNS 2025)



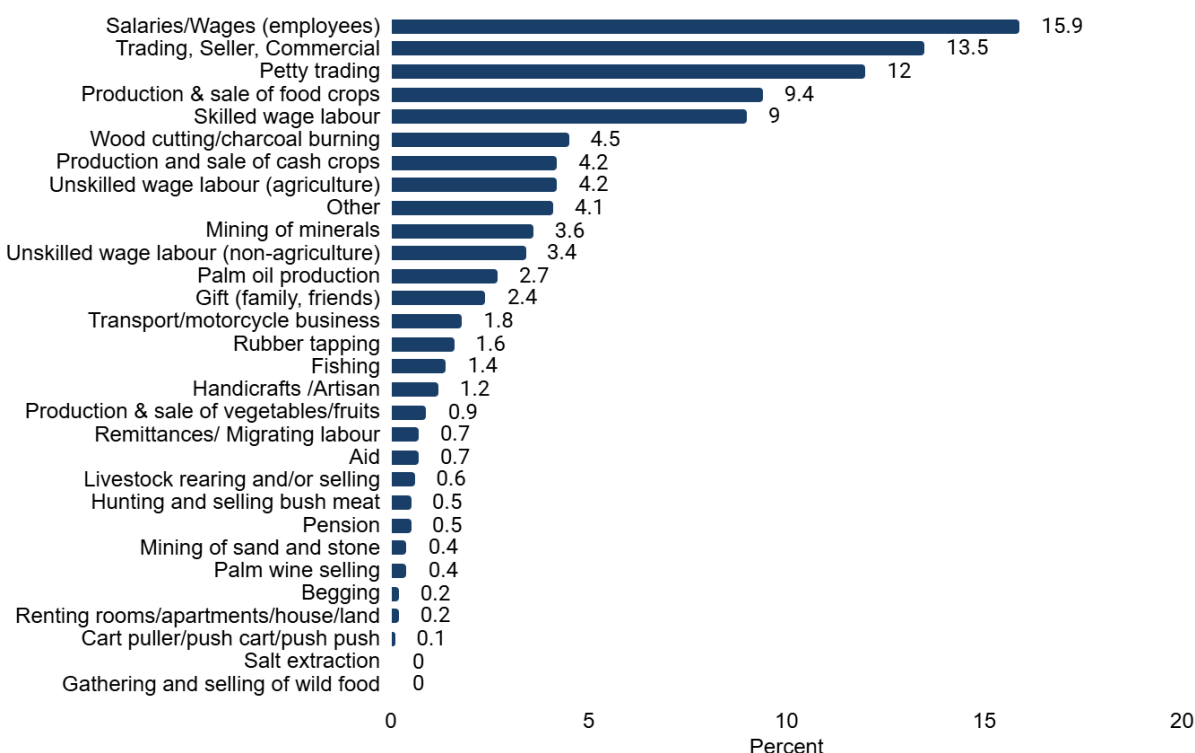
10. HOUSEHOLD INCOME AND LIVELIHOOD

Household income and livelihood patterns in Liberia are shaped by a mix of agricultural, natural-resource, wage-based, and informal sector activities, with most households depending on two or more income sources to manage risk and meet basic needs. These economic activities are deeply influenced by geographic location, seasonality, and access to markets, financial services, and assets. The following section provides an overview of how households earn income, the types of livelihoods they rely on, and the ways household members contribute to economic well-being, offering important insights into vulnerability, resilience, and overall food security.

10.1 INCOME AND SOURCE OF INCOME

Households in Liberia rely on a diverse and often fragile mix of livelihood activities, with an average of 1.42 income-generating activities per household. The primary income source accounts for 86.6 percent of total household income, while secondary and tertiary sources contribute 12.8 percent and 0.6 percent, respectively. Rural and urban households show similar levels of diversification, indicating that both settings face comparable economic constraints. At county level, diversification is highest in River Cess (1.63), Nimba (1.55), and Sinoe (1.50), while Grand Bassa (1.17) and Bomi (1.26) show the lowest levels. Income seasonality affects 21.4 percent of all households, reflecting widespread exposure to fluctuations linked to agriculture, labor demand, and climate variability (**Annex 3; Table A 64**). **Figure 46** presents the primary income sources reported by households.

Figure 46. Main Sources of Household Income (Percent of Households), CFSNS 2025



Salaries and wages from formal employment represent the largest share (15.9 percent), followed by trading and commercial activities (13.5 percent) and petty trading (12 percent). Agricultural activities remain important, including production and sale of food crops (9.4 percent), cash crops (4.2 percent), and palm oil production (2.7 percent) compared with 4.2 percent for cash crops, 0.6 percent for livestock rearing. Skilled and unskilled wage labor also contributes significantly to household livelihoods.

Other income sources, such as mining (gold, diamond, iron, bauxite), transport services, fishing, handicrafts, remittances, and livestock rearing, account for smaller proportions. Overall, the income structure reflects a mix of wage employment, small-scale commerce, and agriculture, indicating diversified but predominantly informal livelihood patterns across households.

Community Perspectives: Resource-linked livelihood environments are also visible in the community profile: 12.6 percent report proximity to diamond fields and 19.1 percent to gold mining fields. Water and plantation ecologies are common, with 80.9 percent located near rivers and 7.7 percent near rubber plantations, while coastal access is limited overall (9.4 percent near the ocean).

Fishing accounts for 3.6 percent, although it is far more prominent in riverine counties. Wage labor—agricultural (4.2 percent) and non-agricultural (3.4 percent)—remains an important source of income, alongside petty trading (12.0 percent), commercial activities (13.5 percent), charcoal production (4.5 percent), artisanal work (1.2 percent), and palm oil production (2.7 percent). Remittances and migrant labor serve as a major income stream for 44.4 percent of households engaged in these activities, highlighting the importance of mobility, domestic migration, and external financial support (Table not shown).

Community Perspectives: Community discussions point to a diversified but agriculture-anchored livelihood system. Farming is the dominant activity, reported in 77.4 percent of communities. Non-farm cash generation is also widespread: trading or vending activities and transportation services each appear in 64.4 percent of communities, indicating that petty commerce and mobility-linked income are core complements to agriculture. Casual labor contracts are common (44.1 percent), reflecting reliance on short-term wage work during lean periods or shocks, while hunting remains relevant in 33.9 percent of communities. Mining is present in 26.6 percent, aligning with the reported proximity to gold and diamond sites and confirming extractive livelihoods as a localized but important coping pathway.

Source of Livelihood by Type of Income, Seasonality, Gender, and Age

Table A 65 (Annex 3) presents the percentage and number of households reporting a main, second, and third income source, disaggregated by whether income is seasonal or continuous, and by the gender and age of income earners. Results show that most main income sources are continuous throughout the year, while secondary and tertiary incomes are more likely to be seasonal. Income generation is predominantly undertaken by adults, with minimal contributions from children. Gender sharply influences livelihood patterns. Men are responsible for 53.6 percent of main income sources, compared with 28.5 percent by women. Joint male–female income sources account for 17.9 percent. For secondary and tertiary sources, women’s participation increases substantially, reflecting their critical role in petty trade, food processing, caregiving-linked income, and seasonal work. Adults aged 18 and above contribute 98.0 percent of all main income sources, while child labor remains low but present. Sample sizes vary by income rank (main, second, third), and findings for third income sources should be interpreted with caution due to relatively small sample sizes.

Community Perspectives: Gendered workload and low access to resources reduce women’s capacity to improve household nutrition and resilience. Discussion with communities also revealed that women shoulder fuel/water collection, petty trade, childcare, and farming labor, and often face limited mobility.

Seasonality affects certain livelihood groups more than others. Charcoal producers, petty traders, fishers, and miners experience the highest seasonal variability, with more than 25 percent of households in these groups reporting unstable income across the year. Salaried workers, remittance recipients, and transport operators experience far greater income stability.

Contribution of Household Members

Women play a substantial role in household income generation. Households have an average of 0.80 working females aged 15–35 and 0.70 working females aged 36 and above. Women contribute 35.6 percent of total household income. Children contribute 0.71 workers on average, with highest levels in poorer rural counties such as Bong, River Gee and Nimba (**Annex 3; Table A66**).

10.2 SAVINGS

Savings behavior remains limited, with only 27.0 percent of households reporting having saved money in the last 30 days, highlighting low financial resilience. Savings levels differ modestly by residence: 28.1 percent among urban households compared to 25.3 percent among rural households. At county level, River Cess (45.9 percent) and Nimba (45.2 percent) show the highest savings rates, while Rural Montserrado (16.1 percent) and Bomi (18.1 percent) show the lowest.

The average savings in the past 30 days was LRD 17,835. Urban households saved LRD 20,865, substantially more than rural households (LRD 13,294). Wealthier households saved three times more than poorer households, underscoring the direct link between financial capacity and resilience to shocks (**Annex 3; Table A66**).

10.3 HOUSEHOLDS ACCESS TO LOAN

Access to loans remains relatively low, with only 22.9 percent of households reporting that they could access credit (**Annex 3; Table A68**). Rural households have higher access (25.9 percent) than urban households (20.8 percent), largely due to the presence of Village Savings and Loan Associations (VSLAs) in rural communities. County differences are wide: Nimba (51.6 percent) and Lofa (43.8 percent) have the highest access, while Gbarpolu (9.0 percent) and Bong (12.0 percent) have the lowest.

Community Perspectives: Interview with communities also suggested that there is high reliance on VSLAs, family networks, and churches. Further, they reported that they have limited ability to support severe shocks. These findings suggest that weak safety nets deepen vulnerability and households fall quickly into crisis during shocks.

Only 13.5 percent of households took a loan in the last 30 days (**Annex 3; Table A68**). The most common reason was business investment (32.3 percent), to buy food (21.7 percent), followed by education (14.7 percent), and health costs (12.6 percent). Informal credit sources dominate: 43.8 percent borrow from VSLAs or community groups, 14.1 percent from money lenders, and 4.7 percent from shopkeepers or traders. Only 16.9 percent access loans from banks or microfinance institutions.

10.4 HOUSEHOLD EXPENDITURE

Overall, fewer than one-quarter of households reported access to credit, and an even smaller share had borrowed recently. Access to loans and recent borrowing were generally higher among rural households and poorer wealth quintiles, with substantial variation across counties, indicating uneven access to financial services and differing reliance on short-term credit.

Food consumption and expenditure in the past 7 days

Food constitutes the largest share of household spending in Liberia. In the seven days preceding the survey, 86.3 percent of households reported purchasing cereals, making it the most commonly purchased food group. Purchases of tubers were reported by 45.0 percent of households, while 46.3 percent bought pulses and nuts (**Annex 3; Table A69**). Vegetables were purchased by 53.0 percent of households, fruits by 30.9 percent, meat by 53.1 percent, and fish by 85.6 percent, underscoring the importance of fish as a staple protein source. Milk and dairy products were purchased far less frequently, at only 23.5 percent, likely reflecting affordability constraints and limited availability. In rural areas, non-purchased foods—especially tubers, vegetables, and fruits obtained through own production or foraging—continue to play a key role in household diets, highlighting heavy reliance on subsistence farming and forest resources.

Non-food consumption and expenditure in the past 30 days

Non-food expenditure in the past thirty days is dominated by hygiene items, purchased by 94.0 percent of households (**Annex 3; Table A69**). Transportation expenses were reported by 28.9 percent of households, followed by cooking fuel purchases at 14.6 percent. Payments for water services were also common, while spending on electricity remained low due to limited grid connectivity, particularly in rural counties. Households also incurred substantial costs for communication (69.4 percent) and other sources of energy (54.8 percent).

Non-food consumption and expenditure in the past 6 months

Over a 6-month recall period, households reported significant spending on essential social services: 78.9 percent on clothing and footwear, 60.2 percent on health services, and 61.8 percent on medicines and health products (**Annex 3; Table A69**). Education-related expenses were reported by 48.5 percent for education services and 34.5 percent on education goods, indicating substantial out-of-pocket costs associated with schooling. These patterns illustrate that even with limited income, households continue to allocate meaningful resources to meet core household needs, often stretching financial capacity and underscoring persistent vulnerability to economic shocks.

10.1 HOUSEHOLD VULNERABILITY BY LIVELIHOOD GROUP

Household vulnerability varies widely across livelihood groups, reflecting the uneven exposure to food insecurity, shocks, and limited coping capacity. Several livelihood groups stand out as particularly vulnerable. Mining households display substantial vulnerability, with 24.4 percent facing food insecurity and 23.4 percent exposed to shocks—consistent with the instability and seasonal nature of artisanal mining. Charcoal production and wood-cutting households also experience high vulnerability, with 35.7 percent reporting poor food access and 29.5 percent exposed to shocks. These activities often reflect distressed livelihoods with limited returns, leaving households especially sensitive to market and environmental disruptions. Petty traders, who comprise a large share of urban and peri-urban livelihoods, also show elevated exposure to shocks (25.3 percent) along with moderate food insecurity.

Agricultural laborers (skilled or unskilled) face significant vulnerability as well. Unskilled agricultural

wage laborers report 36.7 percent food insecurity, and their limited ability to cope with crises (15.1 percent) underscores economic precarity. Households engaged in unskilled non-agricultural labor show similarly elevated vulnerability, with 32.2 percent experiencing food insecurity.

Community Perspectives: Communities report high dependence on rainfed agriculture and seasonal livelihoods; mining/charcoal extremely unstable. High exposure to shocks and seasonality limits income stability, increasing reliance on negative coping and contributing to hunger.

In contrast, households relying on salaried work or wages tend to be less vulnerable, with only 10.2 percent facing food insecurity and 18.4 percent exposed to shocks. Likewise, households receiving remittances appear relatively food secure, though moderate shock exposure persists due to income unpredictability. Gift-supported households, those dependent on family or community assistance, show elevated food insecurity (42.8 percent), reflecting their underlying economic fragility.

Across all livelihood categories, 15.1 percent of households meet at least two vulnerability criteria and are classified as “vulnerable.” Vulnerability is most concentrated in livelihoods characterized by low and unstable returns, such as livestock rearing, mining, charcoal production, unskilled labor, and petty trading, highlighting the need for targeted livelihood strengthening and resilience interventions.

11. DETERMINANTS AND DRIVERS OF FOOD SECURITY AND NUTRITION IN LIBERIA

Despite substantial investments in food security, nutrition, health, and agriculture over the past decade, Liberia continues to experience persistently high levels of household food insecurity and child undernutrition. Earlier chapters documented the scale, geographic distribution, and population groups most affected. This chapter advances the analysis by examining the underlying drivers and structural determinants that shape these outcomes, with the explicit aim of informing policy prioritization, program targeting, and donor investment decisions.

Understanding determinants is particularly important in Liberia's context, where chronic poverty, recurrent shocks, weak service infrastructure, and market dependence intersect. Food insecurity and malnutrition do not arise from a single cause, but from interlocking socioeconomic, environmental, and health-related constraints that reinforce one another over time. This chapter therefore moves beyond descriptive prevalence estimates to assess how different layers of vulnerability interact, and which factors remain influential even after controlling for others.

11.1 CONCEPTUAL APPROACH AND MODEL SPECIFICATION

The analytical framework is grounded in internationally recognized models, including the UNICEF conceptual framework for malnutrition, the WFP food security framework, and the CARI analytical approach, which distinguish between 1) underlying structural drivers (e.g., poverty, household composition); 2) immediate destabilizing factors (e.g., shocks, illness); and 3) enabling or constraining living conditions (e.g., WASH, access to services).

Rather than estimating a single saturated model, the analysis applies a stepwise multivariable modeling strategy, allowing for examination of how associations change as additional domains of risk are introduced. This approach provides insight into which determinants are foundational, and which operate through intermediary pathways.

For each outcome, three logistic regression models were estimated using survey-adjusted procedures, incorporating sampling weights, stratification, and clustering to ensure national representativeness.

- Model 1 (Socioeconomic and Demographic Baseline) establishes the structural risk profile.
- Model 2 (Adds Shocks and Vulnerability) assesses destabilizing influences.
- Model 3 (Adds Living Conditions) incorporates health and environmental context.

Results are presented as adjusted odds ratios (AORs) with 95 percent confidence intervals, enabling comparison across models and outcomes. The analysis is explicitly associational, and language throughout avoids implying causality. AORs less than 1 indicate lower odds of being food secure relative to the reference group, while AORs greater than 1 indicate higher odds. All models are estimated using survey weights and account for the complex sampling design.

11.2 DETERMINANTS OF HOUSEHOLD FOOD SECURITY

Wealth as the Dominant Structural Driver: Across all model specifications, household wealth emerges as the most powerful and consistent determinant of food security in Liberia. In the baseline model, households

in the poorest wealth quintile exhibit 91 percent lower odds of being food secure compared with those in the wealthiest quintile (AOR = 0.09; 95% CI: 0.08–0.10). This gradient is not only statistically significant but remarkably stable, persisting even after adjusting for shocks, disability, and access to basic services.

The monotonic pattern across quintiles is particularly striking: even households in the fourth quintile—often considered relatively secure—have less than half the odds of food security compared with the wealthiest (Model 3 AOR = 0.41; 95% CI: 0.36–0.47). This finding highlights the large “near-poor” population whose food security is precarious and highly sensitive to external stressors (**Annex 3; Table A70**).

Importantly, the minimal attenuation of wealth coefficients across models suggests that poverty operates through multiple, overlapping pathways—including purchasing power, asset ownership, livelihood diversification, and access to services—rather than being fully mediated by shocks or living conditions alone.

Urban–Rural Differences After Adjustment. Once wealth, household size, and service access are controlled for, urban residence is associated with significantly lower odds of food security (Model 3 AOR = 0.69; 95% CI: 0.66–0.72). This result contrasts with unadjusted descriptive statistics and underscores the vulnerability of urban poor households, whose livelihoods are heavily dependent on informal employment and food markets.

Urban households typically benefit from greater market availability, but they are also more exposed to food price volatility, inflation, and income disruptions. Without land for own production or social safety nets, urban households face limited coping options during shocks. The findings therefore challenge assumptions that urban residence is inherently protective and point to the growing importance of urban food insecurity in Liberia’s evolving demographic and economic landscape.

Household Size and Dependency Burden. Household size shows a strong, independent association with food insecurity. Each additional household member reduces the odds of food security by approximately 10 percent in the fully adjusted model (AOR = 0.90; 95% CI: 0.89–0.90). This effect persists even after controlling for wealth, shocks, and service access, suggesting that dependency pressure and resource dilution play a critical role (**Annex 3; Table A70**).

Larger households may benefit from pooled labor under certain conditions, but in low-income settings with limited employment opportunities, they often face higher consumption needs without commensurate income gains. This finding has direct implications for social protection design, particularly in targeting criteria that account for household composition rather than income alone.

Shocks, Disability, and Compounded Vulnerability. The introduction of shock variables in Model 2 reveals the destabilizing role of recent adverse events. Households experiencing at least one shock in the previous 12 months have 22 percent higher odds of food insecurity (AOR = 1.22; 95% CI: 1.15–1.30). Moreover, each additional shock further erodes food security, with odds decreasing by approximately 32–35 percent per shock.

Households with at least one member living with a disability face 32–36 percent higher odds of food insecurity, even after accounting for wealth and shocks. This suggests that disability introduces structural constraints on labor participation, care responsibilities, and income generation, compounding economic

vulnerability. Together, these findings illustrate how structural poverty and episodic shocks interact, producing sustained food insecurity among households with limited resilience.

Role of Basic Services and Living Conditions. Access to basic services remains significantly associated with food security outcomes. Households with improved drinking water have 65 percent higher odds of food security (AOR = 1.65; 95% CI: 1.60–1.70), while improved sanitation confers a more modest but still significant benefit. These associations likely reflect multiple mechanisms: reduced illness burden, lower health expenditures, time savings (particularly for women), and improved capacity to maintain productive activities. The findings reinforce the understanding that food security is not solely a food systems issue, but one embedded within broader living conditions and public service provision.

11.3 DETERMINANTS OF CHILD STUNTING

Wealth and Persistent Structural Deprivation. Stunting exhibits an exceptionally strong and persistent wealth gradient. Children in the fourth wealth quintile have more than three times the odds of being stunted compared with those in the wealthiest quintile (Model 3 AOR = 3.15; 95% CI: 2.89–3.43). These associations change little across models, underscoring that chronic undernutrition reflects cumulative deprivation over time, rather than short-term shocks alone. The strength of these associations suggests that nutrition-specific interventions alone are insufficient to substantially reduce stunting without concurrent improvements in household economic conditions, maternal education, and living environments.

Age, Sex, and Household Context. Male children consistently face higher odds of stunting, reflecting well-documented biological vulnerability. The strong age gradient—lower odds among younger infants—highlights the progressive nature of growth faltering, which accumulates over the first two years of life. Household food insecurity is associated with a statistically significant increase in stunting risk (Model 3 AOR = 1.07; 95% CI: 1.05–1.09), reinforcing the link between household-level deprivation and long-term child outcomes (**Annex 3; Table A71**).

Environmental Pathways. Improved sanitation emerges as a strong protective factor (AOR = 0.85; 95% CI: 0.83–0.87), supporting evidence that environmental enteric dysfunction and repeated infections play a major role in chronic growth failure. This finding underscores the importance of integrating WASH interventions into nutrition strategies, particularly in high-stunting counties.

11.4 DETERMINANTS OF CHILD WASTING

Sensitivity to Shocks and Food Insecurity. Wasting is highly sensitive to recent shocks and household food insecurity. Children in food-insecure households face 31–36 percent higher odds of wasting, while exposure to shocks increases risk by 25–27 percent (**Annex 3; Table A72**). These associations remain strong after adjusting for wealth and services, indicating that wasting is closely linked to acute stressors and short-term disruptions.

Age-Specific Vulnerability. Children aged 6–23 months face nearly double the odds of wasting compared with older children, highlighting the critical vulnerability of the complementary feeding period. This age-specific risk has direct implications for early warning systems and targeted preventive programming.

Protective Role of Sanitation. Improved sanitation is strongly protective against wasting (AOR = 0.67; 95% CI: 0.64–0.69), reinforcing the role of infection control and hygienic environments in preventing acute malnutrition, especially during seasonal peaks of disease transmission.

11.5 DETERMINANTS OF CHILD UNDERWEIGHT

Underweight reflects the combined influence of chronic deprivation and acute stress. Strong wealth gradients persist, alongside significant associations with food insecurity, shocks, and household size. The consistency of these findings across models highlights the cumulative burden faced by children in structurally vulnerable households, where repeated shocks and constrained living conditions compound long-term deprivation (**Annex 3; Table A73**).

Taken together, the findings point to four interlinked and mutually reinforcing determinant pathways shaping food security and nutrition outcomes in Liberia. First, structural poverty and inequality emerge as the foundational drivers, consistently associated with elevated risks across all models and outcomes. Second, shocks and instability—including economic, climatic, and livelihood disruptions—act as acute triggers that exacerbate underlying vulnerability, rapidly pushing already at-risk households into food insecurity and malnutrition. Third, household composition and dependency burdens, particularly larger household sizes, high dependency ratios, and the presence of disability, amplify exposure to these risks by stretching limited resources and caregiving capacity. Finally, living conditions and WASH environments shape critical health–nutrition interactions, mediating the relationship between food access, disease exposure, and child nutritional status. Operating simultaneously, these pathways help explain why progress in food security and nutrition has remained uneven despite substantial sectoral investments, and why gains in one domain are often undermined by constraints in others.

11.6 IMPLICATIONS FOR DONOR AND NATIONAL PLANNING

Food insecurity and malnutrition in Liberia are driven by deeply entrenched structural inequalities, compounded by recurrent shocks, household-level constraints, and suboptimal living conditions. Addressing these challenges requires sustained, multisectoral investment that simultaneously tackles poverty reduction, resilience-building, equitable access to basic services, and child-focused nutrition risks. Without coordinated action across these domains, gains are likely to remain fragile and uneven. By contrast, an integrated approach grounded in the pathways identified in this analysis offers a clearer route toward durable improvements in food security and nutritional outcomes.

These results underscore the need for integrated, shock-responsive, and equity-focused strategies that move beyond siloed interventions. For donors and national planners, this implies prioritizing adaptive social protection mechanisms that effectively reach poor and near-poor households before shocks translate into nutritional deterioration. Investments in WASH infrastructure and services should be strategically aligned with areas bearing the highest nutrition burden, recognizing their role in reducing disease-related malnutrition. Strengthening early warning and surveillance systems that explicitly link shocks to wasting and food security risks is essential for timely response. In addition, targeting frameworks should more systematically account for household composition, caregiving constraints, and disability, ensuring that assistance reaches households facing compounded structural and demographic vulnerabilities. Collectively, these measures are critical for improving both the effectiveness and sustainability of food security and nutrition programming.

This analysis is subject to several limitations. The cross-sectional design precludes causal inference, and observed associations should be interpreted as indicative rather than definitive. In addition, estimates for some counties are constrained by smaller sample sizes, which may reduce precision and warrant cautious

interpretation. Nevertheless, the consistency of results across multiple models and outcome measures provides confidence in the robustness of the identified determinant pathways and supports their relevance for policy and programmatic decision-making.

12. CONCLUSION AND RECOMMENDATIONS

12.1 SUMMARY OF FINDINGS

The 2025 Comprehensive Food Security and Nutrition Survey (CFSNS) offers a rigorous national picture of Liberia's food security, livelihoods, markets, health, and nutrition conditions. Taken together, the results show that while some structural gains have been made in WASH, education, and women's health services, household vulnerability to food insecurity remains widespread and is shaped by persistent shocks, limited income diversification, weak market access, declining diet quality, and chronic undernutrition among children and women. The findings also confirm that poverty remains a powerful determinant of the conditions that underpin food security and nutrition—from access to improved water and sanitation to children's feeding practices, agricultural inputs, and household resilience.

Demographically, Liberia continues to urbanize, but rural areas remain the center of agricultural production and contain pockets of deep structural deprivation. A national household size of 4.1 persons, with one-third of households headed by women, places significant pressure on already limited resources. Disability affects 4.1 percent of households and is particularly concentrated in poor and rural settings, where limited access to health care, long travel times, and weak service infrastructure deepen household vulnerability. These demographic and structural constraints frame all subsequent patterns in food security, livelihoods, and nutrition.

The food security situation underscores both chronic and acute vulnerabilities. While full CARI results are presented in the main Food Security chapter, the household-level indicators reveal clear vulnerabilities across food access, stability, and utilization. Dietary diversity is poor across both children and women. Only 12.1 percent of children aged 6–23 months meet minimum dietary diversity, and just 2.4 percent achieve a minimum acceptable diet. Among women age 10–49 years, only 6.7 percent achieve the MDD-W standard. These low levels of diet quality reflect a broader structural problem: markets remain difficult to access, households rely heavily on cereals and tubers, and high transport costs—especially during the rainy season—limit access to nutrient-rich foods. Food access is additionally shaped by high expenditure burdens; cereals, fish, and vegetables dominate household spending, while milk, dairy, eggs, and vitamin-rich foods remain unaffordable for many.

Nutrition findings reinforce these food access challenges. Stunting affects 26.3 percent of children under five, with severe stunting at 10.3 percent and highly concentrated in the poorest households and most remote counties. Acute malnutrition continues to worsen, with GAM (WHZ) rising to 8.5 percent nationally and cGAM reaching 8.9 percent, reflecting both dietary inadequacy and high child illness burden. Wasting is highest among children 12–23 months, aligning with the period of transition to complementary feeding, where Liberia continues to experience poor meal frequency and poor dietary diversity. Women's nutrition also shows emerging concerns: 25.8 percent are overweight and 18.0 percent are obese, while 5.6 percent are underweight and 2.8 percent experience short stature. These dual burdens indicate a nutrition transition marked by calorie-dense but nutrient-poor diets, especially in rural areas where overweight and obesity are paradoxically more common. The persistently low MUAC among adolescent girls (mean 21.6 cm) suggests that intergenerational undernutrition remains a key driver of child stunting.

Livelihoods and income sources further illuminate the determinants of food security. Households rely on an average of 1.42 income-generating activities, and 21.4 percent face clear seasonal variation, making

income highly unstable. Agriculture remains the backbone of livelihoods, especially among the poorest households, but agricultural inputs, mechanization, and extension support are extremely limited. Only 4.8 percent use improved seed, 6.5 percent use chemical fertilizer, and fewer than 5 percent have access to mechanization such as threshers or power tillers. Labor-intensive, low-input subsistence farming dominates in most rural counties, leaving households exposed to weather shocks, crop losses, and fluctuating market prices. Fishing, charcoal production, petty trading, and artisanal mining provide supplemental income but are highly seasonal and unpredictable, with some of the highest food insecurity rates recorded among charcoal producers, unskilled laborers, and mining households. These income structures, combined with rapidly rising transport costs during the rainy season and high reliance on expensive markets, deepen vulnerability particularly among rural and low-wealth households.

Agricultural production data offer further insight. Rice cultivation is widespread, yet yields remain low and storage losses common due to lack of drying floors, milling inefficiencies, and weak access to processing tools. Rice production peaks during harvest, yet even during this period many households rely on market purchases. Vegetables, roots, and tubers contribute significantly to rural diets, but weaknesses in market connectivity limit year-round availability, contributing to the low dietary diversity observed among both children and women. Only 19.5 percent of households formally own land, and most rely on undocumented family land, constraining investment incentives and limiting opportunities for expansion or mechanization. The poorest households produce the most rice but earn the least income from sales due to weak bargaining power and lack of access to competitive markets.

Low adoption of improved inputs and mechanization reflects multiple constraints: limited access to affordable credit for seasonal investment, weak input supply chains and availability outside major corridors, and extension capacity gaps that reduce farmer exposure to improved agronomy and post-harvest practices. Land tenure uncertainty—especially reliance on undocumented family land—also weakens incentives to invest in durable improvements such as irrigation, soil rehabilitation, or mechanized services. Cultural and social norms can further shape adoption, including decision-making power over cash crops versus food crops, gendered control of land and income, and risk aversion in contexts of frequent shocks.

Health, WASH, and care practices contribute directly to food utilization and nutrition outcomes. Only 61.5 percent of households use improved sanitation, and open defecation remains extremely high in rural areas (57.9 percent). Water access is similarly unequal: 94.0 percent of urban households use improved sources compared with 69.1 percent of rural households, and 83.2 percent rely on off-premise water, increasing contamination exposure and caregiving burdens. Diarrhea affects 14.7 percent of children and ARI affects 22.2 percent, with the highest burden in counties where sanitation and water treatment practices are weakest. Child stool disposal is inappropriate in 68.1 percent of cases nationally and as high as 89.4 percent in rural households, driving repeated infections and indirect causes of both stunting and wasting. Health service access remains uneven: 83.1 percent report access, but only 50.8 percent used services in the last 30 days, with 10.7 percent reporting unmet need due to cost, distance, or lack of medicines. These barriers contribute to preventable morbidity and reduced utilization of essential child health services including ORS, antibiotics for ARI, and treatment for wasting.

The education system also shapes long-term food security and human capital. While 90.0 percent of school-aged children were attending school during the 2024–25 academic year, early childhood development remains weak, with only 28.3 percent of children aged 3–4 enrolled in ECD programs. High absenteeism,

high dropout rates, and low access to school meals in several counties reflect persistent structural challenges, many of which stem from poverty, distance to schools, and seasonal agricultural labor demands. These educational vulnerabilities intersect with nutrition, as children in households with low ECD participation and high out-of-school rates often experience higher levels of malnutrition and illness.

County-level disparities are pronounced and should guide geographic prioritization. High-burden counties for acute malnutrition (GAM) and chronic malnutrition (stunting), combined with poor WASH conditions (including open defecation), longer market distance, and low early childhood development (ECD) environments, warrant intensified, integrated packages and closer monitoring. To ensure responsible interpretation, county estimates based on small sample sizes ($n < 30$ for key sub-indicators) are flagged throughout the report and should be triangulated with multiple indicators before drawing firm conclusions or ranking counties.

Food security outcomes also reflect market functionality and seasonality. Availability of nutrient-dense foods varies over the year, with lean-season constraints compounded by price volatility beyond transport cost increases (including national/international price transmission, local supply shortages, and market power). Women traders and producers face additional barriers—limited access to credit, transport, storage, and market information—restricting their ability to participate in higher-value food markets and affecting household access to diverse foods.

Key drivers of food insecurity in Liberia

Food security in Liberia is shaped by a complex interplay of structural, economic, environmental, and behavioral factors, many of which reinforce one another. The 2025 CFSNS highlights several interconnected drivers that explain current food security and nutrition outcomes. These are as follows:

Poor dietary diversity and limited market access, which restricts the ability of households to consume nutrient-rich foods. Long distances to markets, especially in rural areas where only 35.9 percent live within 30 minutes of a daily market, reduce both availability and affordability of perishable foods such as fruits, vegetables, eggs, and dairy. Transport costs increase sharply during the rainy season—rising from 966 LRD to 1,206 LRD nationally, and from 1,697 to 2,182 LRD in rural areas—further limiting access. These constraints help explain why children’s minimum acceptable diet is only 2.4 percent and why women’s dietary diversity remains extremely low at 6.7 percent. Without access to diverse foods, both chronic undernutrition (stunting) and acute malnutrition (wasting) persist at high levels.

Continued burden of child illness, especially diarrhea and ARI. Inadequate sanitation and unsafe water sources result in repeated infections, exacerbating malnutrition. The prevalence of inappropriate child stool disposal (68.1 percent nationally; 89.4 percent rural) heightens exposure to fecal pathogens, contributing directly to the 14.7 percent diarrhea prevalence observed. Poorer sanitation and water treatment practices in rural and low-income households deepen this vulnerability, reinforcing the relationship between WASH and child nutritional outcomes.

Agricultural constraints and low productivity, which reduce food availability and limit household income. Only 4.8 percent of households use improved seed and fewer than 7 percent use fertilizer, with only minimal access to mechanization. Soil degradation, lack of tools, and poor access to extension services further weaken production. As a result, rural households remain reliant on a narrow set of staples, especially rice and cassava, and struggle to produce or purchase nutrient-rich foods year-round. The limited

engagement in commercial agriculture, combined with widespread tenure insecurity (56.9 percent family land without deed), also reduces incentives to invest in improved practices.

Income instability and economic volatility. With 21.4 percent of households reporting seasonal income and most engaged in low-return agricultural or informal activities, income flows are unpredictable and often insufficient to meet basic needs. Mining, charcoal production, casual labor, and petty trade—all widely practiced—are highly vulnerable to weather shocks, market fluctuations, and access constraints. Limited access to loans (22.9 percent) and very low savings (27.0 percent) constrain households' ability to absorb shocks. This economic fragility directly influences food access: households cut meal frequency, shift toward cheaper staples, or rely on foraged foods during lean periods.

Gendered inequities in workload and resource access. Women provide 35.6 percent of household income and shoulder disproportionate responsibility for childcare, food preparation, water collection, and petty trade. Yet they have limited access to land, credit, and high-return livelihoods. These gender inequalities restrict opportunities to improve household diet quality, adopt improved feeding practices, or invest in children's health and nutrition.

Women's "energy burden" operates through both time and nutrition pathways. High workloads—water collection, childcare, food preparation, and petty trade—reduce time available for income generation, rest, and responsive feeding practices, while also increasing energy expenditure. When combined with limited control over productive resources (land, credit, inputs) and lower access to higher-return livelihoods, these constraints contribute to persistent dietary gaps for women and children. Caregiving time deficits—especially in poorer and shock-affected households—can reduce minimum meal frequency and diet quality for young children, reinforcing risks of wasting during illness or seasonal stress.

Interplay between nutrition and food security in Liberia

The relationship between food security and nutrition in Liberia is dynamic, bidirectional, and mutually reinforcing. The 2025 CFSNS findings make clear that food security is not solely a matter of having enough food; rather, it is defined by the ability of households to access, utilize, and metabolize diverse, safe, and nutrient-rich foods in ways that support normal growth, health, and development. In Liberia, constraints along each dimension of food security directly shape the nutritional status of children and women, while poor nutrition, in turn, deepens food insecurity by reducing productivity, increasing illness, and elevating household health expenditures.

Food availability and access form the foundation of nutritional outcomes. Households that rely heavily on rice, cassava, and imported cereals face structural limits in diet quality because these staples, while filling, provide insufficient micronutrients for healthy growth. The 2025 CFSNS shows that only 12.1 percent of children aged 6–23 months meet minimum dietary diversity and just 2.4 percent meet the minimum acceptable diet. Among women, only 6.7 percent achieve MDD-W. These extremely low levels are not simply the result of feeding behaviors but reflect deeper deficits in food availability and economic access. Households living far from markets, especially those in rural counties where only 35.9 percent reside within 30 minutes of a daily market, have fewer opportunities to purchase perishable foods such as eggs, animal-source foods, fruits, and vegetables. Seasonal price spikes driven by poor road conditions further restrict access to nutritious foods during the rainy season, contributing to the cyclical worsening of diet quality. These patterns of availability and access directly manifest in nutritional outcomes, notably

stunting (26.3 percent), severe stunting (10.3 percent), wasting (8.5 percent GAM; 8.9 percent cGAM), and high child illness rates.

Food utilization represents the most direct point of intersection between food security and nutrition.

Even when food is available and consumed, the body cannot effectively utilize nutrients if it is threatened by infection, environmental enteropathy, or poor dietary composition. Liberia's sanitation landscape, where 57.9 percent of rural households practice open defecation and only 61.5 percent nationally have improved sanitation, creates constant exposure to pathogens that cause diarrhea, worm infestation, and micronutrient malabsorption. Child stool disposal is inappropriate in 68.1 percent of households, reaching 89.4 percent in rural communities, greatly increasing fecal contamination in the domestic environment. This explains why diarrhea prevalence is high (14.7 percent) and why ARI affects 22.2 percent of children — both of which impair the body's ability to absorb nutrients and maintain healthy weight. These illnesses are strongly associated with acute malnutrition and help explain the rise in wasting from 5.4 percent in the 2019–20 Liberia Demographic and Health Survey (LDHS) and 7.0 percent in the 2022 Rapid Food Security, Livelihoods, Nutrition and Market Assessment (RFSLNMA) to 8.5 percent in CFSNS 2025

Care practices further mediate the link between food security and nutrition. While breastfeeding initiation is high, exclusive breastfeeding remains inadequate at 41.1 percent and continued breastfeeding falls sharply after one year to 29.6 percent. Early cessation of breastfeeding, primarily due to perceived insufficient milk, work demands, and child refusal, leaves infants vulnerable to poor-quality complementary feeding at the very stage when dietary diversity is the lowest. Children aged 6–11 months, those transitioning from breastmilk to solid foods, experience some of the highest rates of wasting and diarrhea, underscoring how feeding practices, maternal workload, and dietary access intersect. Moreover, women's own nutritional status directly shapes care capacity. With 25.8 percent overweight, 18.0 percent obese, and 5.6 percent underweight, Liberian women face a double burden of malnutrition that restricts work productivity, increases risk of pregnancy complications, and affects infant feeding practices and breastmilk quality. These maternal nutrition patterns partly explain why stunting continues to be transmitted across generations.

The stability dimension of food security further illuminates the interplay with nutrition. Liberia faces seasonal hunger periods driven by agricultural cycles, fluctuating labor demand, and rainfall patterns. The 2025 CFSNS shows that 21.4 percent of households have seasonal income and face predictable periods of reduced food access. This instability cascades into reduced diet quality, fewer meals, and reliance on low-nutrient staples during lean months. For children, seasonal food insecurity is closely associated with episodes of acute malnutrition, especially in the rainy season when travel to health facilities becomes difficult, prices rise sharply, and diarrhea peaks due to poor water conditions. These recurrent shocks prevent sustained nutritional recovery, contributing to Liberia's slow progress in reducing stunting and the recent worsening of wasting.

Finally, the nutritional consequences of food insecurity reinforce future food insecurity in a cyclical manner. Children who are stunted are more likely to suffer from poor cognitive development, reduced school performance, and lower lifetime earnings, which over time diminishes the economic stability of households and communities. Wasted children face high risks of illness and mortality, and survivors often sustain long-term growth and development deficits. In adults, undernutrition and illness reduce labor productivity, while overweight and obesity increase risk of chronic disease — both outcomes limiting

household income, raising medical expenditures, and deepening vulnerability to future shocks. Thus, malnutrition, arising from food insecurity, becomes itself a driver of future food insecurity, perpetuating a multigenerational cycle.

In Liberia, the interplay between food security and nutrition is therefore not a linear pathway but a complex and reinforcing system. Food insecurity restricts dietary diversity, increases illness, and weakens care practices, all of which deteriorate nutritional status. In turn, poor nutrition reduces health, productivity, resilience, and human capital, thereby undermining household capacity to secure food in the future. The 2025 CFSNS demonstrates that without addressing both sides of this relationship, that is, the structural determinants of food insecurity and the immediate drivers of malnutrition, sustainable improvements in nutrition outcomes will not be achieved.

Taken together, these interconnected drivers, economic fragility, restricted market access, high disease burden, low agricultural productivity, weak WASH conditions, and gendered disparities, explain why food insecurity remains persistent despite progress in health access, early initiation of breastfeeding, and school participation. Addressing these structural determinants is essential to improving dietary diversity, reducing malnutrition, and strengthening household resilience.

To summarize, the determinants analysis demonstrates that food insecurity and malnutrition in Liberia are not driven by isolated deficits, but by four interlinked pathways: entrenched poverty and inequality, recurrent shocks and seasonal instability, household composition and dependency burdens, and constrained living and WASH conditions. These pathways operate simultaneously, reinforcing one another and explaining why sector-specific gains have not translated into sustained improvements in nutrition outcomes.

The findings of the CFSNS 2025 will inform national and county-level planning and programming processes across food security, nutrition, agriculture, health, and WASH sectors. Dissemination will include national-level briefings with government institutions and development partners, as well as targeted engagement with county authorities and sectoral stakeholders to support evidence-based decision-making. The results will also be shared through technical working groups and coordination platforms to ensure alignment with ongoing policy, programming, and resource allocation efforts.

12.2 RECOMMENDATIONS

Improving food security and nutrition in Liberia requires a multisectoral, phased, and geographically targeted approach that directly addresses the four determinant pathways identified in the CFSNS: structural poverty, exposure to shocks, household-level constraints, and inadequate living and WASH conditions.

County-level prioritization should be based on overlapping burdens of food insecurity, child malnutrition, poor WASH access, and market isolation, rather than single-indicator thresholds. This approach reflects the multi-dimensional nature of vulnerability identified in the CFSNS and supports more efficient and equitable resource allocation.

In counties where selected indicators are based on small sample sizes, findings should be interpreted cautiously and triangulated with multiple indicators and routine administrative data before informing geographic ranking or resource allocation.

The following recommendations are organized by sector and time horizon, combining immediate protective actions with medium- and long-term systems strengthening, and aligned with the drivers identified in the

survey.

1. Strengthening Food Access and Market Functionality (*Short–Medium Term*)

High food expenditure burdens—where 41 percent of households spend more than 75 percent of total expenditure on food—and low dietary diversity indicate that improving physical and economic access to food is an urgent priority. Market access constraints, seasonal road inaccessibility, and price volatility disproportionately affect rural households and contribute to poor-quality diets, particularly for children and women.

Priority actions include:

- Introducing targeted food or nutrition vouchers/subsidies for nutrient-dense foods (eggs, pulses, vegetables, fortified staples) in districts with high food expenditure shares, poor dietary diversity, and long market travel times.
- Rehabilitating key feeder roads in districts where average travel time to markets exceeds 60 minutes, with a focus on corridors linking high-burden rural communities to primary trading centers. The objective should be to reduce average travel time to markets by at least 20 percent by 2027.
- Supporting small traders and private suppliers in hard-to-reach communities through grants, transport incentives, and risk-sharing mechanisms to improve year-round availability of diverse foods.
- Establishing weekly satellite or peri-urban markets in densely populated rural areas to improve access to perishable and nutrient-rich foods and reduce seasonal price spikes.

Improved market functionality would reduce food prices, expand access to diverse foods, and directly contribute to improved complementary feeding practices.

SMART

outcome:

Increase national mean Household Dietary Diversity Score (HDDS) by at least 0.5 food groups by 2027, with accelerated gains in rural counties exhibiting the lowest baseline diversity.

2. Agricultural Transformation and Access to Inputs (*Medium–Long Term*)

Although the majority of households engage in agriculture—64.6 percent cultivating rice and 56.3 percent cultivating cassava—productivity remains low due to reliance on traditional tools, unimproved seeds, limited input use, and significant post-harvest losses. These constraints are compounded by weak extension services, limited access to credit, land tenure insecurity (only 19.5 percent of households report formal land ownership), and sociocultural norms affecting investment decisions.

Priority actions include:

- Scaling up access to improved seeds, organic fertilizers, and low-cost mechanization, prioritizing smallholders, female-managed plots, and high-vulnerability counties.
- Expanding mechanization hire services at county level (e.g., hand tractors, threshers), rather than ownership-based models, to reduce labor burdens and improve timeliness of production.

- Strengthening county-level extension services, including demonstration plots, climate-smart agriculture training, and post-harvest management.
- Expanding cassava processing centers, rice milling capacity, and post-harvest drying floors to reduce losses and stabilize food availability during the lean season.
- Supporting farmer cooperatives and producer groups to improve aggregation, bargaining power, and access to competitive markets.

These actions would increase yields, reduce labor burdens—particularly for women—and enhance resilience to climatic and market shocks.

3. Nutrition-Specific Interventions for Children and Women (*Short–Medium Term*)

- Reducing Acute Malnutrition (Wasting)

With cGAM at 8.9 percent nationally and several counties exceeding the 10 percent emergency threshold, intensified and geographically targeted action is required.

Priority actions include:

- Expanding CMAM service coverage in high-burden counties (e.g., Grand Cape Mount, Gbarpolu, River Gee), ensuring that each health district has functional fixed or outreach CMAM services.
- Deploying mobile nutrition outreach teams in remote and underserved areas.
- Integrating diarrhea prevention and treatment (ORS + zinc) into all nutrition outreach activities.
- Strengthening routine MUAC screening and referral at community level.

SMART

target:

Reduce national cGAM by 2–3 percentage points by end-2027, with focused investment in counties where GAM $\geq$ 10 percent.

- Improving Complementary Feeding (MAD and MDD)

Complementary feeding practices remain critically poor, with only 12.1 percent of children meeting minimum dietary diversity and 2.4 percent meeting Minimum Acceptable Diet (MAD), placing children at high risk of wasting and growth faltering.

Priority actions include:

- Intensifying IYCF counseling in counties with the poorest feeding practices (e.g., Sinoe, Gbarpolu, River Cess, Grand Kru).
- Promoting locally appropriate fortified or enriched complementary foods, such as gari or plantain blended with fish powder or groundnut paste.
- Integrating MAD counseling into routine growth monitoring and community outreach.
- Establishing mother-to-mother IYCF support groups in high-poverty districts.

SMART

target:

Increase MAD by at least 10 percentage points by 2029 in counties where baseline MAD is below 10

percent, tracked through HMIS and periodic coverage surveys.

- Strengthening Women's Nutrition

Women face high anemia prevalence, low dietary diversity, and heavy workloads that constrain caregiving and dietary quality, alongside emerging risks of overweight and obesity in some settings.

Priority actions include:

- Ensuring systematic iron–folic acid supplementation for pregnant women and adolescent girls through ANC, schools, and community platforms.
- Expanding MDD-W interventions and local food demonstration sessions.
- Integrating MUAC screening during pregnancy and postpartum periods.
- Addressing structural constraints through gender-responsive livelihood support, improved access to land and credit, and reduced time burdens.

4. Strengthening Health and WASH Systems (*Short–Medium Term*)

Despite 83.1 percent reported access to health services, utilization remains low, with distance, cost, and stock-outs limiting care-seeking, particularly in rural counties.

Priority actions include:

- Expanding outreach-based health and nutrition services in counties with low facility access (e.g., Rural Montserrat, Grand Bassa, Grand Cape Mount).
- Ensuring uninterrupted availability of ORS, zinc, MNPs, Vitamin A, RUTF, and anthropometric equipment.
- Reducing user fees and strengthening supply chain systems.
- Expanding community-led total sanitation (CLTS) and prioritizing sanitation investments in counties with less than 20 percent improved sanitation coverage.

Improving WASH conditions—currently 61.5 percent improved sanitation nationally—will directly reduce diarrhea and environmentally mediated undernutrition.

5. Livelihoods, Resilience, and Social Protection (*Medium–Long Term*)

With 56 percent of households marginally food secure and 30 percent of rural households exposed to shocks, livelihood instability remains a central driver of food insecurity. Nutrition and food security responses should be seasonally calibrated, with surge capacity during lean and rainy seasons when shocks, disease burden, and wasting risk peak. This includes pre-positioning assistance, flexible financing, and rapid scale-up mechanisms linked to early warning systems.

Targeting frameworks should explicitly incorporate household dependency ratios and disability status, as these households face structurally higher food and nutrition risks even at comparable income levels. This is particularly important in rural and poor settings where caregiving burdens and limited service access compound vulnerability.

Priority actions include:

- Targeted livelihood support for highly vulnerable groups, including petty traders, fishers, agricultural laborers, and charcoal producers.
- Expansion of small livestock programs (poultry, goats) and nutrition-sensitive agriculture (e.g., orange-fleshed sweet potato, iron-rich beans).
- Scaling up VSLAs, microenterprise grants for women, and climate insurance schemes.
- Strengthening youth skills programs and rural–urban labor market linkages.

6. Food Fortification and Dietary Quality (*Medium Term*)

While iodized salt and bouillon cubes are widely consumed, awareness and coverage of wheat flour and rice fortification remain limited.

Priority actions include:

- Strengthening fortification regulation and quality enforcement at import and retail points.
- Supporting small and medium millers with fortification equipment and quality assurance.
- Launching national awareness campaigns on fortified staples.
- Expanding access to animal-source foods through poultry, livestock, and veterinary support.

7. Governance, Coordination, and Data Use (*Cross-cutting*)

Sustained impact requires institutionalized multisectoral coordination. Strengthening collaboration among MOA, MOH, NDMA, SUN Secretariat, UN agencies, and county authorities will enable integrated planning across agriculture, nutrition, WASH, markets, livelihoods, and social protection.

Establishing county-level Food Security and Nutrition Working Groups, strengthening early-warning systems, and integrating CFSNS findings into national and county development plans will ensure that survey evidence drives policy and programming decisions.

Progress against the recommended actions should be monitored through routine systems (HMIS, agriculture and market monitoring) and periodic surveys to track changes in GAM, MAD, HDDS, and resilience indicators over time.

In sum, accelerating progress in food security and nutrition in Liberia requires coordinated investments across the food system, targeting both immediate vulnerabilities and structural constraints. By improving market access, boosting agricultural productivity, strengthening nutrition and health services, addressing WASH deficits, and enhancing livelihood resilience—while prioritizing the most vulnerable counties and populations—Liberia can reduce malnutrition, strengthen resilience, and build a more inclusive and sustainable food system for future generations.

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ANNEXES

Annex 1. Survey Indicators

Indicator Definition and Coding Scheme

The table below presents the complete list of indicators measured in the 2025 CFSNS along with their official definitions. The indicators are grouped by domain to align with national monitoring frameworks and international standards (DHS, MICS, WHO, FAO, WFP VAM, JMP).

Table A1. CFSNS 2025 Indicators, Definitions, and Coding Scheme

Indicator	Definition	Numerator	Denominator	Coding Scheme
Household Characteristics				
Percentage of households with finished roof/wall/floor materials	Proportion of households whose main roof, wall, or floor material is classified as “finished.”	Households reporting finished material for roof OR wall OR floor	Total households surveyed	Binary: 1 = finished material present; 0 = all materials unfinished
Percentage of households owning at least one mosquito net	Proportion of households owning ≥ 1 mosquito net of any type.	Households reporting ≥ 1 mosquito net	Total households surveyed	Binary: 1 = yes; 0 = no
Percentage of households using a cooking device	Proportion of households using any cooking device for food preparation.	Households reporting use of any cooking device	Total households surveyed	Binary: 1 = yes; 0 = no
Percentage of households with access to lighting	Proportion of households whose main lighting source is electricity, solar, batteries, or other defined source.	Households with defined lighting source	Total households surveyed	Binary: 1 = access; 0 = none
Water, Sanitation, and Hygiene (WASH)				
Percentage of households using an improved drinking water source	Drinking water source meets WHO/UNICEF JMP “improved” criteria.	Households using improved water source	Total households surveyed	Binary: 1 = improved; 0 = unimproved
Percentage of households with treated drinking water	Drinking water treated using accepted methods.	Households reporting water treatment	Total households surveyed	Binary: 1 = treated; 0 = untreated
Percentage of households using improved sanitation (not shared)	Sanitation facility is improved and not shared.	Households with improved, non-shared facility	Total households surveyed	Binary: 1 = improved/not shared; 0 = otherwise

Indicator	Definition	Numerator	Denominator	Coding Scheme
Percentage of households practicing open defecation	Household reports no sanitation facility and open defecation.	Households practicing open defecation	Total households surveyed	Binary: 1 = open defecation; 0 = no
Percentage of households with access to basic hygiene products	Water and soap available for handwashing and basic hygiene items.	Households meeting hygiene criteria	Total households surveyed	Binary: 1 = yes; 0 = no
Disability				
Percentage of households with head reporting a disability	Head reports difficulty in ≥ 1 functional domain (WG-SS).	Households with disabled head	Total households surveyed	Binary: 1 = disability present; 0 = none
Food Security				
Household Hunger Scale (HHS)	Measure of moderate–severe household hunger.	Sum of affirmative responses	Households with valid HHS	Score 0–6; categorical: none (0–1), moderate (2–3), severe (4–6)
Household Food Insecurity Access Scale (HFIAS)	Mean score of food access anxiety and insufficiency.	Sum of frequency-weighted responses	Households with valid HFIAS	Score 0–27
Household Dietary Diversity Score (HDDS)	Number of food groups consumed in past 24h.	Count of food groups consumed	Households with valid HDDS	Score 0–12
Food Consumption Score (FCS)	Weighted frequency of food groups over 7 days.	Weighted sum of food group frequencies	Households with valid FCS	Continuous; standard cut-offs applied
Food Expenditure Share (FES)	Share of total expenditure spent on food.	Food expenditure	Total household expenditure	Continuous proportion
Reduced Coping Strategy Index (rCSI)	Frequency-weighted coping behaviors.	Weighted sum of coping behaviors	Households with valid rCSI	Continuous score
Livelihood Coping Strategy Index (LCSI)	Severity of livelihood coping strategies.	Households by highest strategy used	Households with valid data	Categorical: none / stress / crisis / emergency
LCS-Food Security (LCS-FS)	Food-security-specific coping strategies.	As above	Households with valid data	Categorical
Proportion of households experiencing shocks	Exposure to shocks in last 12 months.	Households reporting ≥ 1 shock	Total households surveyed	Binary: 1 = yes; 0 = no
Proportion of households receiving assistance	Receipt of food/cash/in-kind assistance.	Assisted households	Total households surveyed	Binary: 1 = yes; 0 = no

Indicator	Definition	Numerator	Denominator	Coding Scheme
Child Health				
Birth registration	Children under 5 with registered births.	Registered children	Children under 5	Binary
Measles vaccination coverage	Children 9–59 months vaccinated.	Vaccinated children	Children 9–59 months	Binary
Diarrhea/ARI prevalence and care seeking	Illness in past 2 weeks and care sought.	Children ill / children seeking care	Children under 5	Binary indicators
Deworming coverage	Children 12–59 months dewormed.	Dewormed children	Children 12–59 months	Binary
Bed net use among children	Slept under ITN previous night.	Children using ITN	Children 0–59 months	Binary
Enrollment in IFP/OTP	Children enrolled in nutrition programs.	Enrolled children	Children 6–59 months	Binary
Access to Health Services				
Household access to health services	Distance/travel time threshold met.	Households within threshold	Total households	Binary
Recent use of health services	Health services used/needed in last 30 days.	Households reporting use/need	Total households	Binary
Child Nutrition				
Early initiation of breastfeeding	Breastfed within 1 hour of birth.	Newborns breastfed early	Live births	Binary
Exclusive breastfeeding	Infants 0–5 months exclusively breastfed.	Exclusively breastfed infants	Infants 0–5 months	Binary
Continued breastfeeding	Breastfeeding at 12–23 months.	Breastfed children	Children 12–23 months	Binary
Minimum Dietary Diversity (MDD)	≥5 of 8 food groups.	Children meeting MDD	Children 6–23 months	Binary
Minimum Meal Frequency (MMF)	Age-appropriate feeding frequency.	Children meeting MMF	Children 6–23 months	Binary
Minimum Acceptable Diet (MAD)	Meets both MDD and MMF.	Children meeting MAD	Children 6–23 months	Binary
Vitamin A supplementation	Received vitamin A in last 6 months.	Supplemented children	Children 6–59 months	Binary

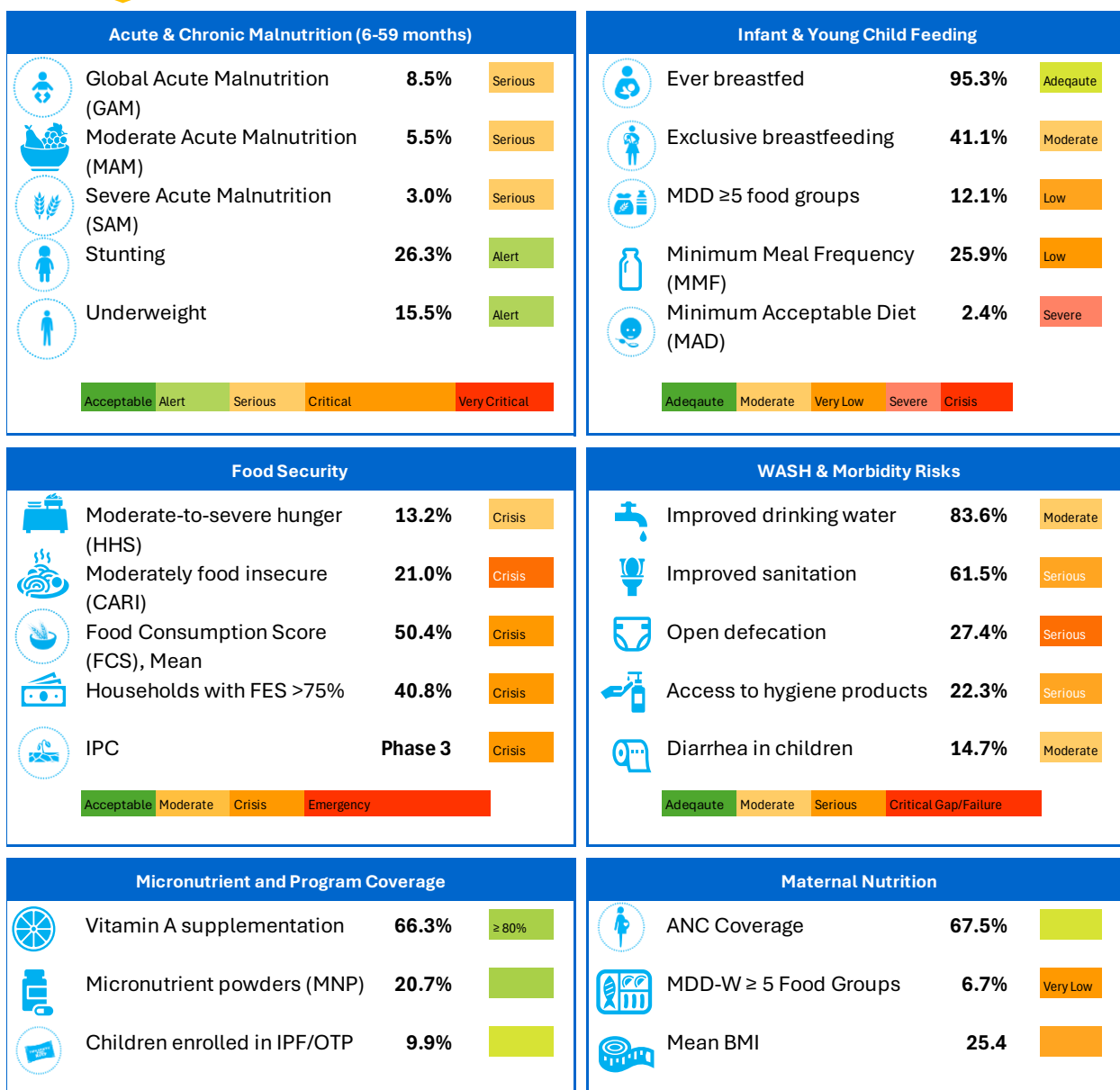
Indicator	Definition	Numerator	Denominator	Coding Scheme
Micronutrient powder coverage	Received MNP.	Children receiving MNP	Children 6–59 months	Binary
Stunting (HAZ < –2 SD)	Chronic malnutrition.	Stunted children	Children under 5	Binary
Wasting (WHZ < –2 SD)	Acute malnutrition.	Wasted children	Children under 5	Binary
Underweight (WAZ < –2 SD)	Composite malnutrition.	Underweight children	Children under 5	Binary
Overweight/obesity	WHZ > +2 SD.	Overweight children	Children under 5	Binary
Women’s Health and Nutrition				
ANC coverage (1+ / 4+)	Antenatal care attendance.	Women meeting ANC threshold	Women 15–49	Binary
IFA supplementation	IFA received during pregnancy.	Pregnant women receiving IFA	Pregnant women	Binary
Nutrition counseling	Counseling during pregnancy.	Women counseled	Pregnant women	Binary
Exposure to breastfeeding messages	Exposure via media/health workers.	Women exposed	Women 15–49	Binary
MDD-W	≥5 of 10 food groups.	Women meeting MDD-W	Women 15–49	Binary
Maternal anthropometry	MUAC, BMI, height indicators.	Women measured	Women 15–49	Continuous / categorical
Agriculture and Livelihoods				
Land ownership/cultivation	Owens or cultivates land.	Households with land	Total households	Binary
Crop cultivation by type	Cultivation of specific crops.	Households by crop	Agricultural households	Binary (per crop)
Use of improved practices	Use of improved inputs/techniques.	Households using improved practices	Agricultural households	Binary
Livestock ownership	Ownership of livestock.	Livestock-owning households	Total households	Binary
Fishing/aquaculture participation	Engagement in fishing/aquaculture.	Participating households	Total households	Binary
Livelihood diversification	Number/type of income sources.	Count of activities	Total households	Continuous
Access to credit or loans	Access to formal/informal credit.	Households with credit access	Total households	Binary

Annex 2. National and County Profiles

Food Security and Nutrition

National Overview, Liberia

Chronic malnutrition remains high nationally (stunting 26.3%; underweight 15.5%).
Acute malnutrition (GAM 8.5%) indicates localized vulnerability that may worsen during shocks and illness.
Food insecurity and service gaps persist (moderately food insecure 21.0%; improved sanitation 61.5%).



Priority Actions

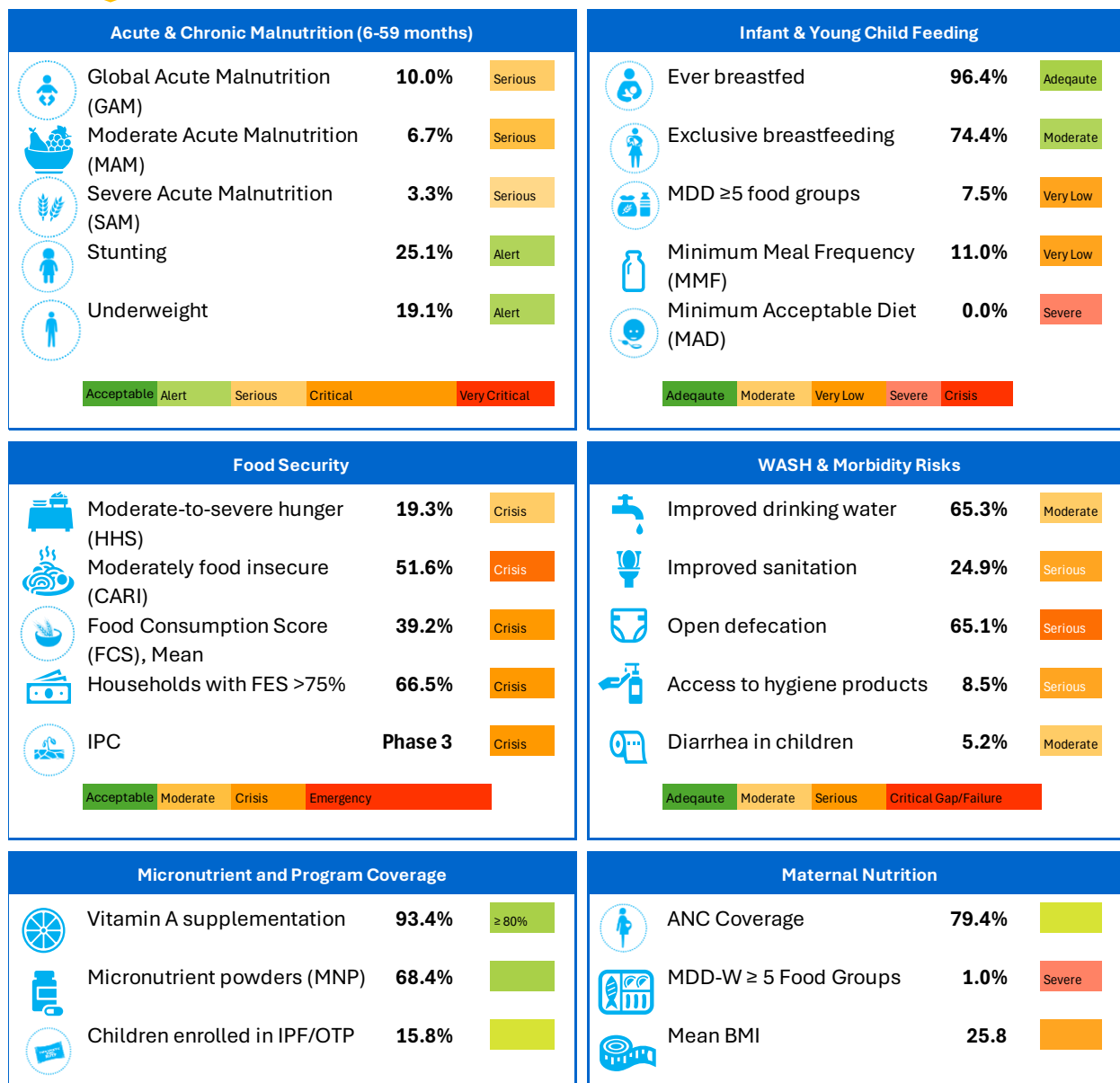
1. Prioritize the first 1,000 days: strengthen IYCF, complementary feeding, and maternal nutrition services nationwide.
2. Scale shock-responsive food and nutrition support to protect vulnerable households during lean seasons and shocks.
3. Integrate WASH improvements into nutrition programming to reduce infection-driven undernutrition.
4. Use county burden data to target the highest-stunting and highest-wasting counties for intensified support.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Bomi County, Liberia

Moderate food insecurity aligns with IPC Phase 3 alongside acute malnutrition risk (GAM 10.0%).
Complementary feeding gaps remain substantial (MDD 7.5%, MMF 11.0%, MAD 0 of 120 children (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 24.9%, open defecation 65.1%), increasing morbidity risk.



Priority Actions

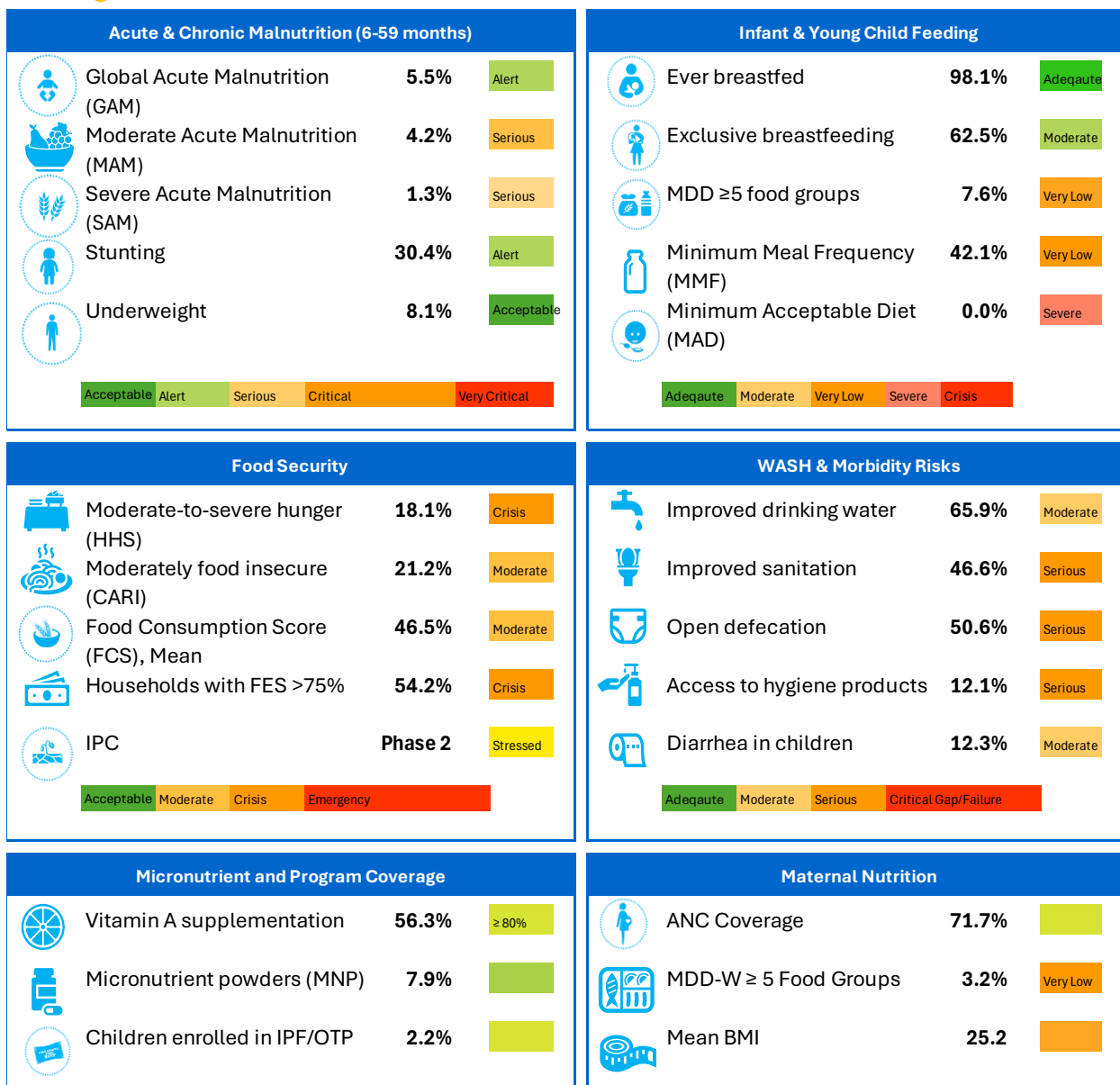
1. Scale up CMAM (OTP/SC) and active case finding to address acute malnutrition.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Bong County, Liberia

Lower food insecurity aligns with IPC Phase 2 alongside acute malnutrition risk (GAM 5.5%).
Complementary feeding gaps remain substantial (MDD 7.6%, MMF 42.1%, MAD 0 of 113 children (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 46.6%, open defecation 50.6%), increasing morbidity risk.



Priority Actions

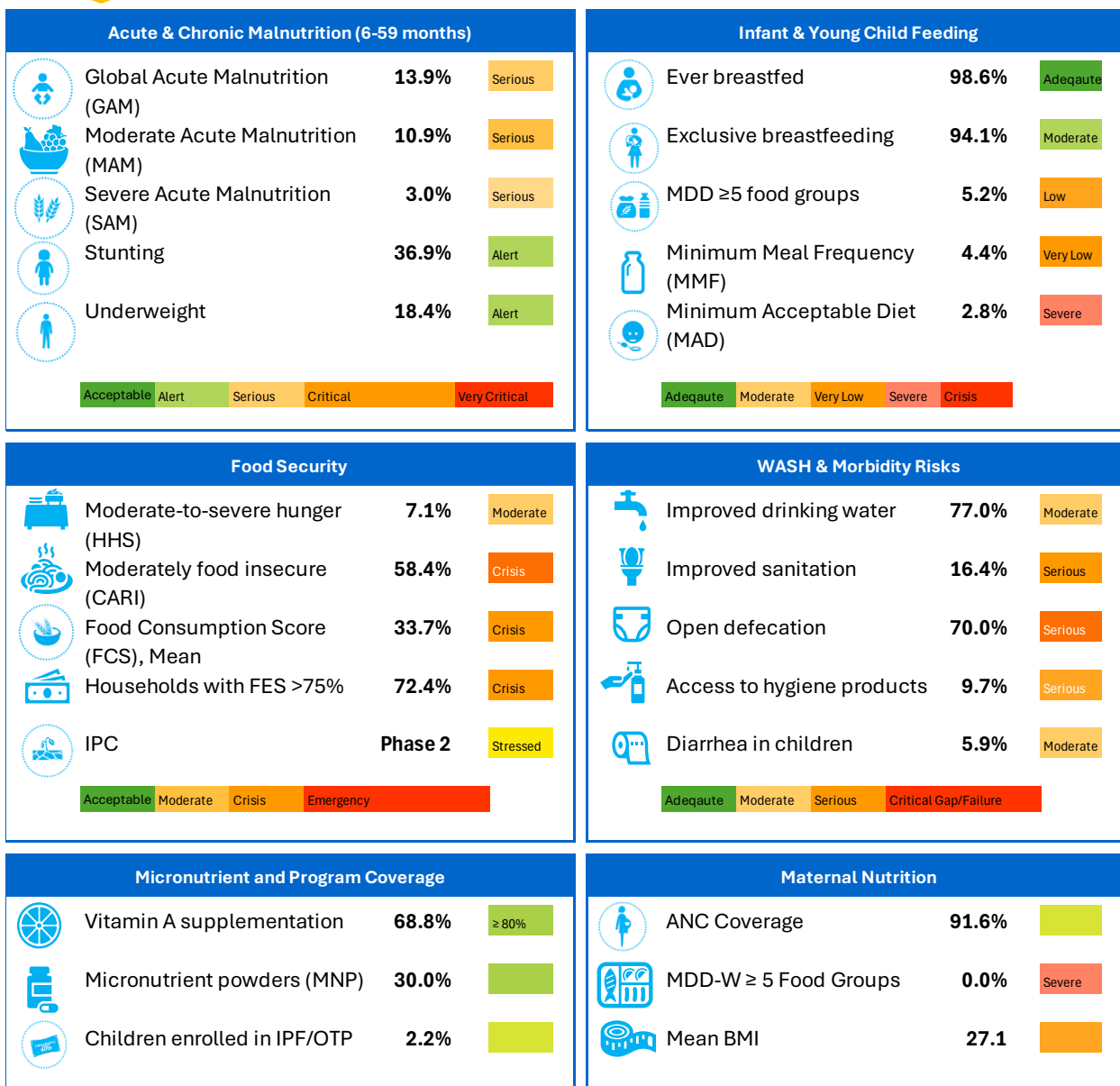
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Gbarpolu County, Liberia

Moderate food insecurity aligns with IPC Phase 2 alongside acute malnutrition risk (GAM 13.9%).
Complementary feeding gaps remain substantial (MDD 5.2%, MMF 4.4%, MAD 2.8% children (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 16.4%, open defecation 70.0%), increasing morbidity risk.



Priority Actions

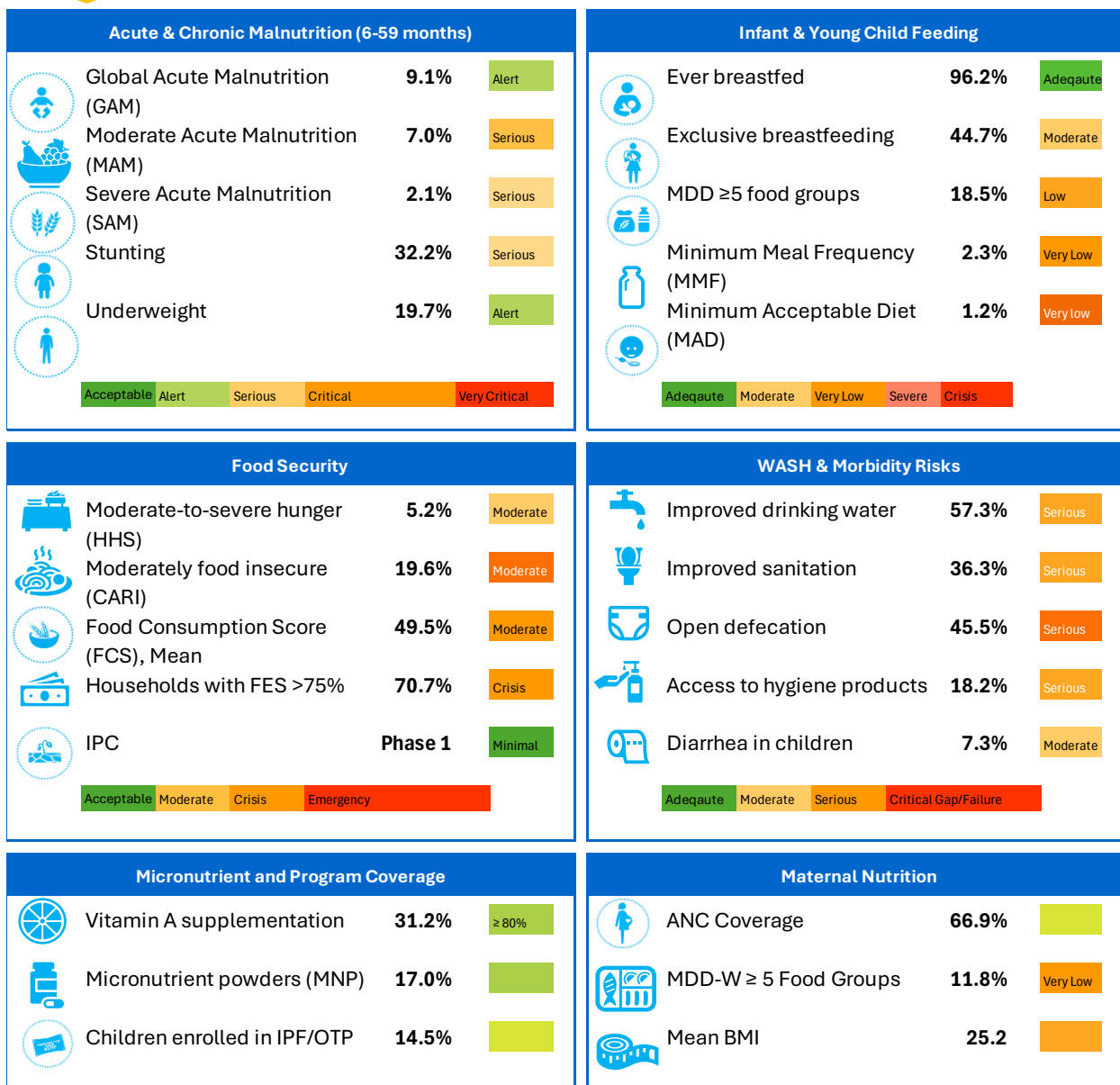
1. Scale up CMAM (OTP/SC) and active case finding to address acute malnutrition.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Grand Bassa County, Liberia

Lower food insecurity aligns with IPC Phase 1 alongside acute malnutrition risk (GAM 9.1%). Complementary feeding gaps remain substantial (MDD 18.5%, MMF 2.3%, MAD 1.2% among children 6–23 months). Sanitation and hygiene gaps persist (improved sanitation 36.3%, open defecation 45.5%), increasing morbidity risk.



Priority Actions

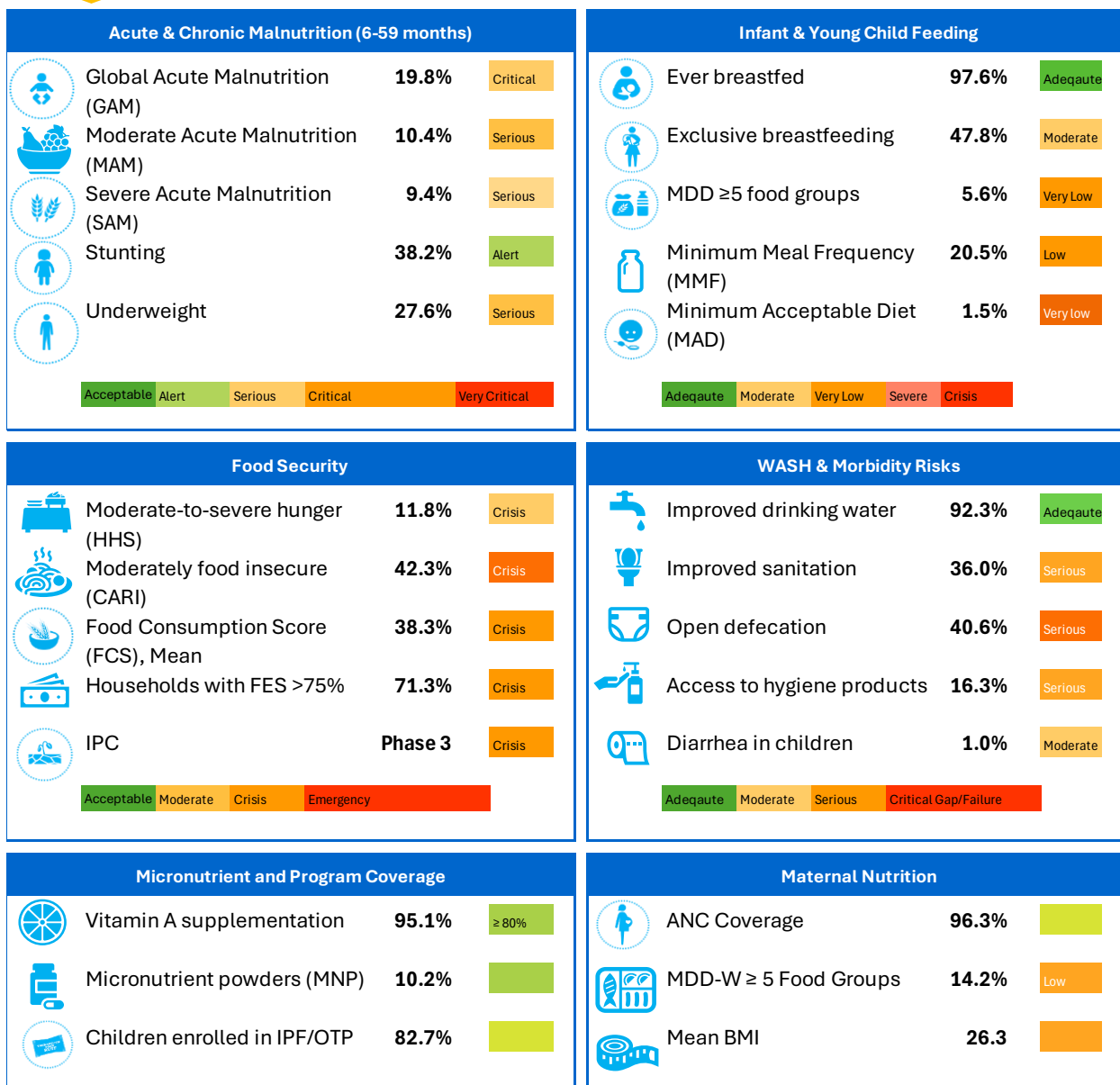
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Promote resilience-building livelihoods and nutrition-sensitive social assistance for at-risk households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Grand Cape Mount County, Liberia

Moderate food insecurity aligns with IPC Phase 3 alongside acute malnutrition risk (GAM 19.8%). Complementary feeding gaps remain substantial (MDD 5.6%, MMF 20.5%, MAD 1.5% among children 6–23 months). Sanitation and hygiene gaps persist (improved sanitation 36.0%, open defecation 40.6%), increasing morbidity risk.



Priority Actions

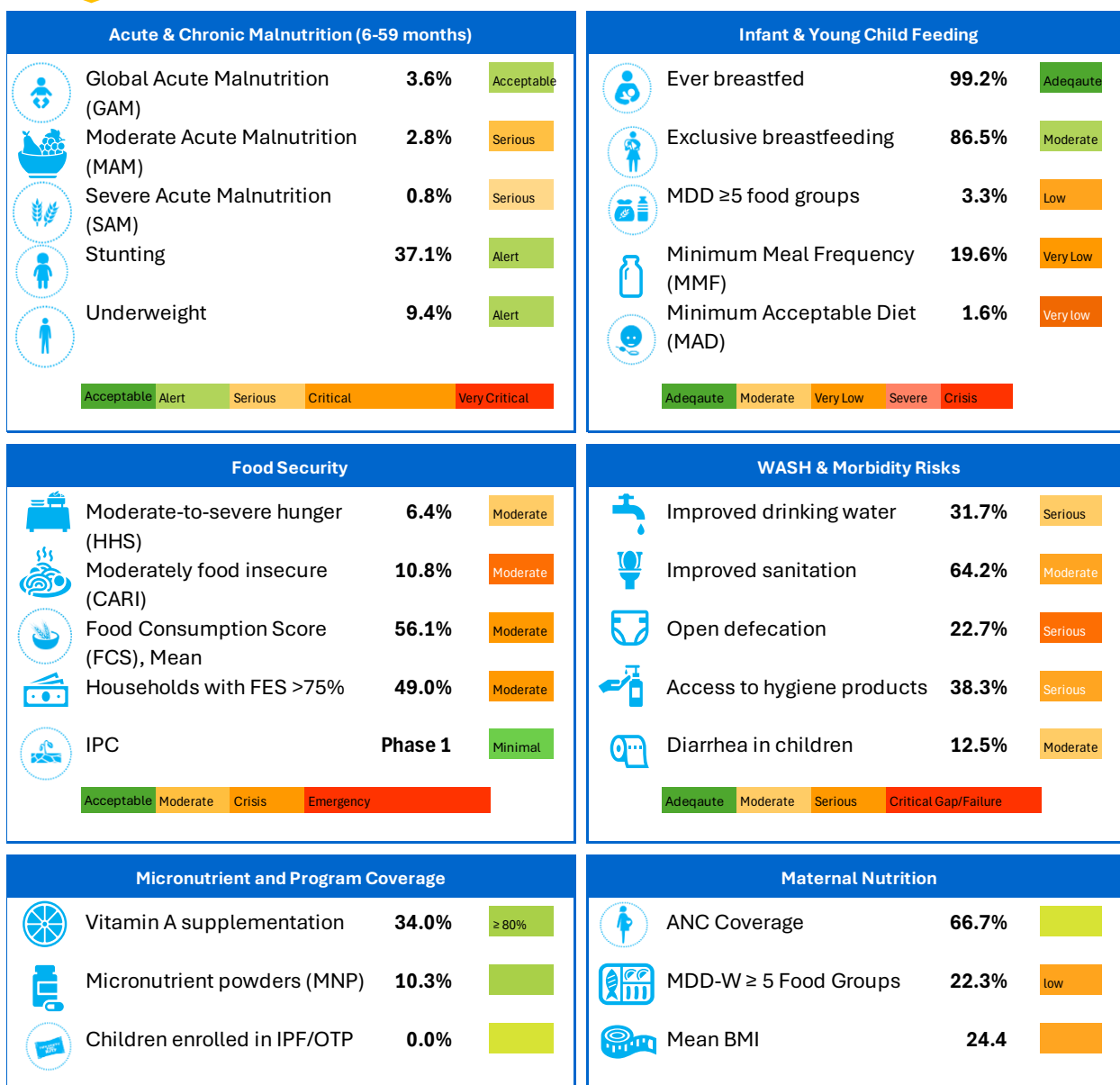
1. Scale up CMAM (OTP/SC) and active case finding to address acute malnutrition.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Grand Gedeh County, Liberia

Lower food insecurity aligns with IPC Phase 1 alongside acute malnutrition risk (GAM 3.6%).
Complementary feeding gaps remain substantial (MDD 3.3%, MMF 19.6%, MAD 1 of 83 children (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 64.2%, open defecation 22.7%), increasing morbidity risk.



Priority Actions

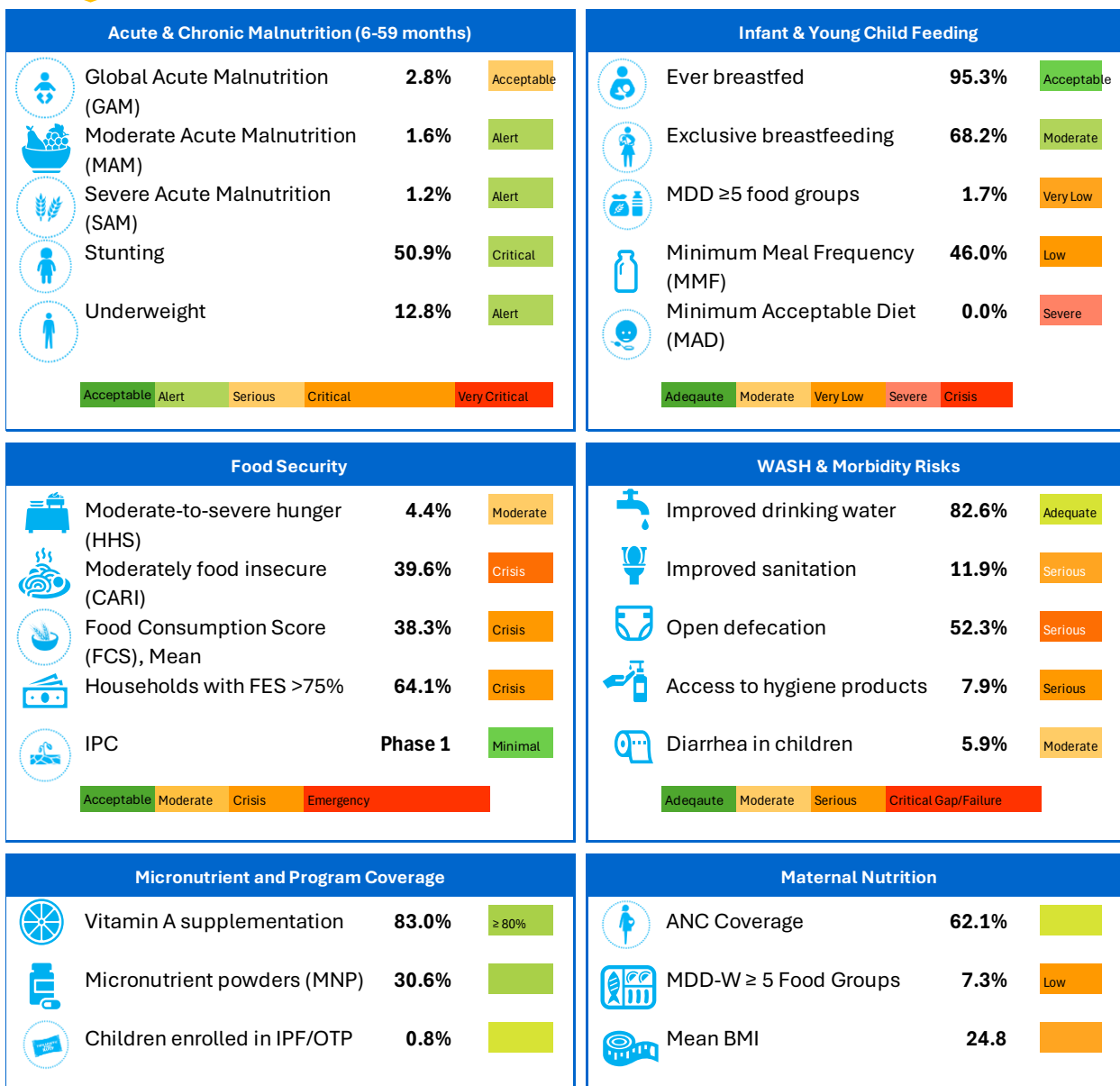
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Maintain WASH service quality and hygiene promotion to protect child health.
4. Promote resilience-building livelihoods and nutrition-sensitive social assistance for at-risk households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Grand Kru County, Liberia

Lower food insecurity aligns with IPC Phase 1 alongside acute malnutrition risk (GAM 2.8%). Complementary feeding gaps remain substantial (MDD 1.7%, MMF 46.0%, MAD 0 of 101 children (6–23 months)). Sanitation and hygiene gaps persist (improved sanitation 11.9%, open defecation 52.3%), increasing morbidity risk.



Priority Actions

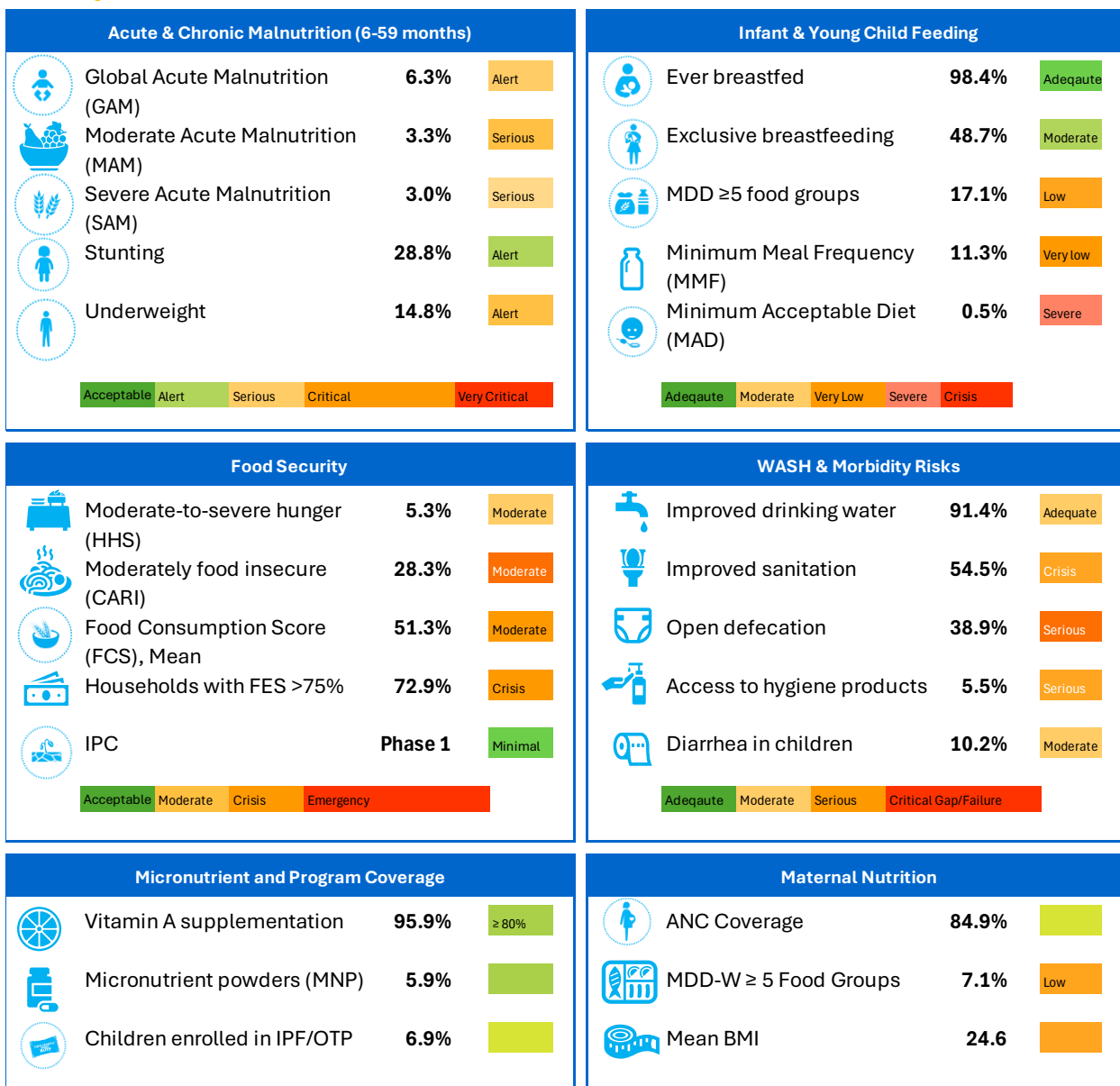
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Promote resilience-building livelihoods and nutrition-sensitive social assistance for at-risk households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Lofa County, Liberia

Lower food insecurity aligns with IPC Phase 1 alongside acute malnutrition risk (GAM 6.3%). Complementary feeding gaps remain substantial (MDD 17.1%, MMF 11.3%, MAD 0.5% among children 6–23 months). Sanitation and hygiene gaps persist (improved sanitation 54.5%, open defecation 38.9%), increasing morbidity risk.



Priority Actions

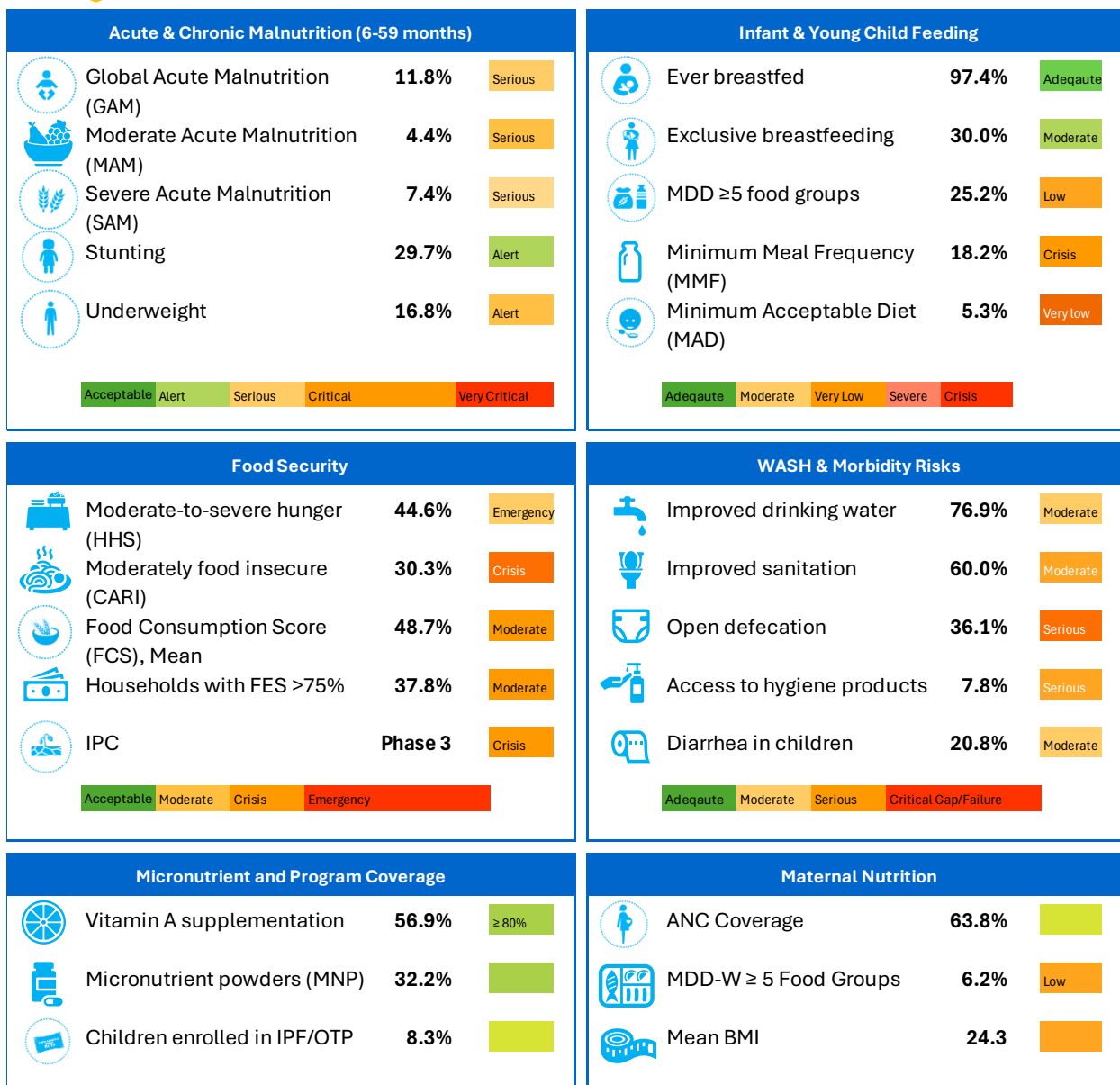
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Promote resilience-building livelihoods and nutrition-sensitive social assistance for at-risk households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Margibi County, Liberia

Lower food insecurity aligns with IPC Phase 3 alongside acute malnutrition risk (GAM 11.8%). Complementary feeding gaps remain substantial (MDD 25.2%, MMF 18.2%, MAD 5.3% among children 6–23 months). Sanitation and hygiene gaps persist (improved sanitation 60.0%, open defecation 36.1%), increasing morbidity risk.



Priority Actions

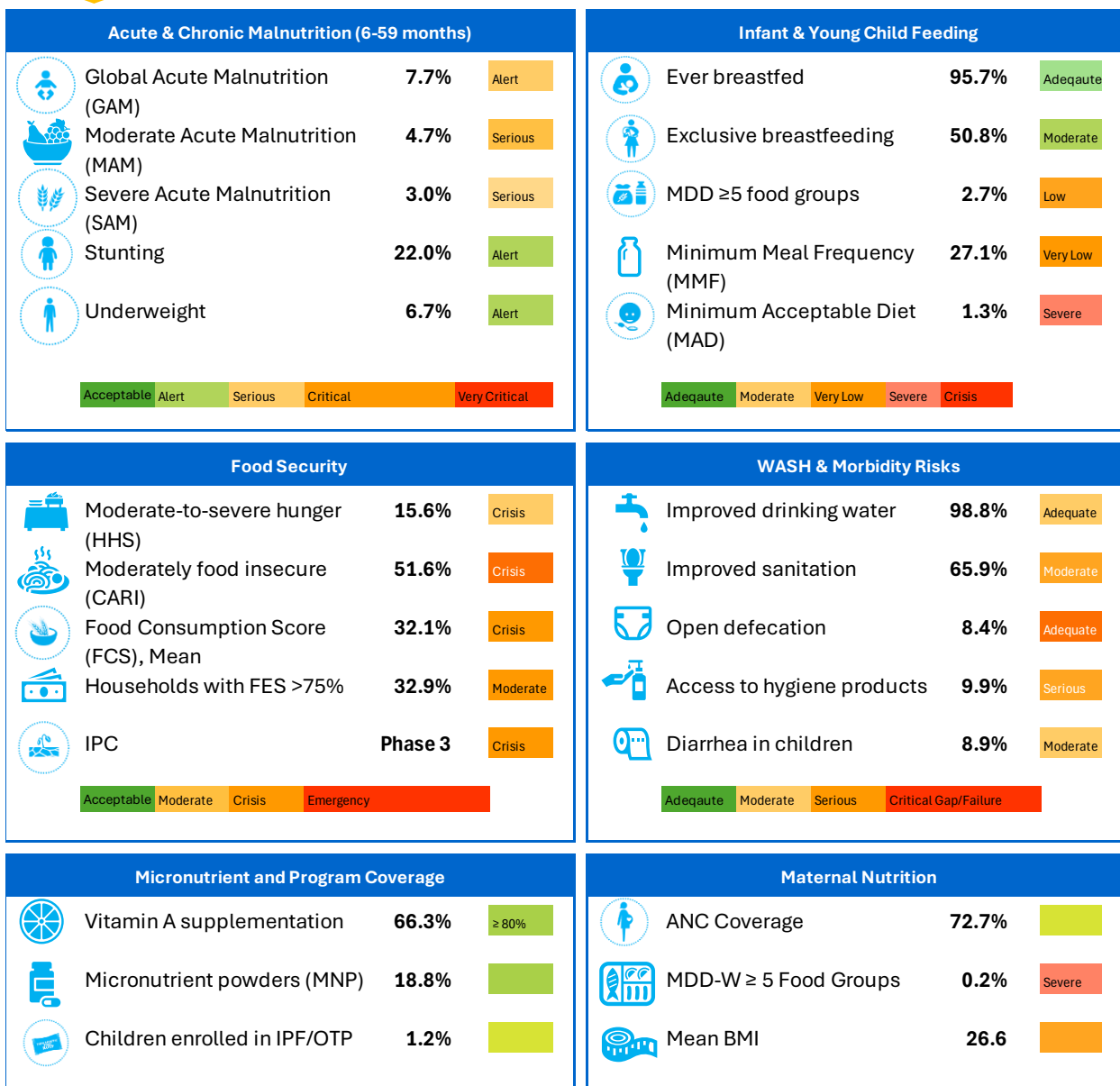
1. Scale up CMAM (OTP/SC) and active case finding to address acute malnutrition.
2. Sustain IYCF support to improve dietary diversity and meal frequency among children 6–23 months.
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Maryland County, Liberia

Moderate food insecurity aligns with IPC Phase 3 alongside acute malnutrition risk (GAM 7.7%). Complementary feeding gaps remain substantial (MDD 2.7%, MMF 27.1%, MAD 1.3% among children 6–23 months). Sanitation and hygiene gaps persist (improved sanitation 65.9%, open defecation 8.4%), increasing morbidity risk.



Priority Actions

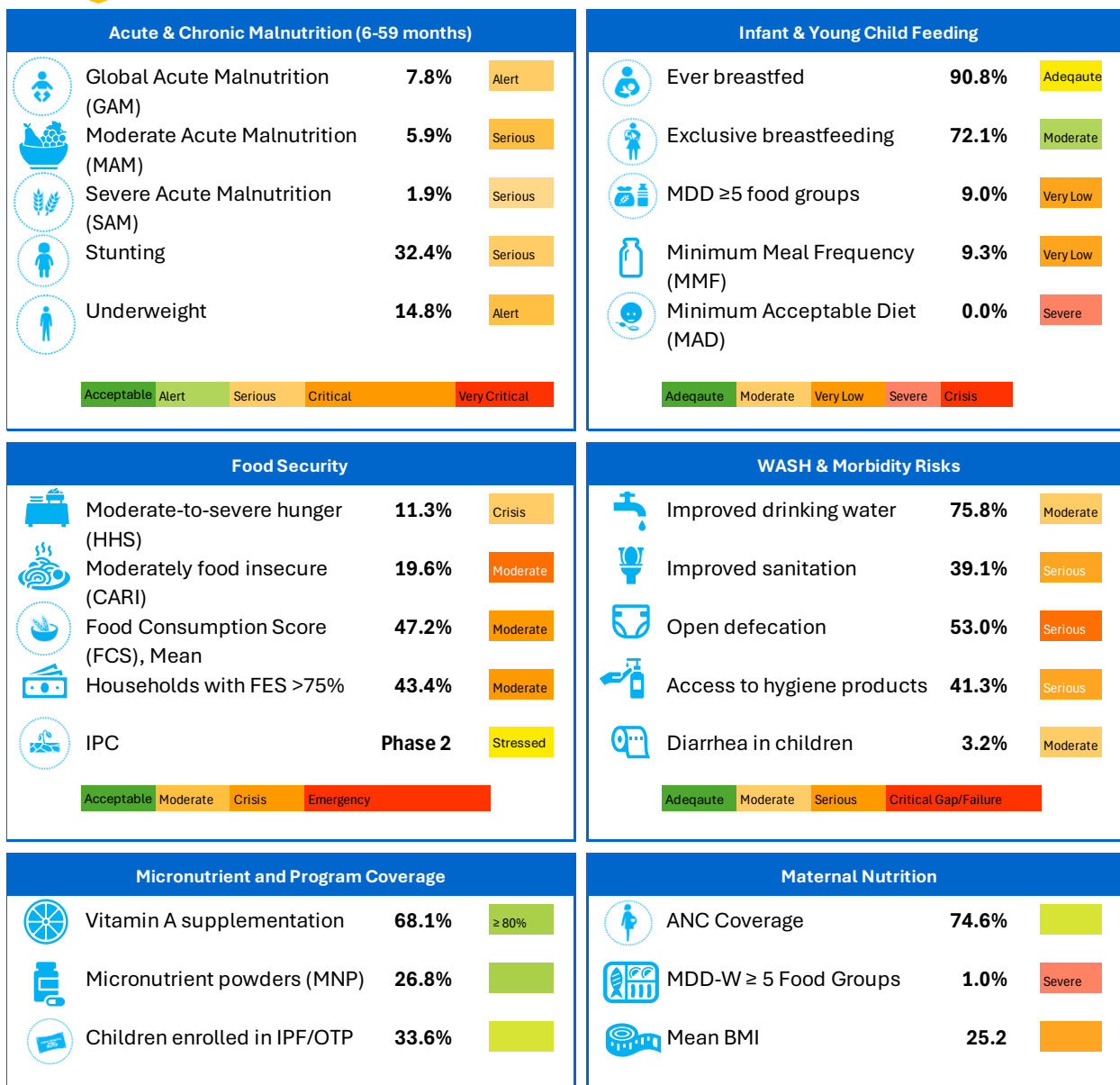
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Maintain WASH service quality and hygiene promotion to protect child health.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Rural Montserrado, Liberia

Lower food insecurity aligns with IPC Phase 2 alongside acute malnutrition risk (GAM 7.8%).
Complementary feeding gaps remain substantial (MDD 9.0%, MMF 9.3%, MAD 0% (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 39.1%, open defecation 53.0%), increasing morbidity risk.



Priority Actions

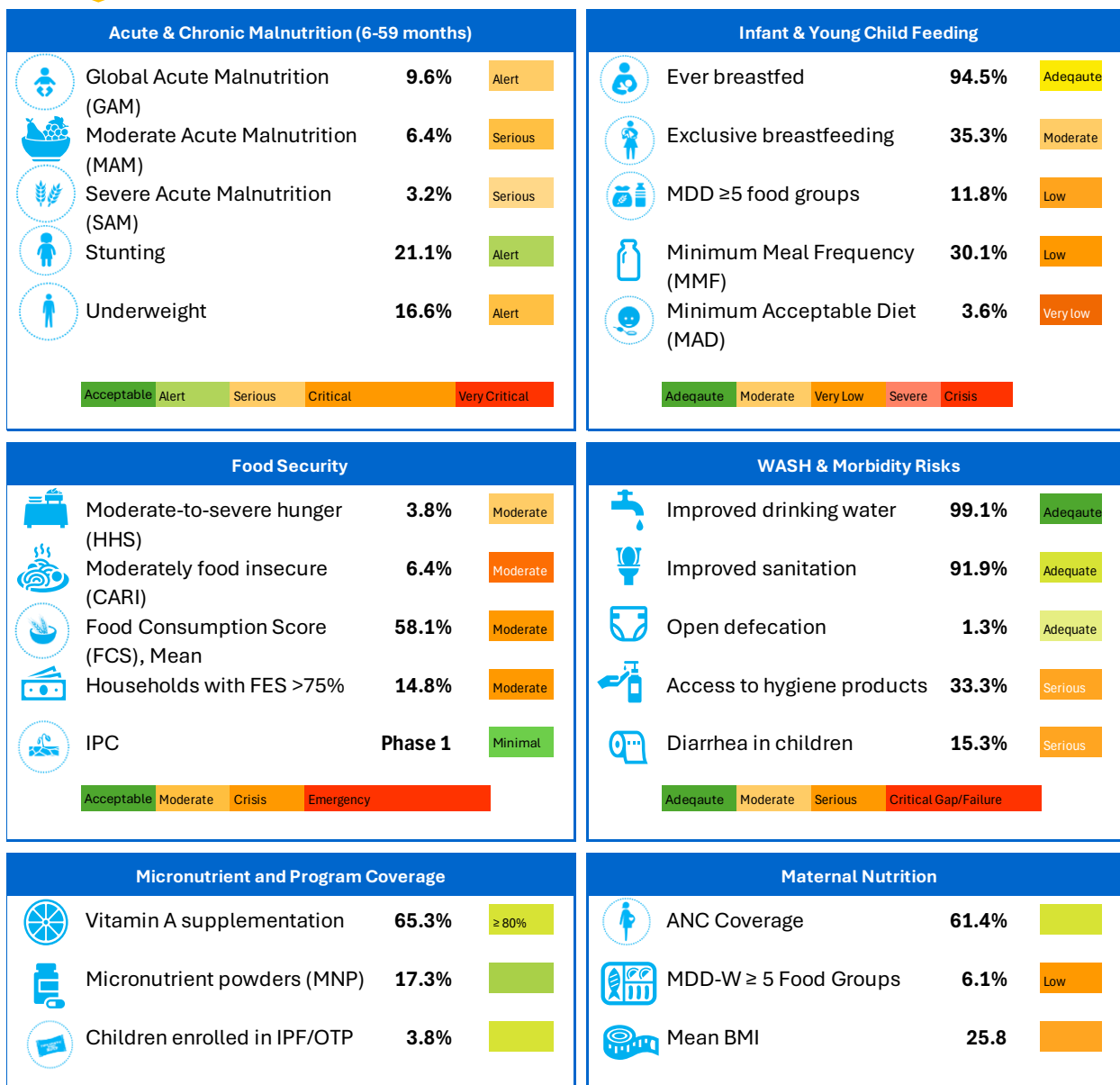
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Urban Montserrado, Liberia

Lower food insecurity aligns with IPC Phase 1 alongside acute malnutrition risk (GAM 9.6%).
Complementary feeding gaps remain substantial (MDD 11.8%, MMF 30.1%, MAD 3.6% (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 91.9%, open defecation 1.3%), increasing morbidity risk.



Priority Actions

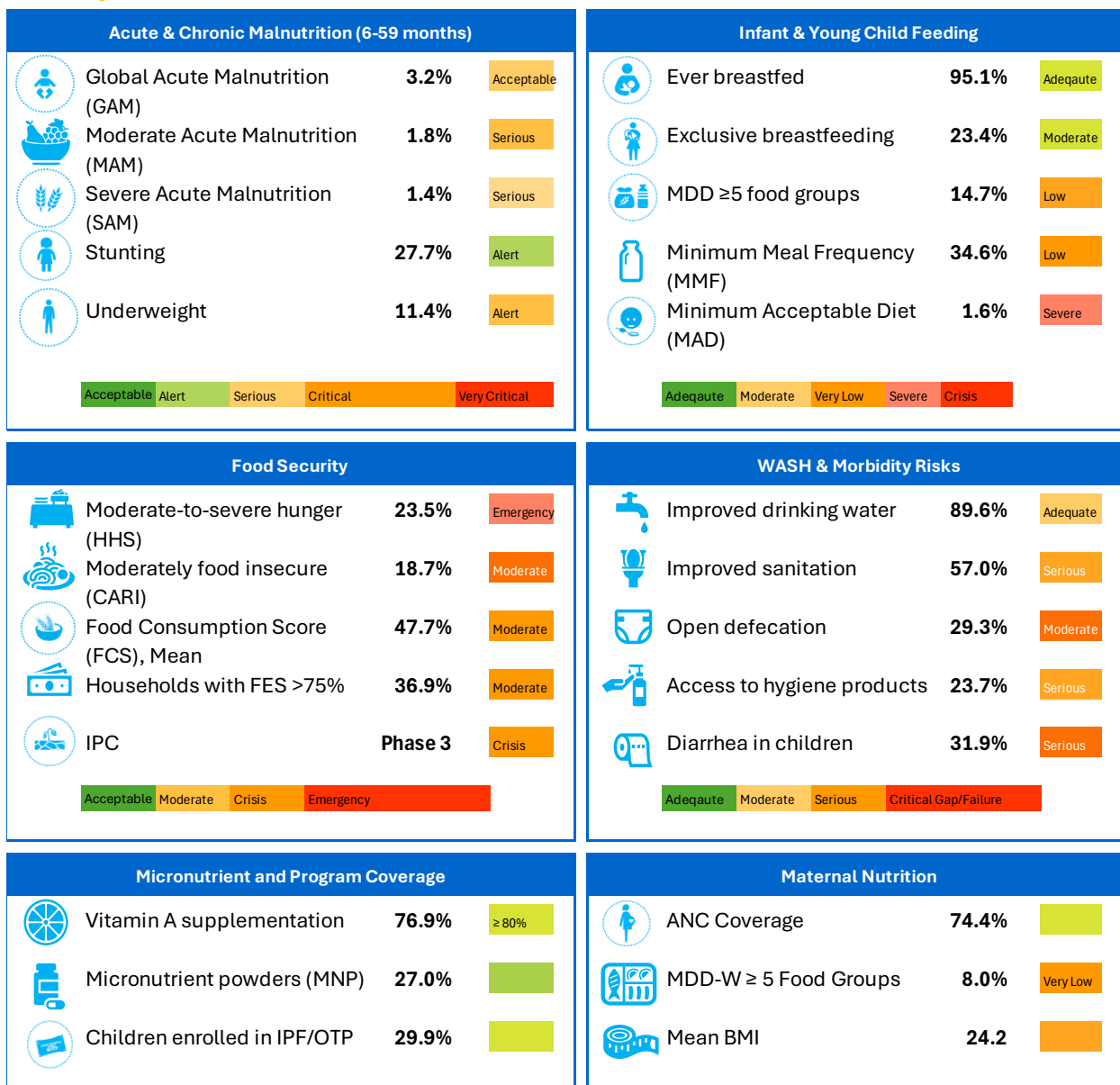
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Maintain WASH service quality and hygiene promotion to protect child health.
4. Promote resilience-building livelihoods and nutrition-sensitive social assistance for at-risk households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Nimba County, Liberia

Lower food insecurity aligns with IPC Phase 3 alongside acute malnutrition risk (GAM 3.2%).
Complementary feeding gaps remain substantial (MDD 14.7%, MMF 34.6%, MAD 1.6% (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 57.0%, open defecation 29.3%), increasing morbidity risk.



Priority Actions

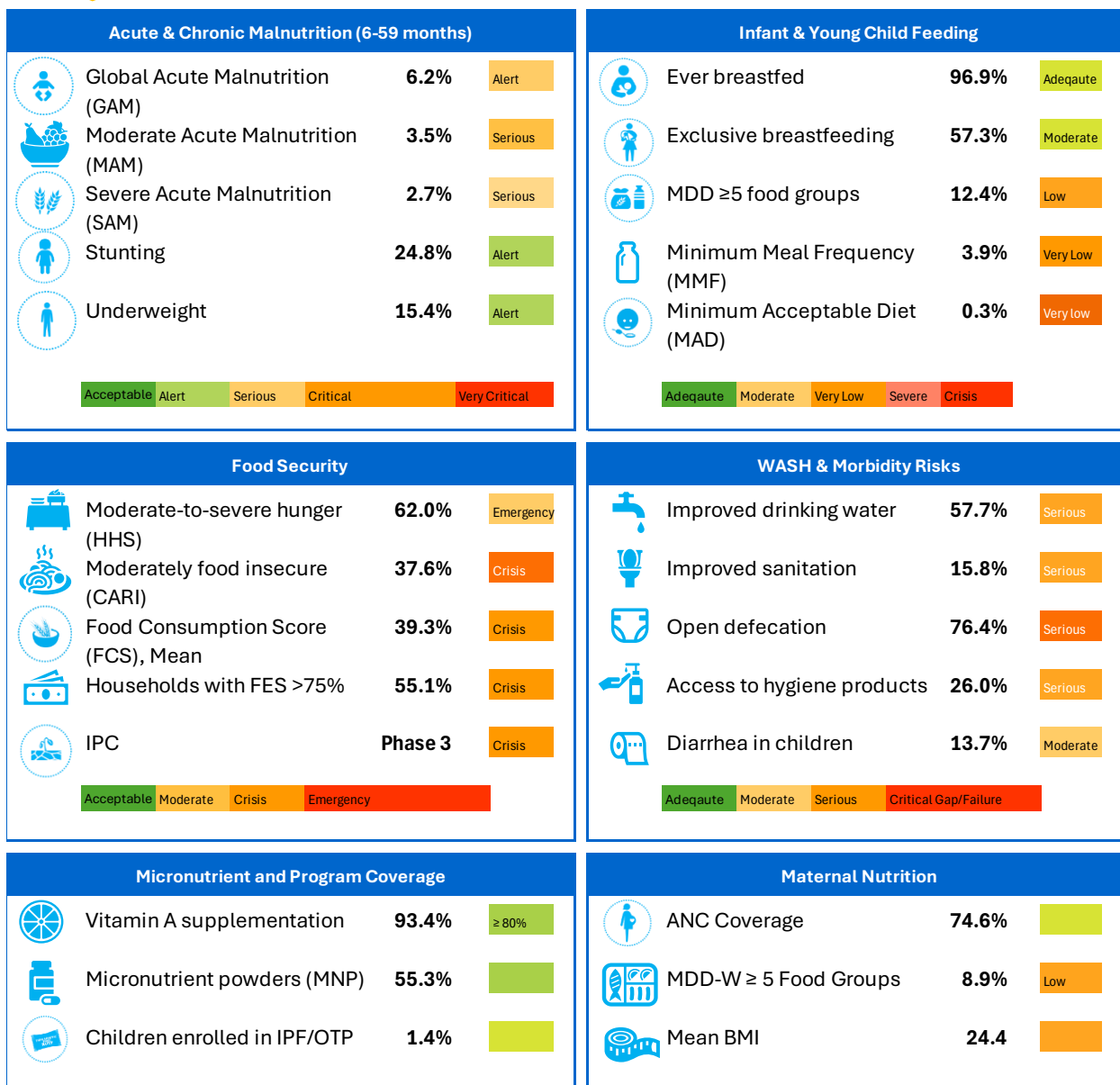
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Maintain WASH service quality and hygiene promotion to protect child health.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

River Cess County, Liberia

Lower food insecurity aligns with IPC Phase 3 alongside acute malnutrition risk (GAM 6.2%).
Complementary feeding gaps remain substantial (MDD 12.4%, MMF 3.9%, MAD 0.3% (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 15.8%, open defecation 76.4%), increasing morbidity risk.



Priority Actions

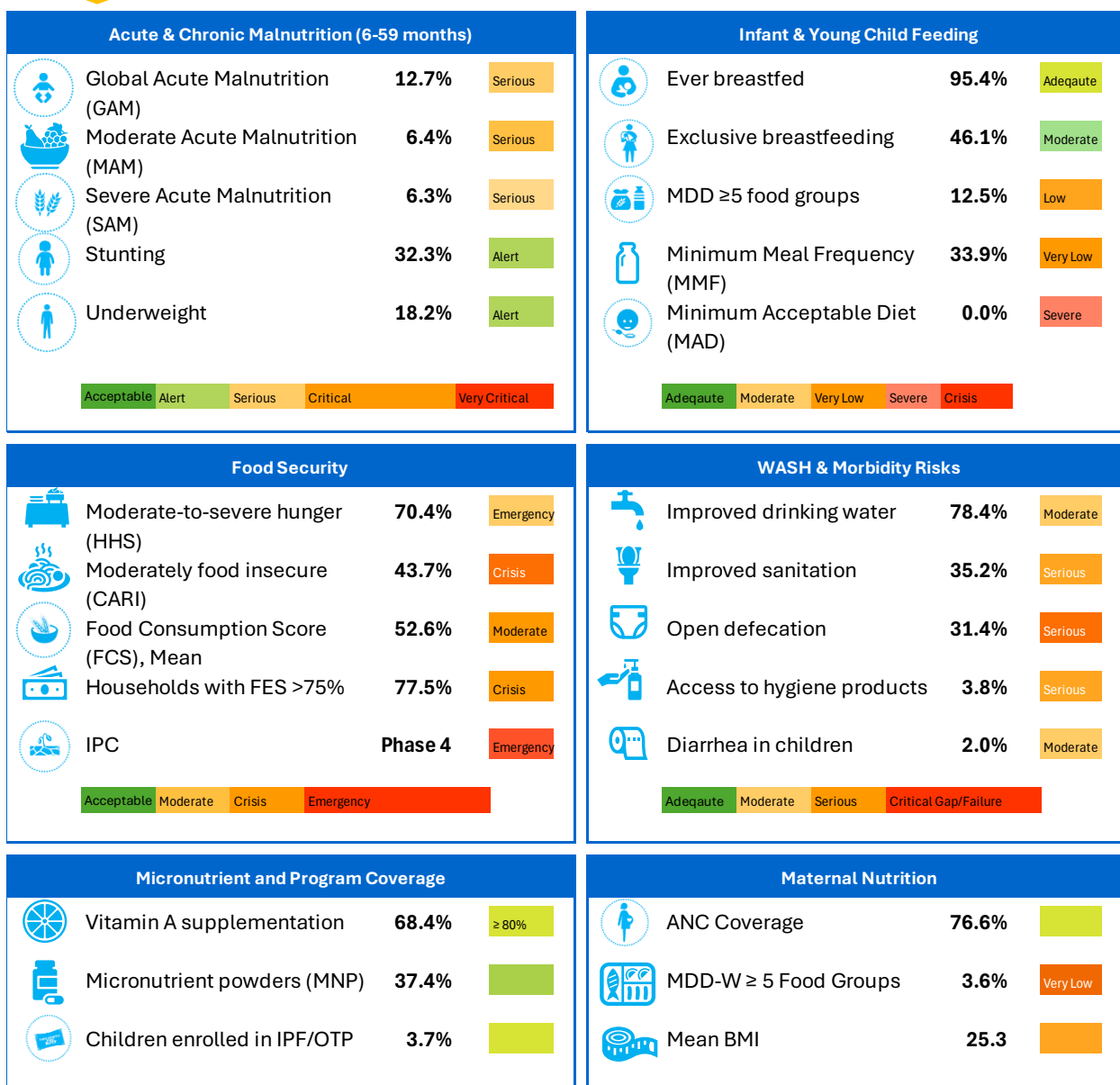
1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

River Gee County, Liberia

Moderate food insecurity aligns with IPC Phase 4 alongside acute malnutrition risk (GAM 12.7%).
Complementary feeding gaps remain substantial (MDD 12.5%, MMF 33.9%, MAD 0 of 95 children (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 35.2%, open defecation 31.4%), increasing morbidity risk.



Priority Actions

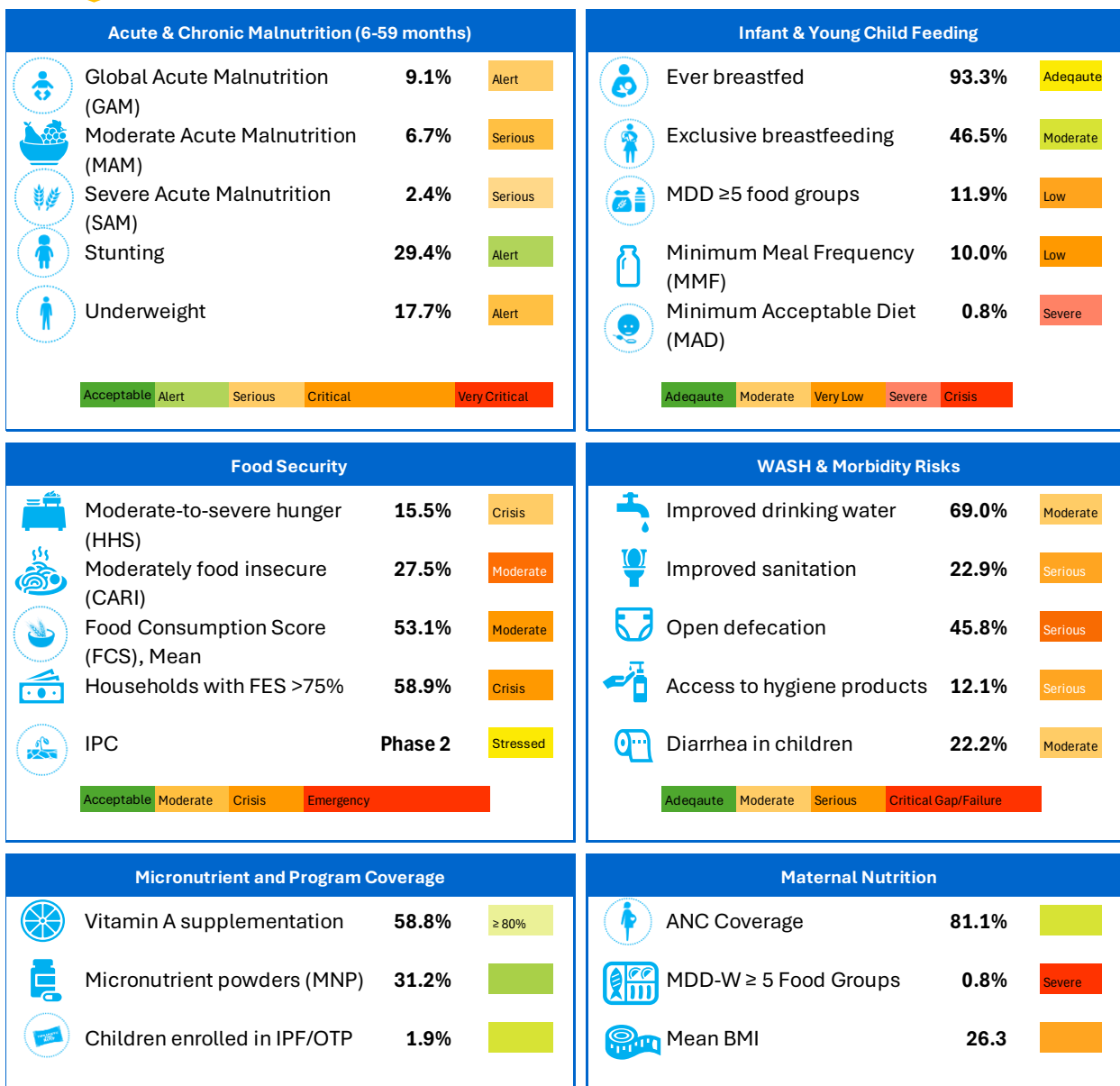
1. Scale up CMAM (OTP/SC) and active case finding to address acute malnutrition.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Food Security and Nutrition

Sinoe County, Liberia

Lower food insecurity aligns with IPC Phase 2 alongside acute malnutrition risk (GAM 9.1%).
Complementary feeding gaps remain substantial (MDD 11.9%, MMF 10.0%, MAD 0.8% (6–23 months)).
Sanitation and hygiene gaps persist (improved sanitation 22.9%, open defecation 45.8%), increasing morbidity risk.



Priority Actions

1. Strengthen routine growth monitoring and targeted management of acute malnutrition hotspots.
2. Intensify IYCF counselling and complementary feeding support (SBCC, demonstrations, caregiver support).
3. Implement nutrition-sensitive WASH actions (sanitation improvements, hygiene kits, behavior change) to reduce infections.
4. Strengthen shock-responsive food, cash, and livelihoods support for vulnerable households.

Source: Comprehensive Food Security and Nutrition Survey, 2025

Annex 3. Supplementary Survey Tables

Use of Annex Tables and Interpretation of Estimates

The annexes present detailed national, county-level, and subgroup estimates for food security, nutrition, WASH, shocks, and coping indicators to support transparency and secondary analysis. While these tables provide comprehensive coverage of survey results, users should note that some indicators—particularly those related to severe food insecurity, crisis or emergency coping strategies, and select nutrition outcomes—are based on small numbers of observations in certain counties or population groups. Estimates derived from fewer than 30 unweighted observations are statistically unstable and should be interpreted with caution. In line with good statistical practice, all such estimates are highlighted in **red font** in the annex tables. These values are included for completeness but should not be used for ranking, geographic prioritization, or programmatic decision-making unless triangulated with additional data sources or corroborated by broader patterns across indicators.

Table A2. Community Characteristics and Context of Focus Group Discussion Sites, CFSNS 2025

Characteristics	Total	
	%	n
Number of focus group participants	100.0	404
Terrain		
Plat or plain	63.6	257
Low hills	69.8	282
High hills	27.7	112
Mountainous	3.5	14
Community Assets		
Primary forest	35.4	143
Secondary forest	42.1	170
Grassland	67.1	271
Swampland	57.2	231
Diamond field	12.6	51
Gold mining field	19.1	77
River	30.9	125
Ocean	9.4	38
Rubber plantation	7.7	31
Communal farms	9.7	39
County Capital		
Average distance to county capital (km)	43.0	404
Average time to reach county capital (hrs/min)	3.2	404
Community Characteristics		
Number of people in the community	3,587	404
Number of dwellings/households in the community	467	404
Functioning schools in the community	73	295
Kindergarten	94	276
Elementary school operated by:		
Government	61.8	178
Community	3.8	11
Private	34.0	98
No School	0.3	1
High school	35.9	106
Community college	4.4	13
Functioning clinic in the community	34.7	140
Motorable road to the community	91.8	371
Drive able during rainy season	73.0	295

Characteristics	Total	
	%	n
Regular food market	33.7	136
Distance to the nearest daily market (km)	2.7	404
Distance to the nearest weekly market (km)	3.2	404
Livelihoods obstructed or shocked in the community	43.8	177
Farming	77.4	137
Trading/vending	64.4	114
Mining	26.6	47
Hunting	33.9	60
Casual labor contract	44.1	78
Transportation	64.4	114
Other	15.3	27
Household members suffering most from obstruction		
Male, 0-23 months	65.0	115
Female, 0-23 months	67.8	120
Male, 24-59 months	76.3	135
Female, 24-59 months	76.3	135
Male, 5-11 years	80.8	143
Female, 5-11 years	80.8	143
Male, 12-17 years	82.5	146
Female, 12-17 years	83.1	147
Male, 18-59 years	69.5	123
Female, 18-59 years	86.4	153
Male, 60+ years	83.6	148
Female, 60+ years	83.6	148

Table A3. Household Migration, Labor Mobility, Remittances, and Transportation Characteristics, CFSNS 2025

Characteristics	%	Number of households (N)
All households	100.0	11,821
Household Status and Migration		
Current Status of the household		
Native, not hosting migrants	98.6	11,641
Migrants from neighboring countries	1.0	138
Hosting migrant	0.4	42
Sex of the migrant		
Female	0.6	69
Male	0.6	69
Future plan for migrants		
Return within next 3 months	2.6	3
Return within next 3–12 months	9.3	11
Return within after 1 year	9.9	14
Not return/stay in Liberia	74.8	108
Migrate to another country	3.4	2
Labor Migration		
Working/looking for work outside the community in past 12 months	6.0	571
Destination of migrants		
Within district	16.7	144
Within county	34.5	224
Other county	48.0	222
Other country	3.5	16
Main type of work done by the migrant		
Regular work on plantations	6.3	33
Petty trade/commerce	9.2	55
Pit-sawing	0.8	8
Charcoal burning	3.2	12
Domestic work	8.5	19
Skilled work (carpenter, tailor)	17.6	56
Salaried work (teacher nurse driver)	19.2	116
Mining	16.9	186
Casual work (carrying goods, brushing)	1.7	16
Trying to find work	9.4	49
Bike/tricycle (kekkeh) riding	2.0	22
Other	13.2	54
Remittances or goods received from migrants		
Money/Cash	70.4	412
Mean amount received (Liberia Dollars)	35,564.6	412
Medicine	8.9	72
Clothing/shoes	8.1	70
Household utensils	1.2	14
Food	15.5	114
Building/construction materials	1.0	5
Seeds or tools	0.5	3
Other	0.7	9
Transportation and Accessibility		
Motorable road		
Only during dry season	11.6	1,515

Characteristics	%	Number of households (N)
Throughout the year	85.9	9,787
None	2.5	519
Distance to nearest motorable road		
Less than 30 minutes	12.1	61
30–60 minutes	9.4	45
1–2 hours	22.2	112
2–5 hours	40.3	216
More than 5 hours	16.0	85
Most common mode of transportation		
Public vehicles	15.7	740
Motorbikes	70.0	10,419
Kekkeh	12.1	338
Private vehicle	0.5	19
Bicycles	-	10
Other	1.6	295
Mean transportation cost during dry season (LRD)	966.5	11,821
Mean transportation cost during rainy season (LRD)	1,206.2	11,821

Table A4. Early Childhood Development and School Participation Outcomes Among Children Aged 3–4 Years and Children and Youth Aged 6–15 Years, by Selected Household Characteristics, CFSNS 2025

Characteristics	Children 3-4 years		Children and youth 6-15 years					
	Early childhood development programs (%)	Number of children	Ever attended school (%)	Current attendance (2024-25) (%)	Access to school meals (%)	Absenteeism (%)	Dropout (%)	Number of households (n)
All households	28.3	9,969	83.4	90.0	20.9	11.7	18.6	11,293
Age								
3-4 years	28.3	2,821	n.a	n.a	n.a	n.a	n.a	n.a
6-9 years	n.a	n.a	78.5	90.4	21.9	12.8	20.3	4,969
10-15 years	n.a	n.a	87.2	89.8	19.8	10.9	17.2	6,324
Sex								
Female	28.7	1,453	83.5	90.3	20.4	11.3	21.2	5,484
Male	27.9	1,367	83.4	89.7	21.0	12.1	15.9	5,805
Residence								
Rural	15.1	1,825	76.6	89.5	33.7	10.2	11.3	6,741
Urban	35.4	996	87.6	90.3	13.9	12.4	21.7	4,552
County								
Bomi	11.3	148	92.0	88.5	74.3	6.7	-	689
Bong	21.5	138	77.0	93.6	42.1	8.4	1.8	753
Gbarpolu	29.9	193	76.1	79.9	21.6	10.6	13.9	343
Grand Bassa	10.4	231	50.2	85.7	17.8	7.1	9.0	567
Grand Cape Mount	27.3	124	79.8	92.0	75.5	7.8	17.0	639
Grand Gedeh	22.7	179	92.2	96.3	42.5	4.6	10.0	710
Grand Kru	19.5	326	82.9	94.2	2.4	9.7	3.2	920
Lofa	30.1	141	88.3	94.7	9.8	7.9	1.3	772
Margibi	26.7	190	83.8	88.3	15.5	12.1	4.0	865
Maryland	37.3	127	91.1	95.5	22.8	6.0	2.4	826
Rural Montserrado	18.2	155	78.3	87.8	36.4	13.6	4.5	698
Urban Montserrado	35.9	233	86.3	88.4	7.1	13.4	24.8	691
Nimba	22.4	183	81.5	88.4	17.8	21.2	28.1	821
River Cess	13.4	171	82.3	84.6	38.9	14.2	9.4	809
River Gee	16.6	127	90.1	96.7	32.1	5.3	40.2	554
Sinoe	11.8	155	89.5	90.6	0.7	5.7	16.6	636
Wealth quintile								
Highest (wealthiest)	46.4	191	93.2	92.6	6.6	10.0	14.7	835
Fourth	33.8	348	89.7	86.1	14.7	11.9	27.7	1,605

	Children 3-4 years		Children and youth 6-15 years					
Characteristics	Early childhood development programs (%)	Number of children	Ever attended school (%)	Current attendance (2024-25) (%)	Access to school meals (%)	Absenteeism (%)	Dropout (%)	Number of households (n)
Middle	22.0	567	81.5	92.7	22.8	14.6	17.8	2,491
Second	18.6	795	82.5	90.6	33.5	11.7	18.0	3,170
Lowest (poorest)	12.4	920	66.7	87.2	35.2	10.1	11.0	3,192

Table A5. Prevalence of Chronic Illness or Disability Among Household Members and Functional Difficulties of Household Heads, by Selected Household Characteristics

Characteristics	Household member chronically ill or disabled %	Total	Head of the household						Number of households N
			Sight	Hearing	Walking or climbing steps	Remembering or concentrating	Communicating or being understood	Self-care	
All households	4.1	11,821	6.3	1.9	5.9	2.2	1.1	2.1	11,816
Sex									
Female	4.7	197	9.4	2.4	8.7	2.9	1.7	2.7	4,195
Male	3.8	271	4.2	1.6	4.5	1.8	0.7	1.8	7,620
Residence									
Rural	4.8	7,478	9.8	2.8	7.7	3.0	1.5	3.0	7,474
Urban	3.6	4,343	3.4	1.2	4.7	1.6	0.8	1.5	4,342
County									
Bomi	7.7	778	4.7	2.6	9.2	1.2	1.1	2.1	778
Bong	2.6	804	4.2	0.8	4.3	0.7	2.0	1.7	804
Gbarpolu	1.0	782	2.6	1.5	3.5	1.8	1.3	3.6	782
Grand Bassa	3.7	773	4.1	0.8	6.0	2.7	1.1	4.2	773
Grand Cape Mount	3.7	717	13.3	2.5	7.0	3.4	2.1	2.3	716
Grand Gedeh	2.6	746	15.7	1.7	2.4	0.9	1.2	0.5	746
Grand Kru	1.7	745	2.6	1.7	5.4	2.0	2.4	2.5	745
Lofa	6.2	743	16.7	3.6	8.3	2.0	1.1	3.2	740
Margibi	4.7	733	1.7	5.1	17.4	5.8	2.3	7.0	733
Maryland	2.6	808	17.5	2.0	3.4	2.9	1.2	3.7	807
Rural Montserrado	4.1	628	5.7	6.3	12.9	7.2	0.6	0.7	628
Urban Montserrado	2.9	628	2.8	0.4	2.8	0.4	0.4	0.4	628
Nimba	10.3	718	5.3	4.6	9.7	6.3	1.1	4.3	718
River Cess	5.1	747	5.7	0.4	3.6	0.7	0.4	0.6	748
River Gee	2.4	748	2.8	1.2	4.2	1.3	1.5	1.3	747
Sinoe	1.5	723	4.7	1.0	6.6	2.1	1.4	3.9	723
Wealth quintile									
Highest (wealthiest)	2.5	667	8.7	0.9	2.9	1.4	0.4	0.3	666
Fourth	4.1	1,377	8.2	1.2	4.6	1.3	0.3	1.6	1,377
Middle	3.4	2,503	21.7	1.9	6.4	2.4	0.8	1.9	2,502
Second	5.3	3,449	27.9	2.8	7.5	2.7	1.3	2.7	3,449
Lowest (poorest)	5.0	3,820	27.4	2.5	7.9	2.9	2.4	3.8	3,817

Table A6. Household Housing Construction Materials - Roof, by Selected Household Characteristics

Characteristics	Household Roof Material (%)				
	Natural	Rudi- mentary	Finished	Other	Total
All households	6.4	1.5	92.0	0.1	11,750
Residence					
Rural	7.0	1.7	91.2	0.1	7,420
Urban	0.4	0.4	99.1	0.1	4,330
County					
Bomi	0.1	0.3	99.5	-	778
Bong	5.4	1.6	93.0	-	803
Gbarpolu	31.6	3.6	64.8	-	778
Grand Bassa	14.3	2.3	83.2	0.2	771
Grand Cape Mount	1.3	0.1	97.6	1.0	713
Grand Gedeh	5.1	5.3	89.6	-	746
Grand Kru	1.8	1.8	96.4	-	744
Lofa	0.6	-	99.4	-	743
Margibi	1.1	1.2	97.7	-	727
Maryland	1.3	0.4	98.3	-	808
Rural Montserrado	-	-	100.0	-	626
Urban Montserrado	-	-	100.0	-	625
Nimba	1.0	1.8	97.2	-	718
River Cess	18.9	0.1	80.8	0.2	743
River Gee	18.0	-	82.0	-	747
Sinoe	4.6	4.6	90.8	-	680
Wealth quintile					
Highest (wealthiest)	-	0.1	99.9	-	664
Fourth	0.1	0.2	99.7	-	1,377
Middle	0.4	0.7	98.8	0.1	2,499
Second	1.2	1.8	96.9	0.1	3,425
Lowest (poorest)	13.6	2.0	84.4	-	3,781

Table A7. Household Housing Construction Materials - Wall, by Selected Household Characteristics

Characteristics	Household Wall Material (%)				
	Natural	Rudi- mentary	Finished	Other	Total
All households	54.3	0.4	43.2	2.2	11,758
Residence					
Rural	63.2	0.3	34.7	1.8	7,423
Urban	13.2	0.2	81.0	5.6	4,335
County					
Bomi	58.3	-	39.9	1.8	777
Bong	58.4	-	41.4	0.2	804
Gbarpolu	73.7	0.3	25.9	0.1	779
Grand Bassa	61.3	1.1	35.5	2.1	772
Grand Cape Mount	36.2	-	61.6	2.3	713
Grand Gedeh	48.7	-	50.6	0.7	746
Grand Kru	75.3	0.9	23.7	0.1	745
Lofa	30.8	-	69.0	0.1	742
Margibi	35.6	0.3	53.5	10.6	730
Maryland	53.5	0.1	46.3	0.1	808
Rural Montserrado	56.3	0.1	41.1	2.6	628
Urban Montserrado	3.3	0.1	89.2	7.4	625
Nimba	37.5	0.6	59.1	2.8	718
River Cess	89.4	0.6	8.6	1.4	743
River Gee	77.0	0.1	22.9	-	747
Sinoe	72.0	1.7	25.5	0.8	681
Wealth quintile					
Highest (wealthiest)	0.9	0.1	97.9	1.2	665
Fourth	6.6	0.3	86.5	6.6	1,376
Middle	21.8	0.5	70.8	6.9	2,500
Second	48.0	0.4	48.3	3.3	3,429
Lowest (poorest)	88.7	-	9.3	1.9	3,784

Table A8. Household Housing Construction Materials - Floor, by Selected Household Characteristics, CFSNS 2025

Characteristics	Household Floor Material (%)				
	Natural	Rudi- mentary	Finished	Other	Total
All households	38.4	0.4	60.6	0.6	11,757
Residence					
Rural	51.8	0.4	46.5	1.3	7,421
Urban	8.9	0.4	90.4	0.3	4,336
County					
Bomi	27.5	0.2	71.8	0.5	778
Bong	56.2	0.2	43.3	0.2	804
Gbarpolu	61.6	0.5	37.8	0.2	778
Grand Bassa	50.1	2.8	45.6	1.5	772
Grand Cape Mount	22.3	0.1	77.3	0.3	711
Grand Gedeh	31.4	0.8	66.7	1.1	746
Grand Kru	38.9	0.1	61.0	-	745
Lofa	41.3	-	57.0	1.7	743
Margibi	30.7	-	66.3	2.9	731
Maryland	9.4	-	90.0	0.5	808
Rural Montserrado	46.1	0.3	53.5	0.1	628
Urban Montserrado	4.8	0.3	94.8	0.1	626
Nimba	28.1	0.4	69.3	2.2	718
River Cess	71.2	0.7	28.1	-	742
River Gee	41.6	-	58.4	-	747
Sinoe	51.0	0.2	48.8	-	680
Wealth quintile					
Highest (wealthiest)	0.3	0.8	98.8	0.1	666
Fourth	6.5	0.3	92.8	0.4	1,377
Middle	9.2	0.3	90.1	0.4	2,499
Second	29.8	0.4	68.2	1.6	3,428
Lowest (poorest)	84.3	0.2	14.3	1.2	3,783

Table A9. Household Use of Cooking Devices and Primary Energy Sources for Cooking, by Selected Household Characteristics

Characteristics	Households use of device for cooking (%)	Total N	Most Commonly Used Devices Cooking (%)					Most Commonly Used Energy Source for Cooking (%)				
			Three stone stove/ open fire	Moveable firepan	Traditional solid fuel stove	Other	Total	Wood	Charcoal (un-processed)	Charcoal Briquettes / pellets	Other	Total
All households	91.5	11,735	36.3	35.5	1.9	26.4	10,324	42.3	44.9	3.0	9.8	10,245
Residence												
Rural	90.3	7,402	82.8	16.0	68.4	16.7	6,439	85.3	12.0	2.2	0.5	6,416
Urban	92.4	4,333	17.2	84.0	31.6	83.3	3,885	11.1	68.8	3.6	16.6	3,829
County												
Bomi	68.2	778	58.7	33.7	3.3	4.2	530	59.1	38.9	0.6	1.4	529
Bong	97.3	804	67.3	26.9	0.6	5.2	780	70.7	21.7	6.8	0.9	775
Gbarpolu	41.7	776	17.8	12.7	-	69.5	309	88.2	11.8	-	-	308
Grand Bassa	87.4	772	33.4	6.4	4.4	55.9	685	61.2	37.3	1.0	0.5	685
Grand Cape Mount	93.4	707	58.6	34.3	-	7.1	658	66.9	20.9	11.1	1.1	656
Grand Gedeh	97.5	745	54.6	43.5	-	1.9	725	55.9	42.5	0.5	1.0	718
Grand Kru	93.2	745	70.4	29.0	0.1	0.6	694	71.6	2.2	26.0	0.2	690
Lofa	91.7	743	81.7	10.5	-	7.8	680	82.3	9.8	7.5	0.4	675
Margibi	86.6	732	45.9	22.4	3.1	28.6	643	42.2	56.5	0.4	0.9	635
Maryland	85.1	808	54.9	36.7	0.3	8.1	686	51.3	47.8	0.1	0.9	678
Rural Montserrado	97.0	628	61.3	32.4	-	6.3	602	61.5	35.7	1.4	1.3	595
Urban Montserrado	94.5	626	0.8	53.3	-	45.9	588	0.5	72.2	1.4	25.9	563
Nimba	93.2	718	35.2	32.4	10.1	22.3	675	64.4	32.7	1.3	1.6	675
River Cess	98.3	743	88.0	11.1	-	0.8	732	84.2	14.7	0.3	0.9	732
River Gee	98.3	746	77.6	10.4	0.2	11.9	731	77.1	21.0	1.0	0.9	730
Sinoe	91.0	664	69.1	17.8	11.7	1.4	606	72.1	25.8	0.8	1.3	601
Wealth quintile												
Highest (wealthiest)	92.6	666	2.2	44.6	0.3	52.9	607	1.5	67.5	3.1	27.8	564
Fourth	94.8	1,376	5.2	58.1	0.7	36.0	1,236	4.1	75.6	2.5	17.8	1,221
Middle	90.0	2,496	23.8	52.6	2.4	21.2	2,180	24.8	63.3	6.6	5.3	2,172
Second	88.8	3,421	64.9	20.3	4.1	10.7	2,923	76.0	20.9	2.6	0.5	2,913
Lowest (poorest)	91.6	3,772	82.8	3.0	1.8	12.3	3,374	98.2	1.3	0.3	0.1	3,371

Table A10. Household Access to Lighting and Most Commonly Used Sources of Lighting, by Selected Household Characteristics

Characteristics	Households use of lighting (%)	Most Commonly Used Source of Lighting (%)					
		Total	Battery powered flashlight, torch or lamp	Electricity (including solar mini grids)	Rechargeable flashlight, mobile or torch	Solar-powered lantern or flashlight	Other
All households	97.1	11,732	30.9	39.3	11.7	11.7	6.4
Residence							
Rural	96.8	7,405	51.2	4.7	15.8	18.5	9.8
Urban	97.3	4,327	16.3	64.1	8.7	6.8	4.0
County							
Bomi	92.6	778	39.4	37.9	11.4	7.9	3.4
Bong	93.5	803	62.3	7.3	22.5	4.7	3.3
Gbarpolu	94.3	778	58.0	0.9	14.6	21.1	5.5
Grand Bassa	96.0	771	66.7	1.6	7.3	17.5	7.0
Grand Cape Mount	98.7	709	44.1	17.8	15.6	21.7	0.7
Grand Gedeh	98.6	744	18.8	25.1	21.5	15.3	19.3
Grand Kru	98.7	744	41.4	0.9	19.9	19.8	18.0
Lofa	97.0	743	14.3	-	34.5	35.8	15.4
Margibi	96.7	731	46.1	26.9	12.3	11.4	3.3
Maryland	95.8	808	29.7	39.2	3.6	6.4	21.1
Rural Montserrado	97.4	628	70.8	8.3	8.0	7.4	5.4
Urban Montserrado	97.5	626	6.7	86.7	4.0	1.7	0.9
Nimba	99.5	718	36.6	12.7	9.9	29.5	11.2
River Cess	97.7	743	70.1	0.4	7.3	9.0	13.3
River Gee	99.1	746	37.1	0.5	34.7	24.1	3.6
Sinoe	99.6	662	44.9	9.1	11.5	7.6	26.9
Wealth quintile							
Highest (wealthiest)	98.2	666	0.8	91.3	1.1	3.7	3.2
Fourth	98.5	1,373	8.4	73.7	7.8	5.1	5.0
Middle	96.7	2,495	33.9	26.8	16.5	15.6	7.3
Second	96.5	3,420	48.5	7.0	16.6	19.3	8.6
Lowest (poorest)	95.6	3,774	60.9	1.0	16.0	14.4	7.7

Table A11. Main Source of Drinking Water Among Households, by Selected Household Characteristics

Characteristics	Main source of drinking water (%)			
	In own dwelling	In own plot/yard	Elsewhere	Total
All households	3.7	13.1	83.2	10,185
Residence				
Rural	3.1	4.3	92.5	6,956
Urban	4.4	24.2	71.4	3,229
County				
Bomi	0.2	1.1	98.7	740
Bong	0.5	3.6	95.8	748
Gbarpolu	1.0	0.4	98.6	662
Grand Bassa	21.6	6.2	72.2	698
Grand Cape Mount	0.2	2.1	97.8	665
Grand Gedeh	2.5	4.7	92.8	544
Grand Kru	0.4	0.5	99.1	717
Lofa	3.3	15.1	81.6	693
Margibi	8.9	6.4	84.7	592
Maryland	0.4	3.7	95.9	655
Rural Montserrado	3.6	9.8	86.6	583
Urban Montserrado	4.1	48.4	47.5	233
Nimba	0.6	1.9	97.5	600
River Cess	0.3	0.9	98.8	719
River Gee	-	1.7	98.3	741
Sinoe	2.6	3.5	94.0	595
Wealth quintile				
Highest (wealthiest)	8.7	39.8	51.5	275
Fourth	4.3	27.0	68.8	963
Middle	4.6	16.1	79.4	2,160
Second	1.6	6.0	92.4	3,171
Lowest (poorest)	3.5	4.0	92.4	3,612

Table A12. Household Access to Hygiene Products and Sanitation Facilities, by Selected Household Characteristics, CFSNS 2025

Characteristics	Access to hygiene products				Household sanitation facility				
	No	yes, but not all of them	Yes, all of them	Total	Improved (%)	Unimproved (%)	Total	Open defecation (%)	Total
All households	5.0	72.7	22.3	11,728	61.5	38.7	11,821	27.4	11,821
Residence									
Rural	8.5	78.9	12.5	7,398	28.5	71.5	7,478	57.9	7,478
Urban	2.4	68.2	29.4	4,330	85.4	15.0	4,343	5.3	4,343
County									
Bomi	3.5	88.0	8.5	778	24.9	75.3	778	65.1	778
Bong	4.7	83.2	12.1	803	46.6	53.4	804	50.6	804
Gbarpolu	9.3	81.0	9.7	773	16.4	83.7	782	70.0	782
Grand Bassa	8.3	73.5	18.2	772	36.3	63.7	773	45.5	773
Grand Cape Mount	0.6	83.1	16.3	707	36.0	64.0	717	40.6	717
Grand Gedeh	0.7	61.0	38.3	744	64.2	35.8	746	22.7	746
Grand Kru	1.8	90.3	7.9	745	11.9	88.1	745	52.3	745
Lofa	11.3	83.3	5.5	742	54.5	45.5	743	38.9	743
Margibi	15.4	76.8	7.8	728	60.0	40.4	733	36.1	733
Maryland	0.9	89.2	9.9	806	65.9	34.3	808	8.4	808
Rural Montserrado	0.9	57.8	41.3	628	39.1	60.9	628	53.0	628
Urban Montserrado	0.8	65.9	33.3	625	91.9	8.7	628	1.3	628
Nimba	16.1	60.3	23.7	717	57.0	43.0	718	29.3	718
River Cess	2.2	71.8	26.0	743	15.8	84.2	748	76.4	748
River Gee	0.7	95.5	3.8	747	35.2	64.8	747	31.4	747
Sinoe	4.6	83.3	12.1	670	22.9	77.1	723	45.8	723
Wealth quintile									
Highest (wealthiest)	0.4	54.2	45.4	665	97.8	2.7	667	0.2	667
Fourth	1.3	69.6	29.1	1,374	87.9	12.1	1,377	2.1	1,377
Middle	4.6	76.3	19.0	2,497	75.6	25.3	2,503	11.1	2,503
Second	6.8	80.0	13.1	3,417	39.7	60.3	3,449	41.6	3,449
Lowest (poorest)	11.2	81.8	7.1	3,771	12.0	88.0	3,820	77.4	3,820

Table A13. Food Consumption Score (FCS) and Food Security Status of Households, by Selected Household Characteristics, CFSNS 2025

Characteristics	Food Consumption Score (FCS)							
	Mean score	Poor (FCS 0-21)		Borderline (FCS 21.5–35)		Acceptable (FCS >35)		Total N
		%	n	%	n	%	n	
All households	50.4	5.7	1,086	13.0	2,053	81.2	8,682	11,821
Residence								
Rural	45.5	7.4	697	18.6	1,405	74.0	5,376	7,478
Urban	54.0	4.4	389	8.9	648	86.7	3,306	4,343
County								
Bomi	39.2	6.3	44	36.9	285	56.8	449	778
Bong	46.5	4.5	35	16.0	120	79.4	649	804
Gbarpolu	33.7	23.2	152	38.9	264	37.9	366	782
Grand Bassa	49.5	6.0	39	15.2	114	78.8	620	773
Grand Cape Mount	38.3	7.6	50	35.8	246	56.5	421	717
Grand Gedeh	56.1	1.2	7	9.4	66	89.4	673	746
Grand Kru	38.3	17.8	128	16.9	136	65.3	481	745
Lofa	51.3	3.6	20	16.3	107	80.1	616	743
Margibi	48.7	12.2	76	13.3	107	74.5	550	733
Maryland	32.1	29.0	234	26.6	217	44.4	357	808
Rural Montserrado	47.2	2.1	15	22.0	125	75.9	488	628
Urban Montserrado	58.1	1.6	15	4.7	37	93.7	576	628
Nimba	47.7	6.2	40	9.8	59	84.0	619	718
River Cess	39.3	26.9	208	14.6	100	58.5	440	748
River Gee	52.6	1.3	10	4.3	40	94.4	697	747
Sinoe	53.1	1.8	13	4.4	30	93.7	680	723
Wealth quintile								
Highest (wealthiest)	61.7	1.2	20	4.4	55	94.4	592	667
Fourth	54.3	3.7	109	6.8	174	89.5	1,094	1,377
Middle	47.6	7.0	232	14.7	412	78.3	1,859	2,503
Second	45.1	7.6	307	19.2	677	73.2	2,465	3,449
Lowest (poorest)	44.5	8.3	417	19.0	735	72.7	2,668	3,820

Table A14. Household Dietary Diversity Score (HDDS) and Dietary Diversity Status of Households, by Selected Household Characteristics

Characteristics	Mean score	Household Dietary Diversity Score (HDDS), Percentage of households:						N
		Severely food insecure (HDDS 0–3)		Moderately food insecure (HDDS 4–6)		Food secure/ mildly food insecure (HDDS 7–12)		
		%	n	%	n	%	n	
All households	6.8	4.0	636	44.0	5,891	52.0	5,294	11,821
Residence								
Rural	7.2	4.1	315	54.0	3,893	41.9	3,270	7,478
Urban	6.4	3.8	321	36.8	1,998	59.4	2,024	4,343
County								
Bomi	6.9	2.9	28	51.1	395	46.1	355	778
Bong	5.8	5.1	41	67.2	539	27.7	224	804
Gbarpolu	6.2	3.8	35	55.5	392	40.7	355	782
Grand Bassa	7.9	3.4	20	19.3	144	77.3	609	773
Grand Cape Mount	6.0	4.0	31	65.7	463	30.3	223	717
Grand Gedeh	8.2	1.5	12	31.7	243	66.8	491	746
Grand Kru	6.0	3.6	26	62.2	466	34.2	253	745
Lofa	6.8	2.8	17	40.2	292	57.0	434	743
Margibi	6.4	5.1	37	47.6	347	47.3	349	733
Maryland	4.7	22.6	199	66.2	517	11.2	92	808
Rural Montserrado	5.7	4.8	34	71.8	438	23.3	156	628
Urban Montserrado	7.6	1.8	16	30.1	197	68.1	415	628
Nimba	6.0	6.8	50	57.6	429	35.6	239	718
River Cess	6.1	7.3	54	53.1	393	39.6	301	748
River Gee	6.3	3.8	27	56.5	423	39.7	297	747
Sinoe	7.5	0.8	9	31.4	213	67.7	501	723
Wealth quintile								
Highest (wealthiest)	8.4	1.3	17	21.9	202	76.8	448	667
Fourth	7.1	2.7	68	34.1	546	63.2	763	1,377
Middle	6.5	4.8	142	50.2	1,218	45.0	1,143	2,503
Second	6.3	5.2	196	55.3	1,839	39.5	1,414	3,449
Lowest (poorest)	6.1	5.4	213	56.5	2,083	38.1	1,524	3,820

Table A15. Household Hunger Scale (HHS) Classification of Households, by Selected Household Characteristics, CFSNS 2025

Characteristics	Household Hunger Scale								
	Little to no hunger HHS: 0-1		Moderate hunger HHS: 2-3		Severe hunger HHS: 4-6		Moderate to Severe Hunger HHS: 2-6		N
	%	n	%	n	%	n	%	n	
All households	86.4	8,290	13.3	2,066	0.3	45	13.2	2,111	10,401
Residence									
Rural	83.7	5,417	15.9	1,221	0.4	26	16.3	1,247	6,664
Urban	88.3	2,873	11.4	845	0.3	19	11.7	864	3,737
County									
Bomi	80.7	561	16.7	126	2.6	19	19.3	145	706
Bong	81.9	605	18.1	119	0.0	-	18.1	119	724
Gbarpolu	92.9	644	6.4	54	0.7	7	7.1	61	705
Grand Bassa	94.8	649	5.2	34	0.0	-	5.2	34	683
Grand Cape Mount	88.2	532	11.6	58	0.2	1	11.8	59	591
Grand Gedeh	93.6	652	6.4	42	0.0	-	6.4	42	694
Grand Kru	95.6	648	4.2	29	0.3	1	4.4	30	678
Lofa	94.7	583	5.3	30	0.0	-	5.3	30	613
Margibi	55.4	356	43.8	252	0.8	5	44.6	257	613
Maryland	84.4	520	15.6	107	0.0	-	15.6	107	627
Rural Montserrado	88.7	513	10.5	54	0.8	5	11.3	59	572
Urban Montserrado	96.2	558	3.8	24	0.0	-	3.8	24	582
Nimba	76.5	505	22.3	133	1.2	7	23.5	140	645
River Cess	38.0	250	62.0	415	0.0	-	62.0	494	665
River Gee	29.6	194	70.4	494	0.0	-	70.4	415	688
Sinoe	84.5	520	15.5	95	0.0	-	15.5	95	615
Wealth quintile									
Highest (wealthiest)	97.7	573	2.3	47	0.0	-	2.3	47	620
Fourth	92.6	1,081	7.3	128	0.1	2	7.4	130	1,211
Middle	81.0	1,718	18.6	439	0.5	9	19.0	448	2,166
Second	80.9	2,347	18.8	641	0.3	12	19.1	653	3,000
Lowest (poorest)	79.5	2,567	19.8	811	0.7	22	20.5	833	3,400

Table A16. Household Food Insecurity Access Scale (HFIAS) Scores and Food Security Status of Households, by Selected Household Characteristics

Characteristics	Household Food Insecurity Access Scale (HFIAS)									
	Mean score	Households food secure		Households mildly food insecure		Households moderately food insecure		Households severely food insecure		N
		%	n	%	n	%	n	%	n	
All households	5.0	39.2	3,092	31.8	4,137	24.1	3,873	4.9	719	11,821
Residence										
Rural	6.2	23.8	1,834	38.6	2,726	32.1	2,495	5.4	423	7,478
Urban	4.2	50.3	1,258	26.9	1,411	18.3	1,378	4.5	296	4,343
County										
Bomi	7.7	27.2	188	19.6	153	42.2	346	11.0	91	778
Bong	7.2	13.3	107	37.8	310	45.7	365	3.2	22	804
Gbarpolu	5.4	48.0	369	17.1	155	30.6	220	4.3	38	782
Grand Bassa	4.1	51.1	408	23.2	177	25.3	183	0.4	5	773
Grand Cape Mount	5.8	24.6	183	41.4	294	32.0	227	2.0	13	717
Grand Gedeh	5.8	20.4	147	49.8	396	28.3	195	1.4	8	746
Grand Kru	5.4	25.5	190	48.9	359	23.1	178	2.5	18	745
Lofa	3.7	29.5	213	60.0	459	8.3	59	2.2	12	743
Margibi	8.2	15.8	127	26.8	190	42.7	310	14.7	106	733
Maryland	7.3	13.3	113	39.9	302	43.2	362	3.6	31	808
Rural Montserrado	5.6	36.0	231	35.5	224	17.0	106	11.6	67	628
Urban Montserrado	2.6	67.2	415	22.5	138	7.8	53	2.5	22	628
Nimba	6.7	21.1	147	39.7	294	29.3	207	9.9	70	718
River Cess	7.2	19.9	146	32.4	246	40.3	300	7.4	56	748
River Gee	10.1	3.7	27	21.1	162	57.0	432	18.2	126	747
Sinoe	7.5	11.2	81	37.4	278	46.7	330	4.7	34	723
Wealth quintile										
Highest (wealthiest)	1.6	81.3	415	13.3	158	4.4	81	1.0	13	667
Fourth	3.9	48.7	531	31.8	493	15.8	301	3.7	52	1,377
Middle	5.8	28.6	655	38.8	976	26.0	725	6.6	147	2,503
Second	6.4	22.8	749	37.5	1,232	33.4	1,240	6.3	228	3,449
Lowest (poorest)	7.1	18.1	740	36.3	1,275	38.9	1,526	6.7	279	3,820

Table A17. Food Expenditure Score (FES) and Distribution of Households by Food Expenditure Categories, by Selected Household Characteristics, CFSNS 2025

Characteristics	Food Expenditure Score (FES), Percentages:									
	Mean Proportion FES	Low (FES <50%)		Medium (FES 50–65%)		High (FES 65–75%)		Very High (FES >75%)		N
		%	n	%	n	%	n	%	n	
All households	0.69	15.2	1,175	23.5	1,841	20.6	2,248	40.8	6,502	11,766
Residence										
Rural	0.77	6.3	468	11.0	806	17.5	1,227	65.2	4,935	7,436
Urban	0.62	21.6	707	32.5	1,035	22.7	1,021	23.1	1,567	4,330
County										
Bomi	0.78	4.7	34	10.1	75	18.6	130	66.5	539	778
Bong	0.73	10.8	81	14.5	111	20.5	177	54.2	435	804
Gbarpolu	0.80	6.9	57	10.4	71	10.4	78	72.4	571	777
Grand Bassa	0.78	8.5	58	10.7	71	10.1	75	70.7	558	762
Grand Cape Mount	0.80	3.3	24	5.2	41	20.3	145	71.3	506	716
Grand Gedeh	0.72	7.0	46	19.1	156	25.0	185	49.0	359	746
Grand Kru	0.78	4.2	33	11.0	83	20.6	152	64.1	477	745
Lofa	0.80	4.9	35	7.8	54	14.4	110	72.9	544	743
Margibi	0.68	14.4	108	23.5	179	24.3	183	37.8	262	732
Maryland	0.66	18.1	162	23.5	215	25.5	198	32.9	233	808
Rural Montserrado	0.69	13.6	100	18.4	136	24.6	153	43.4	239	628
Urban Montserrado	0.59	24.2	149	38.9	249	22.2	136	14.8	92	626
Nimba	0.67	17.7	120	23.0	164	22.4	160	36.9	274	718
River Cess	0.74	10.6	78	15.0	113	19.3	145	55.1	412	748
River Gee	0.82	1.4	9	4.9	33	16.2	111	77.5	594	747
Sinoe	0.77	10.4	81	12.9	90	17.7	110	58.9	407	688
Wealth quintile										
Highest (wealthiest)	0.55	32.3	206	41.3	247	18.1	127	8.4	85	665
Fourth	0.62	19.9	286	34.2	394	25.9	345	20.0	349	1,374
Middle	0.68	13.7	322	23.7	508	25.4	616	37.2	1,049	2,495
Second	0.76	6.9	213	12.6	411	18.8	635	61.7	2,177	3,436
Lowest (poorest)	0.80	4.7	148	7.7	281	14.8	525	72.7	2,838	3,792

Table A18. Household Exposure to Shocks in the Past 12 Months, by Selected Household Characteristics, CFSNS 2025

Characteristics	Household experienced any shocks in the past 12 months		1 shock		2 shocks		3 shocks	
	%	n	%	n	%	n	%	n
All households	26.3	3,320	18.8	2,484	6.0	658	1.4	178
Residence								
Rural	30.0	2,129	21.7	1,599	6.5	409	1.9	121
Urban	23.5	1,191	16.8	885	5.7	249	1.0	57
County								
Bomi	37.5	305	27.2	227	7.0	56	3.3	22
Bong	18.1	133	11.8	88	4.7	34	1.6	11
Gbarpolu	35.9	273	34.3	248	1.0	15	0.7	10
Grand Bassa	10.7	78	8.6	62	1.7	13	0.4	3
Grand Cape Mount	42.8	313	27.8	209	13.2	93	1.8	11
Grand Gedeh	11.2	82	10.8	79	0.4	3	-	-
Grand Kru	5.9	45	5.7	43	0.3	2	-	-
Lofa	37.5	271	25.9	196	10.1	67	1.4	8
Margibi	53.7	381	36.5	255	12.5	93	4.7	33
Maryland	10.5	80	9.7	73	0.8	7	-	-
Rural Montserrado	8.8	61	7.5	54	1.3	7	-	-
Urban Montserrado	20.2	130	15.1	100	4.8	27	0.3	3
Nimba	37.8	269	23.2	170	10.6	72	4.0	27
River Cess	33.2	251	25.9	196	7.1	54	0.2	1
River Gee	44.9	338	28.7	220	14.4	104	1.7	14
Sinoe	43.6	310	37.5	264	1.6	11	4.5	35
Wealth quintile								
Highest (wealthiest)	17.0	138	13.6	114	3.2	19	0.2	5
Fourth	24.0	317	17.6	251	5.7	53	0.7	13
Middle	27.7	662	18.5	492	7.4	139	1.8	31
Second	30.9	999	22.3	752	6.4	194	2.2	53
Lowest (poorest)	30.8	1,202	21.7	873	7.1	253	2.0	76

Table A19. Impact of Shocks on Households' Ability to Purchase Food and Non-Food Items, by Selected Household Characteristics, CFSNS 2025

Characteristics	Impacted Households Ability to purchase food or non-food items		N
	Impact Experienced		
	%	n	
All households	74.9	2,889	3,311
Residence			
Rural	86.4	1,896	2,124
Urban	64.2	993	1,187
County			
Bomi	90.5	279	304
Bong	79.4	107	133
Gbarpolu	92.5	248	273
Grand Bassa	87.6	69	78
Grand Cape Mount	87.8	271	313
Grand Gedeh	95.9	79	82
Grand Kru	88.2	38	42
Lofa	91.5	244	271
Margibi	66.9	259	379
Maryland	86.3	71	80
Rural Montserrado	97.1	57	60
Urban Montserrado	46.4	68	130
Nimba	84.8	225	269
River Cess	94.8	236	251
River Gee	98.9	334	337
Sinoe	98.7	304	309
Wealth quintile			
Highest (wealthiest)	46.9	93	138
Fourth	61.3	245	315
Middle	79.0	582	661
Second	83.4	875	994
Lowest (poorest)	86.9	1,092	1,201

Table A20. Consumption-based Coping Strategy Index (rCSI) by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Consumption-based Coping Strategy Index (rCSI)						
	Mean rCSI	Low Coping rCSI ≤3		Medium Coping rCSI 4–18		High Coping rCSI ≥19	
		%	n	%	n	%	n
All households	5.1	58.8	5,238	34.6	5,487	6.6	1,096
Residence							
Rural	6.3	44.5	3,134	48.1	3,670	7.4	674
Urban	4.2	69.1	2,104	24.9	1,817	6.0	422
County							
Bomi	10.8	34.8	245	34.3	283	30.9	250
Bong	5.1	56.3	462	38.6	302	5.1	40
Gbarpolu	8.8	44.9	356	38.6	286	16.5	140
Grand Bassa	7.2	50.9	408	35.1	265	14.0	100
Grand Cape Mount	5.4	33.8	255	64.5	452	1.7	10
Grand Gedeh	5.4	45.5	349	52.4	385	2.1	12
Grand Kru	7.4	39.6	299	50.9	372	9.5	74
Lofa	4.7	49.8	370	49.5	368	0.6	5
Margibi	9.4	29.1	225	56.7	406	14.1	102
Maryland	10.9	23.2	191	55.3	432	21.5	185
Rural Montserrado	4.9	52.2	342	43.3	257	4.4	29
Urban Montserrado	2.4	85.2	522	11.1	81	3.8	25
Nimba	5.5	49.9	358	46.3	330	3.9	30
River Cess	7.3	29.9	228	67.3	495	2.8	25
River Gee	7.9	40.0	303	50.2	377	9.8	67
Sinoe	5.0	45.8	325	54.1	396	0.1	2
Wealth quintile							
Highest (wealthiest)	0.9	92.6	514	6.4	125	1.1	28
Fourth	3.7	71.1	824	24.1	467	4.8	86
Middle	6.6	52.1	1,192	38.9	1,110	8.9	201
Second	6.6	43.8	1,381	47.6	1,706	8.6	362
Lowest (poorest)	7.3	37.7	1,326	53.2	2,075	9.2	419

Table A21. Livelihood Coping Strategy Index (LCSI) by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Livelihood Coping Strategy Index (LCSI)							
	None		Stress		Crisis		Emergency	
	%	n	%	n	%	n	%	n
All households	61.5	7,203	22.4	2,718	11.5	1,384	4.6	516
Residence								
Rural	57.4	4,633	23.4	1,721	13.5	815	5.7	309
Urban	64.5	2,570	21.7	997	10.0	569	3.8	207
County								
Bomi	69.1	524	17.3	144	11.3	95	2.3	15
Bong	49.9	406	31.5	256	7.4	55	11.1	87
Gbarpolu	86.2	673	9.5	74	1.9	17	2.3	18
Grand Bassa	71.1	562	19.4	143	7.4	53	2.1	15
Grand Cape Mount	90.6	649	6.6	51	1.8	11	0.9	6
Grand Gedeh	85.6	641	7.0	50	5.3	39	2.2	16
Grand Kru	63.6	475	29.7	218	4.0	33	2.7	19
Lofa	67.7	499	25.9	199	5.0	35	1.4	10
Margibi	47.0	355	35.0	253	13.2	90	4.8	35
Maryland	55.2	449	34.7	274	3.9	33	6.1	52
Rural Montserrado	66.6	418	14.7	94	16.6	108	2.0	8
Urban Montserrado	71.3	448	21.6	134	4.6	29	2.5	17
Nimba	19.9	139	17.4	126	49.7	366	13.0	87
River Cess	75.7	569	21.4	158	1.7	13	1.1	8
River Gee	17.8	141	36.5	290	32.4	226	13.3	90
Sinoe	35.0	255	35.4	254	25.4	181	4.2	33
Wealth quintile								
Highest (wealthiest)	80.4	493	16.2	117	2.5	51	1.0	6
Fourth	62.5	908	24.6	288	9.7	150	3.2	31
Middle	54.5	1,496	23.8	582	16.2	321	5.5	104
Second	56.4	1,996	22.1	820	16.6	488	4.9	145
Lowest (poorest)	55.3	2,306	24.9	911	11.8	374	8.0	229

Table A22. Livelihood Coping Strategy – Food Security (LCS-FS) Classification by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Livelihood Coping Strategy - Food Security (LCS-FS)							
	None Phase 1: Minimal		Stress Phase 2: Stressed		Crisis Phase 3: Crisis		Emergency Phase 4: Emergency	
	%	n	%	n	%	n	%	n
All households	73.8	8,546	14.8	1,894	7.6	961	3.8	420
Residence								
Rural	70.6	5,497	16.0	1,197	8.8	537	4.6	247
Urban	76.1	3,049	14.0	697	6.7	424	3.2	173
County								
Bomi	74.5	570	13.2	111	10.1	83	2.2	14
Bong	65.9	543	19.3	152	4.9	33	9.9	76
Gbarpolu	92.7	718	3.9	36	1.8	15	1.6	13
Grand Bassa	92.9	716	3.8	31	2.6	20	0.8	6
Grand Cape Mount	93.3	669	4.7	36	1.2	7	0.8	5
Grand Gedeh	91.7	686	3.4	24	3.0	23	1.9	13
Grand Kru	67.9	507	26.3	191	3.4	29	2.4	18
Lofa	71.8	533	23.5	180	3.6	23	1.0	7
Margibi	58.8	448	25.7	178	11.4	77	4.1	30
Maryland	58.6	480	32.3	250	3.3	28	5.8	50
Rural Montserrado	84.7	540	7.2	44	6.5	39	1.6	5
Urban Montserrado	82.3	518	13.1	82	2.5	14	2.2	14
Nimba	45.0	326	11.9	83	33.5	245	9.6	64
River Cess	94.5	707	3.9	28	1.1	8	0.6	5
River Gee	24.6	212	32.2	239	30.9	217	12.2	79
Sinoe	50.8	373	31.5	229	14.9	100	2.8	21
Wealth quintile								
Highest (wealthiest)	90.9	578	7.0	56	1.5	30	0.6	3
Fourth	76.1	1,086	15.7	176	5.6	93	2.6	22
Middle	67.3	1,804	16.8	403	11.3	217	4.7	79
Second	67.8	2,371	16.4	604	11.9	354	3.9	120
Lowest (poorest)	68.2	2,702	17.7	655	7.5	267	6.6	196

Table A23. Consumption of Rice Types (Including Fortifiable Varieties) by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Rice						Amount consumed per day (cups), Mean
	Long Grain	Parboiled	Country rice	Broken rice	Other	Don't know	
All households	29.8	51.6	13.6	3.7	0.7	0.3	3.5
Residence							
Rural	14.1	52.7	27.1	4.8	0.7	0.3	3.4
Urban	41.4	50.7	3.8	2.8	0.7	0.3	3.6
County							
Bomi	9.4	58.0	3.7	26.3	2.3	0.1	3.4
Bong	5.7	73.3	20.2	-	-	-	3.2
Gbarpolu	3.6	47.0	44.2	3.4	0.4	0.2	3.1
Grand Bassa	8.1	66.0	21.4	3.4	1.1	-	3.6
Grand Cape Mount	48.3	48.2	2.5	0.4	-	0.4	3.6
Grand Gedeh	86.5	4.3	7.5	0.3	0.1	0.9	3.6
Grand Kru	3.1	85.7	9.6	0.3	-	0.3	3.1
Lofa	3.7	6.5	87.8	1.1	0.3	0.6	3.3
Margibi	25.6	61.6	2.9	0.1	7.4	1.2	3.7
Maryland	0.5	91.4	7.0	0.2	0.2	-	2.3
Rural Montserrado	2.7	94.3	2.5	0.1	-	-	3.3
Urban Montserrado	51.3	47.8	0.4	-	0.2	0.3	3.7
Nimba	20.2	34.0	23.5	21.8	0.2	-	3.8
River Cess	0.3	62.9	36.6	-	0.2	-	3.9
River Gee	57.9	31.0	1.9	9.2	-	-	2.8
Sinoe	0.3	98.9	0.5	-	-	0.1	3.6
Wealth quintile							
Highest (wealthiest)	54.3	43.3	0.9	0.6	0.6	0.2	4.0
Fourth	40.4	53.3	2.8	2.3	0.5	0.4	4.0
Middle	27.5	56.2	10.4	4.6	0.7	0.1	3.6
Second	18.8	52.0	22.6	5.6	0.6	0.1	4.6
Lowest (poorest)	11.4	52.5	29.5	4.9	1.0	0.4	3.7

Table A24. Consumption of Flour and Salt (Including Fortifiable Products) by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Flour		Amount consumed per day (loaves) Mean	Salt		Amount consumed per day (spoons) Mean
	Specific	Don't know		Table salt	Don't know	
All households	1.0	43.3	2.7	74.8	8.9	1.1
Residence						
Rural	0.8	44.4	2.8	80.7	8.9	1.2
Urban	1.1	42.4	2.6	70.6	8.8	1.1
County						
Bomi	5.6	35.7	3.0	95.4	0.3	1.2
Bong	-	41.4		88.8	6.6	1.0
Gbarpolu	13.9	4.5	2.3	51.3	0.2	1.1
Grand Bassa	-	63.7		63.6	17.3	1.0
Grand Cape Mount	-	37.6		70.2	16.0	1.2
Grand Gedeh	0.3	88.1	2.7	59.4	34.2	1.3
Grand Kru	0.1	28.7	-	88.6	2.4	1.2
Lofa	0.2	46.0	2.5	95.0	4.1	1.2
Margibi	0.6	43.8	3.0	59.6	2.8	1.0
Maryland	-	43.9		73.4	17.9	1.1
Rural Montserrado	-	35.4		53.0	32.1	1.0
Urban Montserrado	0.7	35.3	2.9	66.6	8.6	1.0
Nimba	0.9	63.1	2.6	92.9	0.3	1.2
River Cess	0.1	25.4	1.0	97.1	0.3	1.1
River Gee	4.1	11.6	2.6	85.9	0.7	1.7
Sinoe	0.5	67.4	2.6	91.1	6.1	1.3
Wealth quintile						
Highest (wealthiest)	1.6	47.4	2.7	60.6	13.7	1.0
Fourth	0.7	35.3	3.0	71.1	5.8	1.1
Middle	1.0	44.8	3.0	76.8	8.4	1.2
Second	0.7	45.3	2.8	81.4	8.7	1.1
Lowest (poorest)	0.9	43.6	2.1	83.0	8.0	1.1

Table A25. Consumption of Edible Oil (Including Fortifiable Oil Products) by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Oil				Amount consumed per day (liters) Mean
	Red palm oil	Refined vegetable oil/ Argo	Other	N/A	
All households	92.5	6.3	0.3	0.9	1.5
Residence					
Rural	94.5	4.0	0.1	1.4	1.8
Urban	91.1	8.0	0.4	0.5	1.4
County					
Bomi	89.2	10.1	0.3	0.5	1.6
Bong	99.6	0.4	-	-	1.8
Gbarpolu	94.7	0.7	0.2	4.3	1.7
Grand Bassa	83.8	15.4	0.5	0.3	1.9
Grand Cape Mount	95.5	2.7	-	1.8	1.8
Grand Gedeh	81.3	17.9	0.1	0.6	1.9
Grand Kru	89.2	8.8	0.2	1.8	1.6
Lofa	97.6	1.3	0.3	0.9	1.3
Margibi	91.5	4.0	0.3	4.3	2.0
Maryland	92.3	6.3	-	1.4	1.6
Rural Montserrado	97.7	1.6	-	0.7	1.7
Urban Montserrado	91.1	8.3	0.3	0.3	1.1
Nimba	97.8	0.5	0.5	1.2	1.9
River Cess	93.0	2.7	1.2	3.1	2.3
River Gee	99.3	0.3	-	0.3	1.9
Sinoe	81.1	18.4	-	0.5	2.3
Wealth quintile					
Highest (wealthiest)	86.3	13.4	0.2	0.1	1.2
Fourth	91.0	7.5	0.8	0.8	1.3
Middle	94.4	4.3	0.2	1.1	1.6
Second	95.6	3.4	-	1.0	1.7
Lowest (poorest)	94.8	3.6	0.1	1.4	1.7

Table A26. Consumption of Maggi Chicken Soup/Cubes (Including Fortifiable Condiment Products) by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Magi chicken soup/cube					Amount consumed per day (cubes)
	Maggi	Vita	Jumbo	Crown	Other	
All households	2.5	12.4	0.5	78.7	5.2	3.6
Residence						
Rural	3.1	20.8	0.6	73.4	1.6	3.2
Urban	2.2	6.3	0.4	82.6	7.8	3.9
County						
Bomi	14.4	2.2	0.5	71.0	10.9	3.2
Bong	0.8	17.5	-	81.7	-	3.3
Gbarpolu	17.2	28.3	1.8	50.4	1.0	2.9
Grand Bassa	0.5	8.2	0.4	85.9	4.4	3.2
Grand Cape Mount	7.8	37.0	1.1	51.9	0.4	2.9
Grand Gedeh	0.4	3.8	1.3	93.2	0.1	3.6
Grand Kru	0.3	34.4	1.4	61.8	0.3	3.2
Lofa	3.0	39.1	0.8	52.3	4.5	3.1
Margibi	0.8	1.4	0.7	91.9	2.6	3.5
Maryland	0.5	6.2	0.1	92.6	-	3.0
Rural Montserrado	3.6	13.6	0.3	81.0	1.3	3.5
Urban Montserrado	2.3	0.7	0.4	84.8	11.2	4.1
Nimba	0.1	21.8	0.3	77.3	-	3.6
River Cess	-	15.5	-	83.9	0.5	3.3
River Gee	0.1	37.0	-	62.9	-	2.9
Sinoe	1.0	30.5	0.4	66.4	1.7	3.5
Wealth quintile						
Highest (wealthiest)	2.4	1.4	0.3	82.7	12.6	4.1
Fourth	3.0	5.4	0.4	83.7	6.4	4.0
Middle	1.3	13.1	0.7	79.9	4.2	3.6
Second	3.4	19.8	0.4	73.6	2.1	3.3
Lowest (poorest)	2.5	20.9	0.6	74.3	1.3	3.0

Table A27. Food security classification of households using the Consolidated Approach for Reporting Indicators of Food Security (CARI), by sex of household head, residence, county, and wealth quintile., CFSNS 2025

Characteristics	Food Secure		Marginally Food Secure		Moderately Food Insecure		Severely food insecure		Total
	%	n	%	n	%	n	%	n	N
All households	21.5	1,037	56.2	6,971	21.0	3,644	1.2	163	11,815
Sex of household head									
Female	15.6	285	57.0	2,453	25.7	1,394	1.6	63	4,195
Male	24.5	752	55.8	4,518	18.6	2,250	1.1	100	7,620
Residence									
Rural	5.2	379	62.2	4,483	30.5	2,501	2.1	115	7,478
Urban	33.3	659	51.9	2,493	14.1	1,143	0.6	48	4,343
County									
Bomi	2.2	17	45.4	356	51.6	400	0.8	5	778
Bong	9.3	79	65.2	530	21.2	162	4.3	33	804
Gbarpolu	2.3	25	38.5	364	58.4	386	0.8	7	782
Grand Bassa	9.2	64	70.4	555	19.6	146	0.9	8	773
Grand Cape Mount	1.9	16	54.8	407	42.3	289	1.0	5	717
Grand Gedeh	11.9	94	76.5	570	10.8	78	0.7	4	746
Grand Kru	2.7	22	54.8	405	39.6	297	2.9	21	745
Lofa	3.8	26	66.9	513	28.3	198	0.9	6	743
Margibi	7.5	63	59.8	446	30.3	208	2.4	16	733
Maryland	6.4	63	38.8	314	51.6	403	3.2	28	808
Rural Montserrado	15.7	123	64.1	395	19.6	107	0.6	3	628
Urban Montserrado	47.7	291	45.9	287	6.4	50	-	-	628
Nimba	8.3	56	69.8	512	18.7	130	3.2	20	718
River Cess	2.7	21	59.4	441	37.6	284	0.3	2	748
River Gee	1.3	9	54.3	421	43.7	312	0.7	5	747
Sinoe	9.7	69	62.8	460	27.5	194	-	-	723
Wealth quintile									
Highest (wealthiest)	63.4	310	32.5	300	4.1	56	-	1	667
Fourth	29.1	283	60.7	839	9.9	248	0.3	7	1,377
Middle	10.5	217	64.8	1,598	23.6	660	1.1	28	2,503
Second	5.6	151	61.2	2,040	31.3	1,204	1.9	54	3,449
Lowest (poorest)	2.5	77	60.4	2,195	34.2	1,475	2.9	73	3,820

Table A28. Percentage of vulnerable households by food insecurity, coping strategies, shock exposure, and dietary diversity, with composite vulnerability classification, CFSNS 2025

Characteristics	Food Insecurity/ Food access FCS = Poor or Borderline OR HFIAS ≥ 9		Crisis/ Emergency coping rCSI ≥ 19 OR LCSI = Crisis/Emergency		Exposure to shocks Experienced ≥1 economic or natural shock		Nutrition HDDS ≤ 3		Percent vulnerable (composite) NOTE: Household meeting at least 2 of the conditions classified as "vulnerable"		Total
	%	n	%	n	%	n	%	n	%	n	N
All households	23.1	3,618	10.1	1,464	26.3	3,318	4.0	636	15.0	2,351	11,815
Sex household head											
Female	28.6	1,454	12.8	613	28.4	1,304	4.0	222	18.7	978	4,195
Male	20.4	2,164	8.8	851	25.2	2,014	3.9	414	13.2	1,373	7,620
Residence & County											
Rural	29.5	2,313	11.8	894	30.0	2,129	4.1	315	18.0	1,440	7,478
Urban	18.6	1,307	8.9	570	23.5	1,191	3.8	321	12.9	911	4,343
Bomi	49.9	411		260	37.5	305	2.9	28	39.7	324	778
Bong	30.9	240	12.3	98	18.1	133	5.1	41	13.3	99	804
Gbarpolu	31.5	221	17.8	150	35.9	273	3.8	35	31.1	224	782
Grand Bassa	18.9	141	14.8	106	10.7	78	3.4	20	10.6	78	773
Grand Cape Mount	28.8	201	2.6	16	42.8	313	4.0	31	14.8	105	717
Grand Gedeh	23.3	153	4.2	27	11.2	82	1.5	12	5.5	37	746
Grand Kru	21.9	168	10.5	82	5.9	45	3.6	26	9.7	78	745
Lofa	8.0	54	2.0	15	37.5	271	2.8	17	4.9	36	743
Margibi	46.7	332	16.7	120	53.7	381	5.1	37	37.6	263	733
Maryland	41.7	350	25.6	220	10.5	80	22.6	199	27.7	242	808
Rural Montserrado	25.1	149	6.2	36	8.8	61	4.8	34	8.4	52	628
Urban Montserrado	8.6	61	5.9	40	20.2	130	1.8	16	7.1	50	628
Nimba	33.7	233	15.6	106	37.8	269	6.8	50	23.8	164	718
River Cess	32.3	249	3.4	29	33.2	251	7.3	54	19.2	147	748
River Gee	49.3	345	17.7	124	44.9	338	3.8	27	40.8	287	747
Sinoe	44.2	312	4.3	35	43.6	310	0.8	9	23.5	165	723
Wealth quintile											
Highest (wealthiest)	4.5	76	2.0	33	17.0	138	1.3	17	3.1	44	667
Fourth	15.1	269	7.6	113	24.0	317	2.7	68	10.4	179	1,377
Middle	26.5	677	13.0	281	27.7	662	4.8	142	18.0	435	2,503
Second	32.3	1,169	12.3	466	30.9	999	5.2	196	20.6	748	3,449
Lowest (poorest)	35.5	1,429	14.9	570	30.8	1,202	5.4	213	22.0	945	3,820

Table A29. Percentage of households receiving assistance from organizations, by source of assistance, residence, county, and wealth quintile, CFSNS 2025

Characteristics	%	n	NGO	WFP, FAO, UNDP or other UN agency	Government, MoH, MoA, national food assistance agency	Number of households (n)
All households	8.7	229	40.5	16.0	53.7	3,309
Residence						
Rural	9.1	143	52.8	3.4	45.9	2,124
Urban	8.3	86	27.9	28.9	61.6	1,185
County						
Bomi	3.2	12	56.9	-	40.0	304
Bong	0.9	2	-	-	-	133
Gbarpolu	0.3	1	-	100.0	-	273
Grand Bassa	2.1	2	68.6	-	-	78
Grand Cape Mount	22.0	64	23.0	5.3	68.6	312
Grand Gedeh	23.2	17	20.1	5.8	66.0	82
Grand Kru	-	-	-	-	-	42
Lofa	0.6	1	-	-	-	271
Margibi	0.7	4	36.9	23.0	63.1	379
Maryland	11.5	9	89.3	37.5	43.4	80
Rural Montserrado	5.4	1	-	-	100.0	60
Urban Montserrado	8.4	14	6.9	47.7	82.0	130
Nimba	23.9	61	77.0	-	31.1	268
River Cess	3.1	10	18.6	13.5	10.1	251
River Gee	3.6	13	22.7	-	-	337
Sinoe	5.9	18	8.0	33.7	56.1	309
Wealth quintile						
Highest (wealthiest)	6.6	8	16.2	17.0	52.1	138
Fourth	7.9	20	25.9	49.1	75.5	315
Middle	10.1	57	41.4	3.7	55.0	659
Second	11.8	86	48.5	13.8	53.0	994
Lowest (poorest)	6.1	58	51.2	4.9	32.9	1,201

Table A30. Access to health services among households, by residence, county, and wealth quintile., CFSNS 2025

Characteristic	Access to Health Services					
	Access to health services		Access to health services in the past 30 days		Needed Health Services in the past 30 days	
	%	n	%	n	%	n
All households	83.1	8,985	50.8	5,792	10.7	1,811
Residence						
Rural	71.1	5,205	47.2	3,507	16.0	7,417
Urban	91.8	3,780	53.5	2,285	6.9	4,337
County						
Bomi	96.1	750	59.5	465	22.0	181
Bong	81.5	650	35.7	288	10.4	78
Gbarpolu	67.7	532	46.2	343	14.4	135
Grand Bassa	51.3	392	25.5	202	29.1	236
Grand Cape Mount	56.8	416	46.4	325	32.3	214
Grand Gedeh	77.1	558	40.0	277	20.5	155
Grand Kru	74.6	562	51.8	392	11.0	79
Lofa	88.6	647	53.8	405	6.2	46
Margibi	71.6	532	43.2	316	9.8	67
Maryland	76.2	613	54.6	436	12.1	100
Rural Montserrado	49.4	307	40.8	257	2.6	13
Urban Montserrado	95.1	594	54.6	329	2.5	15
Nimba	90.2	646	69.6	504	13.7	101
River Cess	82.1	622	52.6	394	6.2	51
River Gee	79.3	604	51.1	397	29.9	240
Sinoe	81.9	560	66.4	462	14.6	100
Wealth quintile						
Highest (wealthiest)	93.8	578	57.4	347	2.3	36
Fourth	91.2	1,148	54.4	708	6.4	152
Middle	85.4	2,015	48.9	1,255	11.8	343
Second	78.3	2,631	51.4	1,782	15.0	589
Lowest (poorest)	68.3	2,610	42.8	1,698	17.2	690

Table A31. Birth registration among children aged 6–59 months, by sex, age group, residence, county, and household wealth, CFSNS 2025

Characteristic	Birth Registration		
	Percentage of children with birth certificate (%)	Percentage of children whose birth certificate was seen (%)	Number of children (n)
All children 6-59 months of age	34.0	10.0	5,805
Child sex			
Male	32.6	10.6	2,894
Female	35.4	9.4	2,911
Child age			
0-5 months	n.a	n.a	n.a
6-11 months	24.3	7.0	534
12-23 months	32.1	11.0	1,285
24-35 months	37.9	10.7	1,308
36-47 months	35.6	8.3	1,358
48-59 months	35.6	11.5	1,320
Residence			
Rural	29.9	8.3	3,700
Urban	36.1	10.9	2,105
County			
Bomi	31.9	3.9	338
Bong	31.5	12.2	314
Gbarpolu	81.8	46.5	328
Grand Bassa	13.4	3.8	459
Grand Cape Mount	27.7	5.8	259
Grand Gedeh	49.3	10.1	346
Grand Kru	39.0	14.3	519
Lofa	54.9	20.8	292
Margibi	42.6	10.6	340
Maryland	16.5	5.2	259
Rural Montserrado	13.2	2.8	347
Urban Montserrado	33.9	10.1	528
Nimba	39.3	7.8	412
River Cess	31.1	12.7	419
River Gee	16.2	4.6	275
Sinoe	25.0	6.9	370
Wealth quintile			
Highest (wealthiest)	38.0	13.8	401
Fourth	33.7	7.9	715
Middle	36.9	9.6	1,184
Second	33.8	11.8	1,654
Lowest (poorest)	25.9	6.2	1,851

Table A32. Prevalence of diarrhea among children in the past two weeks and treatment practices, by residence, county, and household wealth, CFSNS 2025

Characteristic	Percentage with diarrhea in the past 2 weeks	Percentage of children with diarrhea who were given:				
			ORS	Home-made sugar-salt water fluid	Other fluids	Total
		n	%	%	%	n
Rural	12.8	379	53.2	13.1	50.3	3,690
Urban	15.6	288	41.7	3.5	53.6	2,098
County						
Bomi	5.2	20	41.9	-	13.7	338
Bong	12.3	33	30.2	-	53.1	314
Gbarpolu	5.9	19	69.3	6.6	30.7	328
Grand Bassa	7.3	33	47.1	20.9	25.3	459
Grand Cape Mount	1.0	3	-	-	25.1	259
Grand Gedeh	12.5	39	32.7	-	59.6	346
Grand Kru	5.9	27	62.9	18.2	2.4	519
Lofa	10.2	27	54.8	10.8	17.9	292
Margibi	20.8	65	47.6	5.2	56.3	340
Maryland	8.9	25	36.4	-	48.4	259
Rural Montserrado	3.2	12	34.4	14.2	21.9	347
Urban Montserrado	15.3	87	39.4	-	56.1	528
Nimba	31.9	130	62.1	22.0	57.8	412
River Cess	13.7	57	52.9	3.7	61.3	419
River Gee	2.0	7	92.2	-	19.3	275
Sinoe	22.2	83	47.3	12.2	42.8	370
Wealth quintile						
Highest (wealthiest)	9.9	46	43.1	1.3	62.2	401
Fourth	18.7	712	34.8	2.6	55.2	712
Middle	15.9	1,180	45.3	4.5	51.9	1,180
Second	15.1	1,649	59.8	13.2	42.9	1,649
Lowest (poorest)	13.9	1,846	50.5	13.1	50.3	1,846

Table A 33. Disposal of child stools among households, by residence, county, and wealth quintile, CFSNS 2025

Characteristic	Percentage of children whose stools were disposed in:		
	Not appropriate manner	Appropriate manner	Total
	%	%	n
Rural	89.4	10.6	2,105
Urban	57.0	43.0	3,700
County			
Bomi	88.3	11.7	338
Bong	80.3	19.7	314
Gbarpolu	89.8	10.2	328
Grand Bassa	83.4	16.6	459
Grand Cape Mount	84.0	16.0	259
Grand Gedeh	72.5	27.5	346
Grand Kru	96.3	3.7	519
Lofa	74.9	25.1	292
Margibi	62.6	37.4	340
Maryland	82.4	17.6	259
Rural Montserrado	88.3	11.7	347
Urban Montserrado	56.0	44.0	528
Nimba	70.1	29.9	412
River Cess	97.3	2.7	419
River Gee	94.4	5.6	275
Sinoe	86.3	13.7	370
Wealth quintile			
Highest (wealthiest)	53.0	47.0	401
Fourth	55.9	44.1	715
Middle	63.9	36.1	1,184
Second	84.3	15.7	1,654
Lowest (poorest)	93.8	6.2	1,851

Table A 34. Prevalence of acute respiratory infection (ARI) symptoms among children aged 6–59 months and care-seeking and treatment practices, by child, household, and geographic characteristics, CFSNS 2025

Characteristic	Percentage of children with symptoms of ARI		Among children with symptoms of ARI			
			Advice or treatment was sought		Medicine was given for treatment	
	%	n	%	n	%	n
All children 6-59 months	22.2	6,267	70.4	1,216	88.2	1,218
Child sex						
Male	22.5	3,148	72.3	620	89.6	620
Female	21.9	3,119	68.4	596	86.8	598
Child age						
0-5 months	11.3	493	66.5	57	91.6	57
6-11 months	30.1	532	84.3	127	93.2	127
12-23 months	29.0	1,280	72.4	321	90.5	322
24-35 months	28.7	1,299	62.8	280	84.1	280
36-47 months	16.8	1,351	71.0	238	88.8	239
48-59 months	16.3	1,312	67.1	193	84.2	193
Residence						
Rural	19.0	3,970	73.8	661	87.3	661
Urban	23.8	2,297	69.1	555	88.6	557
County						
Bomi	18.9	362	60.1	68	82.1	68
Bong	15.8	344	64.8	49	76.9	49
Gbarpolu	8.2	345	49.2	31	100.0	31
Grand Bassa	8.9	497	58.5	40	69.4	40
Grand Cape Mount	18.0	282	92.4	46	92.4	46
Grand Gedeh	30.4	388	88.6	114	86.4	115
Grand Kru	12.2	526	78.2	60	97.5	60
Lofa	14.0	311	71.5	43	98.9	43
Margibi	30.6	355	73.8	113	85.1	113
Maryland	19.4	277	87.1	51	91.8	51
Rural Montserrado	15.6	377	86.5	58	92.7	58
Urban Montserrado	22.5	596	65.6	145	89.7	146
Nimba	41.4	437	79.6	184	88.7	184
River Cess	16.8	463	47.9	77	90.6	77
River Gee	11.1	303	70.3	34	94.9	34
Sinoe	22.2	404	70.0	103	79.0	103
Wealth quintile						
Highest (wealthiest)	17.7	444	71.5	88	97.3	88
Fourth	25.8	764	66.4	206	87.0	206
Middle	27.4	1,269	67.7	274	85.6	276
Second	21.1	1,794	74.6	300	82.6	300
Lowest (poorest)	19.1	1,996	76.1	348	88.4	348

Table A35. Sources of treatment sought for childhood illness among children aged 6–59 months, by child, household, and geographic characteristics., CFSNS 2025

Characteristic	Source of treatment							Total
	Health facility	Drugs store or pharmacy	Traditional healers	Herbal medicine	Shop	Family/ relatives	Other	
Child Sex								
Male	71.0	46.3	2.8	0.3	3.1	1.5	2.0	452
Female	62.6	47.8	2.0	2.4	1.5	1.7	2.1	423
Age								
0-5 months	67.5	-	-	1.5	-	-	0.4	41
6-11 months	73.2	46.2	6.6	0.6	3.7	0.3	2.3	96
12-23 months	69.2	39.6	1.1	1.2	4.3	2.7	2.6	236
24-35 months	59.8	51.7	2.8	1.2	1.8	0.6	3.3	194
36-47 months	71.0	44.2	1.5	1.7	1.0	1.7	0.6	174
48-59 months	62.7	60.2	1.9	2.0	-	2.9	1.1	134
Residence								
Rural	70.4	43.5	4.6	3.8	2.2	4.1	3.0	460
Urban	65.7	48.5	1.6	0.2	2.4	0.5	1.6	415
County								
Bomi	89.1	10.5	-	-	-	-	6.2	40
Bong	86.8	9.3	-	3.9	1.6	-	-	31
Gbarpolu	74.5	30.7	-	11.5	-	15.3	7.1	15
Grand Bassa	71.1	32.2	-	-	-	-	-	25
Grand Cape Mount	51.7	29.0	19.3	-	-	-	-	42
Grand Gedeh	30.6	70.3	-	3.4	-	-	2.1	97
Grand Kru	89.9	33.7	-	8.7	-	6.9	-	47
Lofa	96.3	8.7	-	-	-	-	-	30
Margibi	64.8	38.1	-	3.6	-	3.7	7.6	83
Maryland	87.5	31.4	-	-	-	-	-	44
Rural Montserrado	70.8	14.2	-	-	-	15.8	3.6	48
Urban Montserrado	65.6	48.1	2.2	-	3.3	0.4	2.3	96
Nimba	69.0	73.6	4.1	2.5	3.8	1.0	-	144
River Cess	55.2	27.3	7.2	3.9	3.9	8.9	15.5	35
River Gee	85.0	54.8	11.0	13.4	-	5.9	-	25
Sinoe	68.0	22.7	-	1.2	-	13.5	1.4	73
Wealth quintile								
Highest (wealthiest)	68.7	34.7	-	-	4.6	1.0	3.0	66

Characteristic	Source of treatment							Total
	Health facility	Drugs store or pharmacy	Traditional healers	Herbal medicine	Shop	Family/ relatives	Other	
Fourth	61.3	54.0	-	0.4	2.4	0.4	1.5	157
Middle	66.4	50.1	5.7	0.3	-	1.7	1.6	191
Second	71.4	53.4	1.6	2.2	0.9	1.7	1.8	217
Lowest (poorest)	71.0	40.6	6.0	4.8	4.1	4.0	2.7	244

Table A36. Coverage of key child health and nutrition interventions among children aged 0–59 months, by child, household, and geographic characteristics, CFSNS 2025

Characteristic	Percentage of children 12-59 months given deworming medication in past 6 months		Percentage of children 0-59 months who slept under a mosquito net		Percentage of children 6–59 months enrolled in IFP/OTP programs	
	%	n	%	n	%	n
All children	60.2	3,678	59.0	6,284	9.9	5,778
Child sex						
Male	60.9	1,821	59.3	3,154	9.7	2,880
Female	59.5	1,857	58.7	3,130	10.2	2,898
Child age						
0-5 months	n.a	n.a	73.8	493	n.a	n.a
6-11 months	n.a	n.a	68.1	530	11.4	534
12-23 months	n.a	n.a	59.6	1,282	10.5	1,284
24-35 months	58.5	1,062	55.3	1,304	8.6	1,302
36-47 months	60.5	1,322	53.2	1,356	8.7	1,346
48-59 months	61.3	1,294	55.6	1,319	11.0	1,312
Residence						
Rural	66.6	2,391	68.7	3,982	15.8	3,682
Urban	56.7	1,287	54.2	2,302	6.9	2,096
County						
Bomi	73.8	205	77.3	363	15.8	337
Bong	65.6	174	66.1	343	2.2	308
Gbarpolu	75.1	242	75.4	345	2.2	328
Grand Bassa	70.8	295	39.6	501	14.5	457
Grand Cape Mount	56.8	177	73.1	277	82.7	258
Grand Gedeh	36.7	247	88.5	390	-	344
Grand Kru	83.8	372	69.7	529	0.8	515
Lofa	93.5	187	92.1	312	6.9	292
Margibi	74.9	212	65.3	355	8.3	336
Maryland	93.0	167	64.6	277	1.2	259
Rural Montserrado	39.6	209	64.4	379	33.6	345
Urban Montserrado	50.5	314	48.4	600	3.8	527
Nimba	75.5	251	78.2	443	29.9	408
River Cess	81.8	249	76.6	463	1.4	419
River Gee	72.3	166	87.2	303	3.7	275
Sinoe	36.0	211	42.3	404	1.9	370
Wealth quintile						
Highest (wealthiest)	68.3	243	55.2	446	2.9	400
Fourth	48.7	455	56.8	768	8.3	713
Middle	53.4	728	53.4	1,271	12.0	1,178
Second	71.2	1,056	71.8	1,798	17.4	1,646
Lowest (poorest)	62.1	1,196	61.1	2,001	12.1	1,841

Table A37. Measles vaccination coverage among children aged 6–59 months and completion of measles vaccination among children aged 9–59 months, by residence, county, and wealth quintile, CFSNS 2025

Characteristic	Ever received measles		Percentage of children 9-59 months who received at least one measles vaccination				
	Yes %	Total n	No %	Yes, but not all of them %	Yes, all of them %	No application %	Total n
All children 6-59 months	87.4	5,554	7.4	33.9	57.1	1.6	3,583
Residence							
Rural	88.1	3,545	7.3	38.3	52.5	1.8	2,295
Urban	77.4	2,009	7.4	31.5	59.7	1.4	1,288
County							
Bomi	96.4	325	2.2	45.5	51.6	0.7	194
Bong	86.8	298	12.0	50.1	36.4	1.6	199
Gbarpolu	97.7	319	7.6	33.1	51.3	8.0	233
Grand Bassa	68.5	448	12.8	36.7	49.2	1.3	253
Grand Cape Mount	94.2	247	4.1	41.6	52.9	1.4	168
Grand Gedeh	97.6	336	1.9	17.1	79.8	1.2	231
Grand Kru	95.3	506	2.8	40.6	55.1	1.5	331
Lofa	98.9	275	3.6	16.9	78.1	1.4	188
Margibi	79.9	324	15.3	50.5	29.3	5.0	265
Maryland	88.3	246	1.7	74.3	23.1	0.9	171
Rural Montserrado	90.4	329	3.6	30.3	63.6	2.5	231
Urban Montserrado	85.9	497	7.8	30.7	60.4	1.1	282
Nimba	94.4	398	3.5	19.3	76.2	0.9	232
River Cess	92.7	401	4.7	40.5	54.9	-	240
River Gee	92.8	256	4.6	36.8	57.5	1.1	164
Sinoe	77.5	349	11.7	56.3	28.2	3.8	201
Wealth quintile							
Highest (wealthiest)	87.8	379	6.5	24.3	66.8	2.3	237
Fourth	87.5	686	7.8	31.7	59.5	1.0	451
Middle	87.6	1,134	6.9	36.7	54.6	1.8	749
Second	87.9	1,577	7.3	37.1	54.4	1.2	996
Lowest (poorest)	86.0	1,778	8.3	42.3	47.7	1.7	1,148

Table A38. Polio vaccination coverage among children aged 6–59 months, by residence, county, and wealth quintile, CFSNS 2025

Characteristic	Percentage of children 6-59 months who received three doses of polio vaccination				
	No %	Yes, but not all of them %	Yes, all of them %	No application %	Total n
All children 6-59 months	7.3	31.2	60.0	1.5	3,581
Residence					
Rural	7.5	35.0	55.6	1.8	2,293
Urban	7.2	29.1	62.3	1.4	1,288
County					
Bomi	2.5	43.5	53.3	0.7	194
Bong	12.3	48.2	37.3	2.3	199
Gbarpolu	5.1	29.4	57.6	8.0	233
Grand Bassa	12.1	31.4	55.7	0.8	253
Grand Cape Mount	4.2	38.9	55.5	1.4	167
Grand Gedeh	4.6	14.6	79.4	1.5	231
Grand Kru	2.4	40.6	56.2	0.7	330
Lofa	3.5	11.8	84.0	0.7	188
Margibi	14.2	48.8	32.3	4.7	265
Maryland	1.8	72.2	24.2	1.7	171
Rural Montserrado	3.0	22.9	71.7	2.4	230
Urban Montserrado	7.4	28.4	63.1	1.1	282
Nimba	6.4	17.0	76.0	0.6	232
River Cess	1.0	33.5	65.5	-	240
River Gee	3.3	31.3	63.9	1.5	165
Sinoe	9.5	59.3	27.5	3.8	201
Wealth quintile					
Highest (wealthiest)	4.0	22.0	71.8	2.1	237
Fourth	9.5	29.1	60.3	1.0	449
Middle	7.0	33.7	57.6	1.7	748
Second	6.2	35.2	57.5	1.1	996
Lowest (poorest)	9.4	38.6	50.3	1.8	1,149

Table A39. Coverage of micronutrient powder (MNP) distribution and vitamin A supplementation among children aged 6–59 months, by sex, age group, residence, county, and wealth quintile, CFSNS 2025

Characteristic	Percentage of children 6–59 months receiving MNPs	Percentage of children 6–59 months receiving vitamin A supplementation	Number of all children age 6-59 months (n)
All Children 6-59 months	66.3	20.7	5,805
Child sex			
Male	66.8	21.3	2,894
Female	65.6	20.0	2,911
Child age			
6-11 months	56.9	16.3	534
12-23 months	62.6	19.0	1,285
24-35 months	69.5	22.6	1,308
36-47 months	69.1	20.7	1,358
48-59 months	68.8	22.8	1,320
Residence			
Rural	67.3	24.3	3,700
Urban	65.7	18.8	2,105
County			
Bomi	93.4	68.4	338
Bong	56.3	7.9	314
Gbarpolu	68.8	30.0	328
Grand Bassa	31.2	17.0	459
Grand Cape Mount	95.1	10.2	259
Grand Gedeh	34.0	10.3	346
Grand Kru	83.0	30.6	519
Lofa	95.9	5.9	292
Margibi	56.9	32.2	340
Maryland	66.3	18.8	259
Rural Montserrado	68.1	26.8	347
Urban Montserrado	65.3	17.3	528
Nimba	76.9	27.0	412
River Cess	93.4	55.3	419
River Gee	68.4	37.4	275
Sinoe	58.8	31.2	370
Wealth quintile			
Highest (wealthiest)	67.7	21.2	401
Fourth	65.9	18.1	715
Middle	65.2	19.4	1,184
Second	71.8	23.7	1,654
Lowest (poorest)	60.5	21.9	1,851

Table A40. Care-seeking danger signs and symptoms reported among children, by residence, county, and household wealth, CFSNS 2025

Characteristic	Child not able to drink or breastfeed	Child becomes sicker	Child develops a fever	Child has fast breathing	Child has difficulty breathing	Child has blood in stool	Child is drinking poorly	Other	Number of children (n)
All households	9.6	32.1	62.5	14.6	11.8	8.4	5.0	36.5	11,821
Residence									
Rural	12.8	45.7	61.9	20.8	16.7	11.7	7.4	28.4	7,478
Urban	7.4	22.2	62.9	10.1	8.2	6.1	3.3	42.2	4,343
County									
Bomi	29.0	42.8	51.7	39.0	34.9	22.6	3.7	17.1	778
Bong	8.1	33.6	47.2	12.4	12.7	8.4	7.6	48.0	804
Gbarpolu	5.1	59.1	67.7	39.1	35.1	7.5	16.4	18.4	782
Grand Bassa	53.5	58.8	68.6	56.6	50.8	37.2	17.6	14.6	773
Grand Cape Mount	3.1	58.4	41.5	9.2	3.9	6.3	1.2	83.1	717
Grand Gedeh	1.4	43.8	44.4	5.7	0.9	0.4	0.1	53.0	746
Grand Kru	2.0	37.7	78.4	24.4	16.0	4.2	5.0	17.2	745
Lofa	11.9	28.8	75.0	17.5	10.1	1.0	11.2	17.4	743
Margibi	8.8	51.7	82.1	24.7	21.2	20.9	7.9	30.2	733
Maryland	39.5	67.4	70.4	35.3	37.7	42.1	21.8	23.6	808
Rural Montserrado	0.5	50.8	58.3	10.5	7.1	0.3	0.6	15.6	628
Urban Montserrado	2.5	9.2	64.0	3.7	2.8	0.9	0.9	48.5	628
Nimba	8.0	38.3	57.7	10.0	9.9	12.9	6.2	21.9	718
River Cess	10.9	34.4	66.6	14.2	1.8	3.5	0.6	31.9	748
River Gee	14.8	61.9	83.6	28.1	7.8	3.0	2.3	13.1	747
Sinoe	1.0	38.0	67.5	5.6	1.6	2.0	-	4.8	723
Wealth quintile									
Highest (wealthiest)	4.3	12.0	55.5	6.3	5.4	3.3	2.0	51.5	667
Fourth	4.8	21.6	67.2	8.6	7.0	4.9	2.1	39.5	1,377
Middle	10.6	34.7	64.9	14.3	12.1	9.1	5.8	33.5	2,503
Second	13.1	45.5	62.7	18.5	15.0	11.3	6.0	30.2	3,449
Lowest (poorest)	14.9	44.7	61.7	24.1	18.6	13.1	8.8	28.9	3,820

Table A41. Nutritional status of children aged 6–59 months, by sex, age group, residence, county, and household wealth, CFSNS 2025

Characteristic	Stunted			Underweight			Wasted			
	Severely Stunted (<-3SD)	Stunted (<-2SD)	Total	Severely Under-weight (<-3SD)	Under-weight (<-2SD)	Total	SAM Severely Wasted (<-3SD)	MAM Moderate Wasted (<-2 and ≥ -3 SD)	GAM Wasted (<-2SD)	Total
	%	%	n	%	%	n	%		%	n
All children 6-59 months	10.3	26.3	5,529	5.0	15.5	5,642	3.0	5.5	8.5	5,440
Child sex										
Male	12.0	30.0	2,743	5.7	18.4	2,810	3.7	6.4	10.1	2,710
Female	8.5	22.2	2,786	4.2	12.6	2,832	2.4	4.6	7.0	2,730
Child age										
0-5 months	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
6-11 months	4.1	9.6	494	4.3	10.6	509	4.0	5.7	9.7	491
12-23 months	10.4	29.1	1,212	7.2	19.6	1,236	4.1	10.0	14.1	1,193
24-35 months	12.7	31.1	1,251	4.2	14.3	1,279	2.4	4.9	7.3	1,232
36-47 months	9.7	25.6	1,301	4.3	12.8	1,333	2.3	2.5	4.8	1,275
48-59 months	11.7	27.5	1,271	4.3	17.7	1,285	2.9	4.3	7.2	1,249
Residence										
Urban	8.8	23.0	3,526	4.6	15.7	3,598	3.2	6.0	9.2	3,479
Rural	13.2	32.3	2,003	5.7	15.3	2,044	2.7	4.7	7.4	1,961
County										
Bomi	12.5	25.1	308	5.8	19.1	314	3.3	6.7	10.0	304
Bong	11.9	30.4	307	3.9	8.1	313	1.3	4.2	5.5	307
Gbarpolu	19.1	36.9	311	8.2	18.4	322	3.0	10.9	13.9	294
Grand Bassa	14.0	32.2	422	6.2	19.7	435	2.1	7.0	9.1	418
Grand Cape Mount	12.1	38.2	255	11.0	27.6	256	9.4	10.4	19.8	253
Grand Gedeh	12.9	37.1	346	3.5	9.4	345	0.8	2.8	3.6	345
Grand Kru	20.9	50.9	507	5.8	12.8	515	1.2	1.6	2.8	506
Lofa	8.0	28.8	283	5.7	14.8	286	3.0	3.3	6.3	282
Margibi	14.7	29.7	310	6.2	16.8	326	7.4	4.4	11.8	297
Maryland	7.6	22.0	248	1.3	6.7	244	3.0	4.7	7.7	235
Rural Montserrado	13.3	32.4	332	4.7	14.8	336	1.9	5.9	7.8	324
Urban Montserrado	8.2	21.1	518	4.6	16.6	518	3.2	6.4	9.6	507
Nimba	10.4	27.7	393	4.3	11.4	402	1.4	1.8	3.2	389
River Cess	8.9	24.8	387	3.9	15.4	406	2.7	3.5	6.2	389
River Gee	17.1	32.3	261	5.0	18.2	274	6.3	6.4	12.7	258

Characteristic	Stunted			Underweight			Wasted			
	Severely Stunted (<-3SD)	Stunted (<-2SD)	Total	Severely Under-weight (<-3SD)	Under-weight (<-2SD)	Total	SAM Severely Wasted (<-3SD)	MAM Moderate Wasted (<-2 and ≥ -3 SD)	GAM Wasted (<-2SD)	Total
	%	%	n	%	%	n	%		%	n
Sinoe	11.1	29.4	341	6.7	17.7	350	2.4	6.7	9.1	332
Wealth quintile										
Highest (wealthiest)	5.0	16.0	385	3.1	11.8	392	2.2	6.8	9.0	370
Fourth	9.4	23.6	673	5.0	15.5	682	3.7	4.2	7.9	656
Middle	10.5	28.5	1,123	5.1	18.5	1,150	3.6	6.3	9.9	1,102
Second	15.2	33.4	1,569	6.6	17.5	1,614	3.7	5.9	9.6	1,554
Lowest (poorest)	13.9	34.5	1,779	5.7	15.7	1,804	2.1	4.4	6.5	1,758

Table A42. Nutritional status of children aged 6–59 months by sex, age, residence, county, and wealth quintile, CFSNS 2025

Characteristics	Normal Weight		Overweight		Obese		Pitting oedema	
	Normal Weight (-2 to +2SD)	Total	Overweight (> +2SD)	Total	Obese (> +3SD)	Total	Bilateral Pitting Oedema	Total
	%	n	%	n	%	n	%	n
All children 6-59 months	87.1	5,424	4.7	5,424	1.5	5,424	0.9	5,805
Child sex								
Male	85.6	2,702	4.9	2,702	1.3	2,702	1.1	2,894
Female	88.5	2,722	4.6	2,722	1.6	2,722	0.6	2,911
Child age								
0-5 months	n.a	n.a	n.a	n.a	n.a	n.a	n.a	n.a
6-11 months	82.5	489	5.7	489	3.4	489	1.7	534
12-23 months	83.9	1,189	3.9	1,189	1.6	1,189	1.3	1,285
24-35 months	88.2	1,225	4.9	1,225	1.5	1,225	0.4	1,308
36-47 months	88.1	1,270	6.7	1,270	1.3	1,270	0.4	1,358
48-59 months	90.3	1,251	3.1	1,251	0.6	1,251	1.0	1,320
Residence								
Urban	87.7	3,471	3.4	3,471	1.2	3,471	1.0	2,103
Rural	85.8	1,953	7.4	1,953	2.0	1,953	0.6	3,702
County								
Bomi	89.2	304	2.9	304	0.9	304	0.6	338
Bong	85.2	303	9.2	303	4.3	303	0.1	314
Gbarpolu	72.6	292	17.7	292	7.8	292	-	328
Grand Bassa	87.2	417	5.3	417	1.8	417	1.3	459
Grand Cape Mount	75.3	248	6.1	248	0.4	248	1.2	259
Grand Gedeh	91.0	345	5.0	345	1.0	345	0.2	346
Grand Kru	72.0	508	25.4	508	8.5	508	0.1	519
Lofa	89.8	283	3.7	283	1.0	283	0.7	292
Margibi	77.6	294	11.0	294	3.3	294	0.4	340
Maryland	77.5	235	14.5	235	4.2	235	1.1	259
Rural Montserrado	90.1	324	3.0	324	1.2	324	1.9	347
Urban Montserrado	88.1	507	2.4	507	0.6	507	1.1	528
Nimba	93.7	388	3.5	388	0.8	388	0.6	412
River Cess	90.3	389	3.4	389	1.0	389	-	419
River Gee	75.3	256	13.0	256	3.6	256	-	275
Sinoe	87.5	331	4.4	331	0.9	331	0.1	370
Wealth quintile								
Highest (wealthiest)	88.9	370	3.3	370	1.4	370	0.6	401

Characteristics	Normal Weight		Overweight		Obese		Pitting oedema	
	Normal Weight (-2 to +2SD)	Total	Overweight (> +2SD)	Total	Obese (> +3SD)	Total	Bilateral Pitting Oedema	Total
	%	n	%	n	%	n	%	n
Fourth	88.9	655	2.4	655	0.6	655	1.5	715
Middle	85.4	1,097	5.0	1,097	1.2	1,097	1.3	1,184
Second	84.6	1,551	6.2	1,551	2.0	1,551	0.4	1,654
Lowest (poorest)	85.8	1,751	8.4	1,751	2.4	1,751	0.4	1,851

Table A43. Prevalence of acute malnutrition among children aged 6–59 months by sex, age, residence, county, and wealth quintile, CFSNS 2025

Characteristics	Combined Acute Malnutrition (cGAM)		Wasted (MUAC and Oedema) ($<-3SD$)	Total
	%	n	%	n
All children 6-59 months	8.9	481	5.1	5,609
Child sex				
Male	10.7	268	4.9	2,788
Female	7.2	213	5.2	2,821
Child age				
0-5 months	n.a	n.a	n.a	n.a
6-11 months	10.6	59	6.7	508
12-23 months	14.5	164	7.8	1,232
24-35 months	7.4	114	4.6	1,268
36-47 months	4.9	67	3.3	1,320
48-59 months	7.9	77	4.5	1,281
Residence				
Urban	9.7	298	4.4	3,567
Rural	7.6	183	6.8	2,042
County				
Bomi	9.7	32	8.8	311
Bong	5.5	19	4.7	313
Gbarpolu	12.6	40	6.9	321
Grand Bassa	9.6	50	10.5	438
Grand Cape Mount	20.6	53	4.4	258
Grand Gedeh	3.8	11	3.2	344
Grand Kru	2.9	15	6.8	504
Lofa	6.8	19	5.9	287
Margibi	10.6	36	13.2	328
Maryland	8.3	26	23.7	257
Rural Montserrado	9.1	33	8.3	336
Urban Montserrado	10.3	49	3.7	516
Nimba	3.6	15	2.1	396
River Cess	5.7	25	5.0	398
River Gee	11.9	27	2.9	257
Sinoe	8.1	31	4.1	345
Wealth quintile				

Characteristics	Combined Acute Malnutrition (cGAM)		Wasted (MUAC and Oedema) ($<-3SD$)	Total
	%	n	%	n
Highest (wealthiest)	9.1	36	2.9	391
Fourth	8.9	62	5.4	689
Middle	10.7	98	4.2	1,145
Second	9.5	151	8.3	1,596
Lowest (poorest)	6.5	134	6.5	1,788

Table A44. Breastfeeding practices and duration among children aged 0–23 month, CFSNS 2025

Characteristic	Percentage ever breastfed	Percentage who started feeding within 1 hour of birth	Percentage Exclusive breastfeeding among children 0-5 months	Percentage Continued breastfeeding 12-23 months	Average age at cessation of breastfeeding	Number of all children age 6-23 months (n)
All Children 0-23 months	95.3	76.0	41.1	29.6	9.2	380
Child sex						
Male	94.7	78.1	37.1	27.3	10.2	195
Female	96.0	73.8	45.6	32.2	9.3	185
Child age						
0-5 months	94.5	81.3	41.1	n.a	5.3	5
6-11 months	95.4	71.9	n.a	n.a	5.8	13
12-23 months	95.7	75.4	n.a	29.6	10.1	362
Residence						
Rural	96.4	66.8	50.5	41.3	10.9	187
Urban	94.9	79.9	38.1	24.8	9.6	193
County						
Bomi	96.4	71.4	74.4	38.8	10.9	32
Bong	98.1	84.2	62.5	43.6	11.0	17
Gbarpolu	98.6	94.6	94.1	48.1	13.2	13
Grand Bassa	96.2	56.3	44.7	32.4	8.0	45
Grand Cape Mount	97.6	5.6	47.8	28.0	9.0	28
Grand Gedeh	99.2	79.9	86.5	46.7	8.4	7
Grand Kru	95.3	76.2	68.2	62.8	9.4	15
Lofa	98.4	89.7	48.7	40.2	5.7	19
Margibi	97.4	70.8	30.0	41.3	11.0	27
Maryland	95.7	78.3	50.8	34.9	13.4	16
Rural Montserrado	90.8	66.9	72.1	43.6	11.1	14
Urban Montserrado	94.5	84.1	35.3	20.6	9.6	66
Nimba	95.1	47.5	23.4	41.7	11.8	30
River Cess	96.9	91.6	57.3	42.5	13.2	17
River Gee	95.4	91.1	46.1	36.0	9.1	13
Sinoe	93.3	42.3	46.5	38.7	16.2	21
Wealth quintile						
Highest (wealthiest)	93.4	83.3	21.9	16.5	10.2	43
Fourth	97.8	78.2	51.7	28.7	9.7	70
Middle	93.7	74.6	51.5	35.0	8.0	84
Second	95.6	70.7	53.4	37.0	11.3	96
Lowest (poorest)	97.0	66.3	50.8	41.9	10.4	87

Table A45. Infant and young child feeding practices among children aged 6–23 month, CFSNS 2025

Characteristic	Among all children age 6-23 months			
	Minimum dietary diversity (%)	Minimum Meal Frequency (%)	Minimum Acceptable Diet (%)	Number of all children age 6-23 months (n)
All children	12.1	25.9	2.4	1,819
Child sex				
Male	12.6	26.4	3.3	918
Female	11.5	25.3	1.5	901
Child age				
6-11 months	6.5	35.5	1.2	534
12-23 months	14.7	21.4	3.0	1,285
Residence				
Rural	10.6	19.2	0.4	1,098
Urban	12.7	28.9	3.3	721
County				
Bomi	7.5	11.0	-	120
Bong	7.6	42.1	-	113
Gbarpolu	5.2	4.4	2.8	80
Grand Bassa	18.5	2.3	1.2	147
Grand Cape Mount	5.6	20.5	1.5	75
Grand Gedeh	3.3	19.6	1.6	83
Grand Kru	1.7	46.0	-	101
Lofa	17.1	11.3	0.5	92
Margibi	25.2	18.2	5.3	103
Maryland	2.7	27.1	1.3	84
Rural Montserrado	9.0	9.3	-	119
Urban Montserrado	11.8	30.1	3.6	197
Nimba	14.7	34.6	1.6	136
River Cess	12.4	3.9	0.3	148
River Gee	12.5	33.9	-	95
Sinoe	11.9	10.0	0.8	126
Wealth quintile				
Highest (wealthiest)	15.8	39.2	6.0	140
Fourth	9.3	25.8	1.8	229
Middle	13.7	17.0	1.5	393
Second	8.4	20.9	0.3	514
Lowest (poorest)	11.8	19.6	0.6	543

Table A46. Prenatal care coverage and nutrition counseling among non-pregnant women, by age, residence, county, and wealth quintile, CFSNS 2025

	Prenatal Care			
	Percentage receiving ANC	Percentage receiving IFA	Number of women (n)	Percentage counseled on feeding
All non-pregnant women	67.5	66.4	6,800	63.5
Age				
10-14	7.4	7.3	1,040	7.4
15-19	32.9	32.4	993	31.2
20-24	81.9	81.4	1,276	74.0
25-29	90.1	87.0	1,084	82.7
30-34	96.6	95.1	819	92.5
35-39	94.4	93.4	761	87.4
40-44	85.5	87.1	492	88.3
45-49	87.7	85.0	335	87.3
Residence				
Rural	78.4	76.3	3,974	73.2
Urban	63.0	62.4	2,826	59.5
County				
Bomi	79.4	77.7	374	75.8
Bong	71.7	71.1	379	63.0
Gbarpolu	91.6	89.6	296	91.6
Grand Bassa	66.9	59.8	518	59.2
Grand Cape Mount	96.3	96.2	290	96.9
Grand Gedeh	66.7	66.7	467	66.3
Grand Kru	62.1	60.9	610	60.5
Lofa	84.9	84.5	331	83.5
Margibi	63.8	63.2	438	57.9
Maryland	72.7	71.7	310	72.7
Rural Montserrado	74.6	73.7	409	69.4
Urban Montserrado	61.4	61.2	710	58.0
Nimba	74.4	73.1	464	67.3
River Cess	74.6	74.0	457	74.6
River Gee	76.6	61.6	335	74.3
Sinoe	81.1	78.6	412	78.4
Wealth quintile				
Highest (wealthiest)	55.2	54.9	604	52.3
Fourth	64.9	64.7	1,007	61.4
Middle	73.7	73.0	1,421	69.1
Second	77.1	75.1	1,885	72.3
Lowest (poorest)	78.6	75.5	1,883	73.2

Table A47. Exposure to breastfeeding messages among non-pregnant women and sources of information, by age, residence, county, and wealth quintile, CFSNS 2025

Characteristics	Percentage who heard breastfeeding messages	Radio	Television	Both radio and television	Health facility	Community health volunteers CHP/CHA	Other	Number of women (n)
All non-pregnant women	66.1	4.2	0.1	0.4	92.4	1.9	1.1	4,898
Age								
10-14	9.1	22.1	-	0.4	67.2	3.7	6.7	145
15-19	32.9	5.8	-	0.8	87.4	2.5	3.6	459
20-24	76.8	3.1	-	0.6	93.8	1.6	0.8	1,067
25-29	85.9	3.6	0.3	0.2	93.7	1.4	0.8	987
30-34	95.0	5.2	0.1	0.2	92.5	1.5	0.5	774
35-39	92.6	2.5	-	0.5	94.0	1.1	1.8	713
40-44	91.1	3.3	-	0.1	92.6	4.0	-	460
45-49	88.3	3.5	0.1	0.3	93.3	2.6	0.2	293
Residence								
Rural	74.6	4.7	0.3	0.4	90.0	3.4	1.1	2,978
Urban	62.7	3.9	-	0.4	93.5	1.1	1.2	1,920
County								
Bomi	78.8	0.4	-	-	97.8	0.8	1.0	305
Bong	67.3	2.7	0.5	0.3	93.6	2.8	-	257
Gbarpolu	98.1	17.2	0.7	-	69.8	6.7	5.6	291
Grand Bassa	68.5	10.2	-	0.5	83.5	5.1	0.6	356
Grand Cape Mount	95.1	1.2	-	0.3	96.0	1.4	1.1	279
Grand Gedeh	68.9	0.5	-	-	97.3	2.3	-	326
Grand Kru	62.8	2.5	-	-	95.6	1.1	0.8	382
Lofa	83.3	0.2	-	0.6	90.5	8.7	-	280
Margibi	67.4	23.1	0.3	0.6	70.9	3.1	2.0	288
Maryland	76.9	36.5	-	-	62.8	0.6	-	239
Rural Montserrado	53.6	0.8	0.9	-	96.2	-	2.1	218
Urban Montserrado	60.6	2.3	-	-	96.0	0.5	1.3	424
Nimba	69.4	2.6	0.3	0.5	93.0	2.0	1.7	322
River Cess	74.1	-	-	0.4	92.2	6.5	1.0	340
River Gee	76.4	0.3	-	0.3	98.8	0.6	-	257
Sinoe	81.1	2.5	-	7.9	86.5	1.0	2.1	334
Wealth quintile								
Highest (wealthiest)	54.1	2.9	-	-	95.6	0.1	1.4	332

Characteristics	Percentage who heard breastfeeding messages	Radio	Television	Both radio and television	Health facility	Community health volunteers CHP/CHA	Other	Number of women (n)
Fourth	64.6	3.3	-	0.5	93.1	1.6	1.6	653
Middle	72.3	4.6	-	0.6	92.6	1.5	0.7	1,030
Second	74.4	6.1	0.1	0.4	90.5	2.1	0.7	1,426
Lowest (poorest)	76.6	4.8	0.4	0.5	88.2	5.1	1.1	1,457

Table A48. Minimum Dietary Diversity (MDD) among women aged 10–49 years, by age, residence, county, and wealth quintile, CFSNS 2025

Characteristic	MDD (4+ Food Groups)	MDD (5+ Food Groups)	Number of women (n)
All women of 10–49 years	22.7	6.7	13,411
Age (years)			
10-14	19.2	5.3	2,215
15-19	23.5	7.0	2,150
20-24	25.3	7.9	2,143
25-29	23.0	5.3	1,856
30-34	22.8	8.9	1,490
35-39	21.8	7.1	1,545
40-44	22.3	5.4	1,160
45-49	24.7	7.1	852
Age Categories (years)			
10-14	19.3	5.3	2,215
15-49	23.4	7.0	11,196
10-49	22.7	6.7	13,411
Residence			
Rural	25.7	6.4	7,756
Urban	21.1	6.8	5,655
County			
Bomi	1.8	1.0	681
Bong	28.5	3.2	849
Gbarpolu	0.6	-	727
Grand Bassa	34.8	11.8	852
Grand Cape Mount	48.5	14.2	691
Grand Gedeh	63.2	22.3	967
Grand Kru	31.0	7.3	1,115
Lofa	22.4	7.1	751
Margibi	20.2	6.2	1,022
Maryland	1.2	0.2	921
Rural Montserrado	10.1	1.0	707
Urban Montserrado	17.0	6.1	964
Nimba	33.8	8.0	834
River Cess	34.2	8.9	802
River Gee	16.1	3.6	727
Sinoe	9.2	0.8	801
Wealth quintile			

Characteristic	MDD (4+ Food Groups)	MDD (5+ Food Groups)	Number of women (n)
Highest (wealthiest)	27.2	10.5	1,081
Fourth	14.5	4.5	1,949
Middle	22.6	5.5	2,992
Second	24.3	6.6	3,747
Lowest (poorest)	25.4	5.1	3,641

NOTE: Minimum Dietary Diversity (MDD) is presented using two thresholds for comparability across surveys. MDD (4+ food groups) reflects the previous definition applied in earlier national surveys, while MDD (5+ food groups) represents the internationally standardized definition recommended for universal reporting. Both indicators are shown to allow trend analysis over time while aligning with updated global measurement standards.

Table A49. Food group consumption among women aged 10–49 years, by age, residence, county, and wealth quintile, CFSNS 2025

Characteristic	Grains, roots, and tubers	Legumes and beans	Nuts and seeds	Dairy products	Meat and organ meats	Eggs	Vitamin A-rich dark green leafy vegetables	Other vitamin A-rich vegetables and fruits	Other fruits	Other vegetables
Women age 10–49	99.1	6.9	12.7	3.4	51.7	6.4	38.1	12.5	6.2	15.0
All non-pregnant women										
10-14	98.8	6.8	12.7	3.9	48.2	5.9	34.0	10.4	5.9	13.7
15-19	99.2	7.4	13.8	3.4	51.2	7.3	36.4	13.7	5.5	14.7
20-24	99.3	6.9	13.9	3.6	55.0	5.4	42.9	12.6	7.0	15.9
25-29	99.5	6.7	9.9	3.4	51.3	6.9	38.6	13.0	6.0	13.2
30-34	99.7	7.3	11.1	4.4	51.4	8.8	37.5	10.7	6.8	14.3
35-39	99.0	7.9	13.2	3.9	52.8	5.4	39.6	14.7	6.4	15.0
40-44	98.9	4.1	12.8	1.3	50.1	4.8	34.7	12.5	6.0	19.7
45-49	98.0	7.1	15.2	0.7	56.5	5.9	44.5	14.0	5.6	17.7
Age Categories										
10-14	98.8	6.8	12.7	3.9	48.2	5.9	34.0	10.4	5.9	13.7
15-49	99.2	6.9	12.7	3.3	52.4	6.5	39.0	13.0	6.2	15.3
Residence										
Rural	99.0	5.3	17.9	1.5	59.8	2.1	48.6	11.5	4.6	22.9
Urban	99.2	7.7	10.0	4.3	47.6	8.6	32.8	13.0	6.9	11.1
County										
Bomi	98.8	2.7	3.8	0.4	2.0	0.3	15.9	25.4	0.9	0.4
Bong	98.8	7.2	5.3	0.8	74.0	1.8	56.0	8.4	0.6	37.2
Gbarpolu	100.0	0.7	0.4	0.2	3.9	0.3	4.9	11.8	1.4	-
Grand Bassa	99.5	2.2	14.1	4.4	58.3	6.7	47.5	19.6	11.7	22.4
Grand Cape Mount	99.9	3.3	7.0	1.8	67.4	1.8	67.7	20.2	7.3	53.6
Grand Gedeh	99.7	9.9	46.8	8.0	94.1	17.1	40.9	5.3	10.4	54.5
Grand Kru	99.6	3.5	55.8	4.7	62.8	8.4	22.6	9.2	5.3	4.2
Lofa	99.3	15.6	9.5	0.5	46.2	1.4	76.7	15.1	12.0	5.8
Margibi	95.6	6.7	7.0	1.4	50.6	3.9	33.9	13.3	4.5	16.0
Maryland	100.0	0.6	8.0	0.8	23.5	1.2	9.0	12.8	1.8	1.6
Rural Montserrado	99.4	5.4	10.9	1.3	44.2	2.0	69.5	12.6	0.8	1.4
Urban Montserrado	99.3	8.5	7.7	4.7	39.8	9.9	27.8	12.2	7.8	4.2
Nimba	99.4	4.1	13.8	3.8	89.0	3.1	50.3	13.0	2.6	36.4
River Cess	100.0	4.8	23.8	2.2	87.5	1.7	49.5	10.5	7.3	30.0
River Gee	99.8	2.0	51.9	0.7	72.2	1.1	19.6	4.9	2.5	10.1
Sinoe	99.8	1.7	47.3	1.0	44.3	0.6	40.5	5.3	0.8	3.9
Wealth quintile										

Characteristic	Grains, roots, and tubers	Legumes and beans	Nuts and seeds	Dairy products	Meat and organ meats	Eggs	Vitamin A- rich dark green leafy vegetables	Other vitamin A- rich vegetables and fruits	Other fruits	Other vegetables
Highest (wealthiest)	98.6	11.4	11.9	7.3	50.4	15.1	31.8	15.7	10.6	7.9
Fourth	99.4	5.7	6.7	2.9	41.7	4.6	31.8	10.7	5.2	8.8
Middle	99.4	5.2	13.1	2.3	52.9	4.6	39.5	13.0	4.7	16.7
Second	99.0	5.8	15.0	1.4	57.8	2.5	46.0	11.7	4.2	23.6
Lowest (poorest)	99.3	4.5	19.6	1.0	60.0	1.6	47.2	10.4	4.4	23.8

Table A50. Nutritional status of women and adolescent girls aged 10–49 years, CFSNS 2025

	All women and adolescents 10-49 years				
	Mean MUAC (cm)	MUAC is below the threshold for acute malnutrition (%)	Number of women (n)	Proportion of women with height under 145 cm	Number of women (n)
All non-pregnant women	27.7	0.8	13,404	2.8	10,467
Age					
10-14	21.6	1.7	2,215	n.a	n.a
15-19	25.3	0.8	2,145	6.4	2,005
20-24	27.4	0.5	2,142	3.1	1,970
25-29	29.3	0.6	1,855	1.6	1,720
30-34	30.7	0.6	1,490	2.3	1,385
35-39	31.3	0.2	1,545	1.2	1,459
40-44	31.6	0.1	1,160	1.7	1,110
45-49	31.8	1.4	852	1.0	818
Residence					
Rural	27.3	0.6	7,751	4.2	6,122
Urban	27.9	0.9	5,653	2.1	4,345
County					
Bomi	27.8	0.8	681	3.5	514
Bong	28.2	-	848	1.7	689
Gbarpolu	30.7	0.3	726	4.3	657
Grand Bassa	27.2	1.1	850	7.7	662
Grand Cape Mount	27.0	0.5	689	6.9	529
Grand Gedeh	27.3	0.4	967	1.4	759
Grand Kru	26.3	0.4	1,115	4.7	847
Lofa	27.5	0.4	751	3.4	635
Margibi	25.6	3.7	1,022	3.8	753
Maryland	27.7	0.7	921	7.4	749
Rural Montserrado	27.2	0.9	707	3.6	503
Urban Montserrado	28.1	0.7	964	1.4	749
Nimba	27.5	0.1	834	2.3	609
River Cess	27.3	1.2	802	4.3	603
River Gee	26.8	0.9	726	6.8	573
Sinoe	28.2	0.4	801	4.8	636
Wealth quintile					
Highest (wealthiest)	28.1	0.7	1,081	1.2	806
Fourth	27.9	0.8	1,948	2.5	1,484
Middle	27.6	1.3	2,992	2.8	2,348
Second	27.4	0.4	3,745	3.9	2,911
Lowest (poorest)	27.1	0.6	3,637	4.7	2,917

Table A51. Body Mass Index (BMI) distribution among non-pregnant, non-lactating women aged 10–49 year, CFSNS 2025

	Non-Pregnant and Non-Lactating Women (10–49 years)					
	BMI Category					Number of women
	Mean BMI	Thin	Normal weight	Overweight	Obese	
All non-pregnant women	25.4	5.6	50.6	25.8	18.0	10,318
10-14	n.a	n.a	n.a	n.a	n.a	n.a
15-19	21.8	14.5	71.2	11.5	2.9	1,962
20-24	23.7	6.4	65.2	20.4	8.0	1,931
25-29	26.1	2.4	46.3	31.2	20.1	1,698
30-34	27.1	3.2	38.1	32.8	25.8	1,358
35-39	27.7	1.9	36.7	32.7	28.7	1,446
40-44	27.6	2.1	36.1	32.7	29.1	1,105
45-49	27.8	2.5	34.4	31.8	31.3	818
Residence & County						
Rural	24.7	5.2	55.5	27.1	12.1	6,019
Urban	25.7	5.8	48.0	25.1	21.0	4,299
Bomi	25.8	5.1	51.3	25.3	18.3	512
Bong	25.2	2.8	52.5	31.4	13.3	680
Gbarpolu	27.1	2.6	35.5	36.6	25.3	655
Grand Bassa	25.2	7.5	58.3	16.5	17.7	607
Grand Cape Mount	26.3	5.2	39.4	32.5	22.9	527
Grand Gedeh	24.4	5.2	53.5	32.3	9.0	757
Grand Kru	24.8	4.7	52.3	30.2	12.8	835
Lofa	24.6	4.8	55.4	29.8	10.0	634
Margibi	24.3	4.3	63.9	21.3	10.5	746
Maryland	26.6	2.7	41.7	32.1	23.5	745
Rural Montserrado	25.2	8.0	52.7	22.6	16.7	497
Urban Montserrado	25.8	6.7	46.1	24.4	22.8	741
Nimba	24.2	5.2	62.3	21.0	11.5	604
River Cess	24.4	7.4	54.2	24.8	13.5	600
River Gee	25.3	4.6	46.8	34.3	14.3	573
Sinoe	26.3	4.0	50.6	29.8	15.5	605
Wealth quintile						
Highest (wealthiest)	25.9	6.7	44.9	25.5	22.9	799
Fourth	25.9	6.2	47.5	25.1	21.1	1,464
Middle	25.6	3.7	51.6	25.2	19.4	2,318
Second	24.8	5.3	53.5	28.6	12.6	2,878
Lowest (poorest)	24.3	5.6	59.3	24.9	10.2	2,858

Table A52. Household land ownership for farming and land tenure status, by residence, county, and wealth quintile, CFSNS 2025

Characteristics	Household own land for farming	Percentage of households by land tenure					Number of households (n)
		Personal or Family with deed	Personal or Family without deed	Rented or Leased	Squatter agreement	Other	
All households	19.5	19.5	56.9	1.6	14.6	7.5	11,738
Residence							
Rural	37.7	17.1	59.0	1.0	14.5	8.4	7,407
Urban	6.5	31.7	46.2	4.8	14.9	2.5	4,331
County							
Bomi	31.8	4.7	77.1	0.3	9.7	8.2	776
Bong	16.4	49.9	19.1	1.8	25.9	3.3	803
Gbarpolu	20.6	6.7	74.4	0.4	18.4	-	766
Grand Bassa	17.3	7.4	37.9	2.1	8.4	44.2	770
Grand Cape Mount	17.3	13.7	25.1	-	34.3	26.9	707
Grand Gedeh	28.2	14.7	70.9	6.7	7.6	-	745
Grand Kru	12.0	1.8	27.5	1.4	64.5	4.7	739
Lofa	56.2	9.2	82.3	2.2	6.2	0.1	743
Margibi	14.5	44.6	27.5	3.7	21.6	2.7	733
Maryland	19.1	27.9	60.0	0.7	7.5	3.9	806
Rural Montserrado	17.3	44.1	13.0	-	38.6	4.3	628
Urban Montserrado	1.9	74.3	25.7	-	-	-	627
Nimba	54.2	20.4	73.3	1.8	4.2	0.3	717
River Cess	56.7	28.5	34.9	-	35.5	1.2	739
River Gee	20.9	2.7	51.3	-	34.1	11.8	745
Sinoe	25.0	4.2	49.6	0.4	26.1	19.8	694
Wealth quintile							
Highest (wealthiest)	3.4	77.2	20.9	-	1.8	-	667
Fourth	6.5	34.3	51.8	3.1	9.2	1.6	1,375
Middle	13.2	19.2	56.5	3.4	15.9	5.1	2,495
Second	32.4	16.3	62.0	1.4	13.8	6.5	3,421
Lowest (poorest)	40.0	17.5	55.3	1.0	16.1	10.1	3,776

Table A53. Household composition by sex and age group, by residence, county, and wealth quintile, CFSNS 2025

	Male 15-35 years	Male 36+years	Female 15-35 years	Female 36+years	Children <15 years
Characteristics	%	%	%	%	%
All households	39.3	57.4	46.5	56.7	15.6
Residence					
Rural	39.2	59.4	47.1	57.8	0.9
Urban	40.2	46.6	43.3	50.9	0.2
County					
Bomi	38.0	65.7	51.3	57.0	0.1
Bong	38.2	51.8	43.2	59.8	0.1
Gbarpolu	38.7	61.8	45.4	45.9	0.0
Grand Bassa	31.9	64.4	53.3	50.4	0.1
Grand Cape Mount	35.5	63.0	49.9	54.5	0.1
Grand Gedeh	39.7	67.6	34.2	73.4	0.0
Grand Kru	39.5	59.7	51.4	64.5	0.0
Lofa	49.5	45.7	54.3	48.0	0.1
Margibi	61.1	59.8	42.3	61.4	0.0
Maryland	41.9	74.5	48.6	64.7	0.0
Rural Montserrado	42.5	67.9	35.4	73.4	0.0
Urban Montserrado	39.3	19.1	37.9	7.3	-
Nimba	34.0	58.4	43.2	62.0	0.4
River Cess	39.4	39.8	38.6	35.0	0.0
River Gee	35.5	68.6	34.1	66.8	0.0
Sinoe	38.6	70.6	43.9	70.7	0.1
Wealth quintile					
Highest (wealthiest)	21.7	49.5	15.6	37.5	0.0
Fourth	48.7	45.9	38.5	37.7	0.0
Middle	39.0	61.5	50.6	60.5	0.2
Second	40.3	57.9	49.4	56.3	0.3
Lowest (poorest)	38.1	57.4	45.1	59.0	0.5

Table A54a. Average area cultivated and prevalence of crop cultivation by crop type, residence, county, and wealth quintile, CFSNS 2025

Characteristics	Average area cultivated	Crop cultivation				
		Rice	Cassava	Maize	Eddoes	Sweet potato
All households	6.1	64.6	56.3	31.2	15.6	10.3
Residence						
Rural	6.0	56.7	48.2	26.7	14.1	9.3
Urban	6.5	8.1	8.0	4.5	1.6	1.1
County						
Bomi	3.5	2.7	4.1	1.3	0.4	0.5
Bong	39.3	5.5	3.8	2.3	0.4	0.5
Gbarpolu	3.1	1.6	0.5	0.1	0.1	0.1
Grand Bassa	3.8	3.7	5.3	0.5	0.1	0.2
Grand Cape Mount	2.8	4.4	6.3	1.0	0.3	0.4
Grand Gedeh	4.3	2.5	2.1	1.8	0.5	0.3
Grand Kru	2.7	0.9	1.1	0.3	0.1	-
Lofa	2.5	16.1	8.2	10.1	6.2	2.5
Margibi	15.6	1.4	1.6	1.4	0.1	0.3
Maryland	1.4	2.1	1.2	0.1	0.1	0.1
Rural Montserrado	1.9	0.4	0.9	0.4	0.4	0.3
Urban Montserrado	2.5	-	0.8	0.1	-	0.1
Nimba	3.1	15.8	11.8	7.7	4.3	3.1
River Cess	2.5	2.9	3.3	0.9	1.1	0.9
River Gee	1.4	2.0	1.6	0.9	0.3	-
Sinoe	1.8	2.9	3.6	2.2	1.2	1.0
Wealth quintile						
Highest (wealthiest)	18.4	0.5	1.0	0.4	0.1	0.2
Fourth	10.0	2.1	2.2	1.2	0.2	0.3
Middle	8.6	8.1	6.4	3.2	2.1	1.1
Second	3.4	22.8	19.7	11.6	6.2	3.9
Lowest (poorest)	6.3	31.3	27.0	14.7	7.1	4.9
All households	6.1	2,044	1,897	907	484	335

Table A54b. Average area cultivated and prevalence of crop cultivation by crop type, residence, county, and wealth quintile, CFSNS 2025

Characteristics	Average area cultivated	Crop cultivation				
		Yams	Beans, pulses, peas	Green and leaves	pepper	Okra
All households	6.1	7.4	10.4	17.8	41.9	28.9
Residence						
Rural	6.0	6.5	9.5	15.9	38.0	25.4
Urban	6.5	0.8	1.0	2.1	3.9	3.6
County						
Bomi	3.5	0.1	0.5	1.3	1.7	1.4
Bong	39.3	0.2	0.1	1.3	3.6	2.5
Gbarpolu	3.1	0.2	-	-	0.7	0.3
Grand Bassa	3.8	0.1	0.7	0.6	3.1	1.1
Grand Cape Mount	2.8	0.2	0.2	0.4	1.5	1.1
Grand Gedeh	4.3	0.5	-	0.9	2.2	1.4
Grand Kru	2.7	-	-	0.1	0.5	0.3
Lofa	2.5	3.8	6.8	4.9	10.5	7.8
Margibi	15.6	-	0.4	0.5	1.0	0.7
Maryland	1.4	0.1	-	0.3	0.6	0.3
Rural Montserrado	1.9	0.1	0.4	1.0	1.0	0.9
Urban Montserrado	2.5	-	-	0.1	-	0.1
Nimba	3.1	1.4	1.1	4.3	9.4	6.9
River Cess	2.5	0.4	-	0.5	2.2	1.2
River Gee	1.4	-	-	0.4	1.3	0.9
Sinoe	1.8	0.5	0.1	1.4	2.4	2.1
Wealth quintile						
Highest (wealthiest)	18.4	0.1	-	0.3	0.2	0.2
Fourth	10.0	0.2	0.2	0.7	0.9	1.2
Middle	8.6	0.9	1.2	2.4	4.7	3.3
Second	3.4	2.9	4.3	6.6	15.3	10.7
Lowest (poorest)	6.3	3.3	4.7	8.1	20.8	13.6
All households	6.1	240	252	551	1,364	896

Table A54c. Average area cultivated and prevalence of crop cultivation by crop type, residence, county, and wealth quintile, CFSNS 2025

Characteristics	Crop cultivation						
		Bitter ball	Tomatoes	Onions	Eggplants	Cabbage	Other
All households	6.1	34.1	6.8	1.1	9.6	0.7	5.9
Residence							
Rural	6.0	31.1	5.8	1.0	8.2	0.5	4.0
Urban	6.5	3.0	1.1	0.1	1.4	0.2	1.6
County							
Bomi	3.5	1.8	0.2	0.1	0.5	-	0.2
Bong	39.3	3.2	0.3	-	0.4	0.1	0.2
Gbarpolu	3.1	0.4	0.1	-	-	-	0.1
Grand Bassa	3.8	1.8	0.1	0.1	0.2	0.1	0.2
Grand Cape Mount	2.8	1.5	0.2	0.1	0.8	-	-
Grand Gedeh	4.3	1.9	-	-	0.8	-	0.4
Grand Kru	2.7	0.5	0.1	-	0.1	-	-
Lofa	2.5	8.7	3.6	0.8	1.7	0.1	0.2
Margibi	15.6	0.8	0.2	-	0.3	-	0.6
Maryland	1.4	0.6	-	-	0.1	-	0.2
Rural Montserrado	1.9	1.0	0.3	-	0.3	0.1	0.1
Urban Montserrado	2.5	-	-	-	-	-	0.8
Nimba	3.1	6.8	1.8	-	2.3	0.2	0.2
River Cess	2.5	1.8	-	-	0.1	-	1.5
River Gee	1.4	1.2	-	-	1.1	-	-
Sinoe	1.8	2.1	-	-	0.8	-	0.8
Wealth quintile							
Highest (wealthiest)	18.4	0.2	0.1	0.1	-	-	0.2
Fourth	10.0	0.8	0.2	-	0.3	-	1.3
Middle	8.6	3.6	1.2	0.1	1.5	0.2	0.7
Second	3.4	12.3	2.8	0.4	3.8	0.2	1.2
Lowest (poorest)	6.3	17.2	2.7	0.5	4.1	0.3	2.4
All households	6.1	1,138	159	29	332	22	265

Table A55a. Access to and use of post-harvest and processing infrastructure among households, by facility type, residence, county, and wealth quintile, CFSNS, 2025

Characteristics	Drying floor		Storage (cereal /grains)		Rice mill		Cassava grinder	
	Access	Used	Access	Used	Access	Used	Access	Used
All households	320	244	101	65	766	546	299	135
Residence								
Rural	11.6	77.6	3.9	61.9	38.0	72.3	10.9	42.8
Urban	6.7	84.1	9.9	36.1	35.7	56.0	18.8	41.8
County								
Bomi	7.5	86.9	2.9	85.8	8.6	56.3	14.8	35.8
Bong	6.0	52.1	6.8	35.5	32.6	77.4	15.5	49.6
Gbarpolu	62.0	72.5	2.8	84.8	30.1	72.4	9.4	46.3
Grand Bassa	2.1	48.2	-		2.1	-	-	
Grand Cape Mount	3.0	-	-		2.0	54.6	31.7	67.9
Grand Gedeh	3.5	79.9	1.1	100.0	4.6	87.6	6.1	47.7
Grand Kru	-		0.7	100.0	-		0.7	-
Lofa	39.6	86.1	6.4	54.6	84.2	86.9	0.9	-
Margibi	4.2	25.1	4.3	23.4	5.7	59.4	11.2	37.3
Maryland	3.8	17.7	0.7	100.0	2.1	31.0	3.6	41.4
Rural Montserrado	2.9	50.0	-		-		14.3	69.5
Urban Montserrado	-		32.1	-	58.8	45.4	20.8	100.0
Nimba	2.0	77.4	6.8	69.7	65.6	56.6	19.6	27.1
River Cess	4.2	79.6	4.9	78.9	2.4	71.4	5.9	55.8
River Gee	1.3	-	-		2.3	17.2	1.1	-
Sinoe	0.3	100.0	2.3	85.0	0.3	-	15.6	25.4
Wealth quintile								
Highest (wealthiest)	1.8	100.0	9.0	41.3	35.1	9.2	34.5	79.8
Fourth	8.5	83.3	13.5	21.6	32.1	79.0	10.1	42.7
Middle	10.0	68.7	6.9	63.7	45.5	66.4	16.8	33.1
Second	12.9	77.3	5.3	53.1	46.0	70.9	14.5	42.0
Lowest (poorest)	10.2	81.6	2.6	67.0	29.3	72.3	8.1	42.1

Table A55b. Access to and use of post-harvest and processing infrastructure among households, by facility type, residence, county, and wealth quintile, CFSNS, 2025

Characteristics	Thresher		Power tiller/hand tractor		Steel mill		Winnowing	
	Access	Used	Access	Used	Access	Used	Access	Used
All households	35	5	22	4	300	89	105	66
Residence								
Rural	1.0	3.9	0.5	7.9	15.9	30.4	3.9	68.7
Urban	4.7	80.0	5.3	6.8	19.1	43.5	2.4	86.5
County								
Bomi	0.8	46.2	0.4	100.0	2.2	17.2	1.0	37.4
Bong	0.2	-	4.2	-	4.1	57.8	15.7	93.0
Gbarpolu	4.9	-	1.6	51.0	3.3	-	2.8	-
Grand Bassa	1.5	-	-	-	2.0	20.6	9.1	71.0
Grand Cape Mount	-	-	-	-	0.2	-	-	-
Grand Gedeh	3.4	17.5	0.8	-	1.3	50.7	-	-
Grand Kru	0.7	100.0	-	-	0.5	100.0	-	-
Lofa	1.0	-	1.6	17.8	11.5	9.9	3.3	68.2
Margibi	3.0	33.1	-	-	9.2	52.0	2.0	-
Maryland	1.4	-	0.7	-	20.0	20.0	3.6	-
Rural Montserrado	-	-	-	-	3.2	27.5	-	-
Urban Montserrado	26.7	100.0	20.8	-	-	-	5.4	100.0
Nimba	1.0	-	0.4	-	49.2	36.7	1.4	46.9
River Cess	-	-	0.6	-	0.7	-	9.5	64.6
River Gee	0.5	-	-	-	0.5	-	-	-
Sinoe	1.5	-	-	-	0.8	-	-	-
Wealth quintile								
Highest (wealthiest)	1.7	100.0	21.8	-	2.8	100.0	6.0	100.0
Fourth	10.5	98.5	1.0	15.8	16.0	52.8	1.8	44.1
Middle	1.5	26.6	1.1	44.9	26.1	32.8	1.6	94.9
Second	1.5	-	0.1	21.0	23.1	30.3	2.9	50.0
Lowest (poorest)	0.7	-	1.2	-	8.8	32.8	5.0	76.7

Table A56. Use of agricultural inputs and practices among households, by residence, county, and wealth quintile, CFSNS 2025

Characteristics	Chemical fertilizers	Natural/ organic fertilizers/ compost	Pesticides/ herbicides	Local seed	Improved seed	Improved farming practices	None
All households	6.5	5.5	4.8	66.3	4.8	2.6	29.9
Residence							
Rural	4.2	4.9	3.2	68.7	4.0	1.7	28.6
Urban	18.1	8.7	13.3	54.7	8.9	7.5	35.6
County							
Bomi	3.0	1.3	1.6	37.0	2.5	2.3	61.3
Bong	16.8	13.2	1.2	77.5	7.6	5.0	15.1
Gbarpolu	1.5	24.4	0.9	62.3	1.8	1.1	35.6
Grand Bassa	2.0	8.0	3.5	73.4	2.8	3.0	22.8
Grand Cape Mount	0.2	0.2	0.2	73.1	1.1	0.8	26.0
Grand Gedeh	8.3	0.9	11.5	60.3	2.4	1.0	37.6
Grand Kru	2.6	1.4	1.3	44.9	3.1	1.4	54.2
Lofa	4.2	2.6	0.3	87.5	2.2	0.4	12.3
Margibi	26.3	19.3	18.5	55.5	12.6	11.2	34.3
Maryland	-	13.1	0.7	56.3	7.8	1.4	38.1
Rural Montserrado	20.7	16.5	10.5	77.3	27.4	15.4	11.0
Urban Montserrado	59.3	32.6	27.2	17.1	20.8	20.8	40.7
Nimba	4.1	2.1	9.2	57.0	5.8	1.7	39.1
River Cess	2.6	4.5	1.3	69.7	0.9	0.6	29.6
River Gee	-	-	0.6	74.8	2.1	2.1	23.7
Sinoe	0.9	1.3	0.7	74.8	2.7	0.7	25.2
Wealth quintile							
Highest (wealthiest)	33.4	31.5	25.7	31.4	30.4	34.2	47.5
Fourth	33.8	11.2	17.9	54.0	9.9	5.6	30.3
Middle	7.9	4.3	10.8	58.9	4.7	2.8	36.0
Second	4.1	3.6	3.5	66.9	3.9	1.5	30.8
Lowest (poorest)	3.2	5.4	1.4	71.6	3.8	1.6	26.0
All households	133	158	98	2,039	113	61	982

Table A57. Main sources of agricultural inputs and practices among households, by input type, CFSNS 2025

Main Source of Inputs	Chemical fertilizers	Natural/ organic fertilizers/ compost	Pesticides/ herbicides	Local seed	Improved seed	Improved farming practices
Government	2.1	1.3	0.4	0.2	4.1	3.3
NGOs	1.0	-	-	-	1.9	3.2
Market/shop/traders	81.4	39.7	89.4	26.1	41.1	30.3
Relatives/ friends/family members	6.8	13.8	1.7	15.2	9.2	22.5
Local creditors	1.1	1.1	2.3	0.4	1.0	1.9
Own production stock	2.5	41.6	3.5	57.4	29.7	31.9
Agribusiness centers/Farmer based orgs	0.4	0.9	1.3	0.2	0.5	-
MOA StarP/MOA RETRAP/MOA SADFONS	1.3	-	0.6	0.1	4.7	5.4
Other	3.3	1.7	0.7	0.5	7.9	1.7
Number of households (n)	133	158	98	2,039	113	61

Table A58. Seasonal rice production (metric tons) by residence, county, and wealth quintile, showing lean, pre-harvest, harvest, and post-harvest periods, CFSNS 2025

Characteristics	Rice Production (MT)			
	Lean Season	Pre-harvest	Harvest	Post-harvest
All households	113,143.48	218,341.47	279,227.99	214,450.45
Residence				
Rural	104,863.24	191,771.31	255,004.90	199,718.30
Urban	8,280.24	26,570.16	24,223.09	14,732.15
County				
Bomi	3,052.79	4,605.98	14,085.05	7,685.27
Bong	64,286.87	84,556.54	119,253.28	109,430.59
Gbarpolu	1,793.80	2,070.48	7,998.52	5,445.95
Grand Bassa	975.69	4,999.47	8,524.22	2,162.80
Grand Cape Mount	3,140.19	1,925.02	7,495.14	5,315.24
Grand Gedeh	3,958.93	3,634.83	9,946.85	7,593.51
Grand Kru	164.99	283.88	1,055.43	649.11
Lofa	6,008.84	3,832.55	35,192.75	12,372.47
Margibi	2,927.02	18,817.73	7,067.52	5,116.88
Maryland	400.25	20,211.74	3,428.38	1,267.33
Rural Montserrado	84.00	1,719.10	1,761.30	1,089.49
Urban Montserrado	-	-	-	-
Nimba	15,578.93	58,041.60	34,143.91	38,561.06
River Cess	3,097.41	2,609.98	11,924.92	8,203.05
River Gee	5,121.11	9,040.98	3,965.78	2,127.39
Sinoe	3,597.70	3,336.06	12,635.66	7,475.38
Wealth quintile				
Highest (wealthiest)	948.33	1,367.55	1,784.31	1,390.01
Fourth	2,286.09	21,271.35	8,062.60	4,815.31
Middle	7,880.26	27,559.55	24,530.04	14,801.31
Second	29,527.52	67,713.51	61,909.04	58,772.95
Lowest (poorest)	72,501.29	100,429.50	182,942.00	134,670.90

Table A59. Average household rice consumption, storage, and sales (kg) by residence, county, and wealth quintile, CFSNS 2025

Characteristics	Average Consumption (kg) Rice	Average Stored (kg) Rice	Average Sold (kg) Rice	Number of households (n)
All households	185.0	281.1	73.7	11,821
Residence				
Rural	416.2	621.0	144.6	7,478
Urban	16.7	33.5	22.1	4,343
County				
Bomi	161.7	214.0	122.0	778
Bong	1,006.3	1,578.4	271.4	804
Gbarpolu	302.7	281.5	46.2	782
Grand Bassa	74.9	139.9	3.0	773
Grand Cape Mount	91.5	131.3	16.9	717
Grand Gedeh	189.9	275.6	9.9	746
Grand Kru	42.2	41.0	4.8	745
Lofa	310.1	302.7	44.6	743
Margibi	85.3	85.0	157.8	733
Maryland	52.9	58.0	525.7	808
Rural Montserrado	49.1	47.9	-	628
Urban Montserrado	-	-	-	628
Nimba	132.8	523.2	116.9	718
River Cess	477.8	138.4	101.3	748
River Gee	239.7	4.3	4.6	747
Sinoe	408.1	236.5	46.6	723
Wealth quintile				
Highest (wealthiest)	2.7	9.0	3.3	667
Fourth	17.0	43.8	49.4	1,377
Middle	56.6	105.7	93.1	2,503
Second	212.9	360.6	74.2	3,449
Lowest (poorest)	598.2	833.5	141.0	3,820

Table A60a. Household cultivation of selected cash and perennial crops (percent of cultivating households), by residence, county, and wealth quintile, CFSNS 2025

Characteristics	Mango	Coconut	Breadfruit	Pawpaw	Pineapple	Butter pear	Oil palm	Plantain/ Banana
All households	0.4	2.1	0.1	0.1	2.7	0.2	15.5	13.4
Residence								
Rural	86.1	77.0	100.0	100.0	97.8	77.5	80.5	91.0
Urban	13.9	23.0	-	-	2.2	22.5	19.5	9.0
County								
Bomi	-	11.3	-	-	2.8	-	4.0	1.3
Bong	-	-	-	-	-	-	2.2	-
Gbarpolu	3.2	0.8	-	-	-	-	0.3	2.3
Grand Bassa	-	6.2	-	-	16.5	-	2.8	2.9
Grand Cape Mount	12.0	2.5	-	-	-	-	8.7	1.9
Grand Gedeh	36.8	-	-	-	5.6	-	-	11.3
Grand Kru	4.4	8.1	78.2	-	1.1	7.4	0.7	3.2
Lofa	-	11.0	-	-	58.5	-	23.9	10.2
Margibi	-	-	-	-	-	-	-	-
Maryland	-	-	-	-	6.3	-	0.6	2.8
Rural Montserrado	-	-	-	-	-	-	-	1.8
Urban Montserrado	-	-	-	-	-	-	8.1	-
Nimba	35.6	8.9	-	-	-	71.4	45.2	52.8
River Cess	-	22.7	-	-	3.6	13.5	3.5	2.1
River Gee	-	-	-	-	-	-	-	2.5
Sinoe	8.0	28.6	21.8	100.0	5.5	7.7	-	4.9
Wealth quintile								
Highest (wealthiest)	-	5.7	-	-	1.1	-	1.5	0.3
Fourth	-	6.9	-	-	-	-	12.3	0.2
Middle	-	13.5	15.3	-	14.1	-	15.2	13.6
Second	17.1	27.2	-	33.3	52.3	-	48.0	34.7
Lowest (poorest)	82.9	46.8	84.7	66.7	32.5	100.0	23.0	51.2
All households, n	7	44	4	3	33	4	143	168

Table A60b. Household cultivation of selected cash and perennial crops (percent of cultivating households), by residence, county, and wealth quintile, CFSNS 2025

Characteristics	Coffee	Sugarcane	Citrus fruits	Groundnuts	Kola nuts	Rubber	Other	None
All households	3.3	20.9	5.2	0.2	1.7	0.1	2.1	0.1
Residence								
Rural	100.0	89.1	61.0	100.0	92.3	100.0	38.7	100.0
Urban	-	10.9	39.0	-	7.7	-	61.3	-
County								
Bomi	-	2.9	1.8	-	-	64.1	-	29.3
Bong	-	26.5	1.5	-	-	-	3.7	-
Gbarpolu	-	0.1	-	-	-	-	10.1	-
Grand Bassa	-	8.4	10.5	-	4.0	-	-	-
Grand Cape Mount	-	0.7	-	77.3	56.6	-	-	-
Grand Gedeh	-	-	-	-	-	-	-	-
Grand Kru	-	0.4	0.9	-	-	-	-	-
Lofa	71.1	1.3	2.7	-	33.6	-	-	-
Margibi	-	6.8	3.8	-	-	-	-	-
Maryland	-	2.4	1.4	-	-	-	10.0	-
Rural Montserrado	-	1.1	0.7	-	-	-	8.4	-
Urban Montserrado	-	-	-	-	-	-	58.1	-
Nimba	28.9	44.1	76.1	-	-	-	9.2	70.7
River Cess	-	5.0	0.5	-	-	-	0.5	-
River Gee	-	-	-	-	-	-	-	-
Sinoe	-	0.3	-	22.7	5.8	35.9	-	-
Wealth quintile								
Highest (wealthiest)	-	2.9	-	-	-	-	-	-
Fourth	-	5.8	6.5	-	2.8	-	57.5	-
Middle	29.4	10.6	22.4	49.6	15.8	-	13.6	29.3
Second	34.7	34.9	51.1	27.7	61.6	71.3	11.6	70.7
Lowest (poorest)	35.9	45.8	19.9	22.7	19.8	28.7	17.3	-
All households, n	28	220	41	4	25	3	22	2

Table A61. Average Number of Livestock Owned per Household, Disaggregated by Animal Type, Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Average number of animals owned	Ownership of livestock (number)							Total number of households (n)
		Cattle	Goat	Sheep	Pig	Chicken	Duck	Other poultry	
All households	12.4	1.2	0.7	0.3	0.6	8.7	0.9	0.1	1,353
Residence									
Rural	12.1	0.8	0.8	0.3	0.5	8.8	0.9	0.1	1,081
Urban	13.4	2.6	0.5	0.4	0.8	8.4	0.8	0.0	272
County									
Bomi	12.6	0.2	-	0.1	0.2	9.9	2.2	-	85
Bong	14.9	3.0	0.7	0.0	0.6	9.8	0.7	0.0	111
Gbarpolu	3.3	-	0.3	-	-	2.9	0.1	-	22
Grand Bassa	13.3	1.0	0.9	0.4	0.2	8.5	2.4	-	154
Grand Cape Mount	11.8	1.0	0.7	0.7	0.1	8.8	0.4	0.1	115
Grand Gedeh	14.3	0.5	1.1	0.4	0.9	10.0	1.4	0.1	121
Grand Kru	5.7	1.3	2.5	0.2	0.7	0.6	0.4	-	15
Lofa	11.2	0.6	0.7	0.3	0.9	8.3	0.3	0.2	182
Margibi	9.2	0.0	0.1	0.0	0.2	8.4	0.5	-	89
Maryland	6.0	0.5	1.1	0.1	-	3.5	0.7	0.2	39
Rural Montserrado	9.1	-	0.1	-	0.3	8.1	0.6	0.0	200
Urban Montserrado	20.2	7.8	-	0.7	1.1	10.2	0.4	-	9
Nimba	11.5	0.8	1.0	0.3	1.0	7.9	0.6	-	106
River Cess	24.1	-	2.4	0.9	0.4	18.9	1.6	-	18
River Gee	10.9	1.1	2.8	1.0	-	5.9	0.2	-	19
Sinoe	16.0	0.2	2.3	1.1	0.4	10.5	1.4	0.1	68
Wealth quintile									
Highest (wealthiest)	15.0	3.6	0.8	0.6	0.3	8.9	0.7	-	49
Fourth	12.0	1.6	0.7	0.6	0.8	7.6	0.8	0.1	125
Middle	17.1	2.9	0.8	0.4	1.1	10.8	1.0	0.1	256
Second	11.3	0.6	0.7	0.3	0.6	8.1	0.8	0.1	397
Lowest (poorest)	10.6	0.5	0.6	0.1	0.2	8.4	0.8	0.0	515

Table A62. Prevalence of Fishing Activities and Type of Fishing Environment Used by Households, by Residence, County, and Wealth Quintile, CFSNS 2025

Characteristics	Household practicing fishing	Type of fishing							
		Ocean	River	Creek/ Stream	Natural freshwater pond or lake	Swamps	Lagoon (salt water)	Own fishing farm	Other
All households	9.0	6.2	49.1	62.3	1.8	21.1	-	0.6	0.3
Residence									
Rural	17.8	4.2	50.3	63.5	1.3	20.8	-	0.7	0.1
Urban	2.5	18.2	41.9	55.8	4.4	24.5	-	-	0.6
County									
Bomi	18.1	-	74.3	48.2	-	1.0	-	-	-
Bong	18.5	-	23.0	75.3	-	12.6	-	-	-
Gbarpolu	4.4	-	25.8	78.9	-	1.6	-	-	-
Grand Bassa	12.9	24.4	50.7	32.2	-	12.0	-	0.8	-
Grand Cape Mount	9.2	38.3	53.8	15.4	21.7	8.6	0.7	-	-
Grand Gedeh	5.6	-	24.4	86.8	-	-	-	-	-
Grand Kru	12.1	50.5	45.3	46.5	14.1	29.0	-	-	3.1
Lofa	3.1	-	38.3	92.9	7.2	3.0	-	-	4.1
Margibi	14.2	4.1	60.5	48.9	0.6	43.3	-	-	0.5
Maryland	1.4	4.3	18.1	67.7	-	9.9	-	-	-
Rural Montserrado	18.0	-	29.8	74.7	-	7.8	-	-	-
Urban Montserrado	-								
Nimba	26.8	1.8	70.4	67.1	1.1	41.4	-	1.8	-
River Cess	18.5	16.4	7.3	79.4	-	-	-	-	-
River Gee	4.8	-	46.0	55.0	-	-	-	2.2	-
Sinoe	9.6	5.9	24.8	78.9	-	3.9	-	-	-
Wealth quintile									
Highest (wealthiest)	0.3	2.4	0.5	0.4	-	1.1	-	-	-
Fourth	1.6	7.0	3.6	2.7	-	4.7	-	-	-
Middle	6.7	24.2	15.9	13.0	50.3	25.1	-	31.0	65.5
Second	13.7	28.7	33.6	30.3	37.5	37.3	-	69.0	-
Lowest (poorest)	21.1	37.7	46.4	53.5	12.2	31.8	100.0	-	34.5
All households, n	1,245	138	524	775	36	193	1	5	4

NOTE: No households reported fishing in artificial ponds.

Table A63. Walking distance to the nearest daily market by household characteristics (percent distribution), CFSNS 2025

Characteristics	Walking distance to the closest daily market				
	< 30 mins	30-60 mins	1-2 hours	2-5 hours	> 5hours
	%	%	%	%	%
All households	53.9	22.5	11.9	7.7	4.0
Residence					
Rural	35.9	12.8	24.1	17.9	9.2
Urban	66.8	29.6	3.0	0.3	0.3
County					
Bomi	26.3	25.4	18.0	21.3	9.0
Bong	40.9	19.5	19.7	13.0	6.9
Gbarpolu	42.7	8.7	25.5	16.2	6.9
Grand Bassa	55.3	16.0	13.5	13.7	1.6
Grand Cape Mount	37.1	11.3	32.1	16.3	3.3
Grand Gedeh	70.7	8.2	3.0	2.3	15.8
Grand Kru	19.7	8.5	15.6	37.3	19.0
Lofa	44.4	19.1	23.3	11.8	1.4
Margibi	26.1	28.7	24.4	10.0	10.8
Maryland	44.9	35.2	6.9	12.2	0.9
Rural Montserrado	39.6	15.8	30.3	13.7	0.6
Urban Montserrado	64.6	33.1	2.2	-	-
Nimba	76.6	7.5	9.3	3.1	3.4
River Cess	46.0	7.8	11.5	15.8	18.9
River Gee	37.1	24.4	13.2	20.3	4.9
Sinoe	67.7	11.2	6.7	4.5	9.8
Wealth quintile					
Highest (wealthiest)	68.5	28.4	2.9	0.1	0.2
Fourth	62.2	33.0	3.3	0.9	0.6
Middle	62.7	22.8	8.2	3.5	2.7
Second	45.4	16.3	20.7	11.6	6.1
Lowest (poorest)	32.8	13.3	22.9	21.0	10.0
Total	5,425	2,121	1,878	1,618	779

Table A64. Walking distance to the nearest weekly market by household characteristics (percent distribution), CFSNS 2025

Characteristics	Walking distance to the weekly market				
	< 30 mins	30-60 mins	1-2 hours	2-5 hours	> 5hours
	%	%	%	%	%
All households	40.1	21.5	18.1	13.8	6.6
Residence					
Rural	18.8	13.2	29.1	27.0	11.8
Urban	55.5	27.5	9.8	4.3	2.8
County					
Bomi	23.2	26.9	19.1	21.8	9.1
Bong	32.4	21.5	28.2	16.9	1.1
Gbarpolu	18.1	10.9	27.9	33.8	9.2
Grand Bassa	41.0	14.4	17.4	21.5	5.7
Grand Cape Mount	9.5	8.1	48.7	28.5	5.2
Grand Gedeh	34.7	8.8	9.1	10.0	37.3
Grand Kru	18.0	8.0	16.3	37.6	20.1
Lofa	33.9	21.8	25.5	17.6	1.2
Margibi	15.8	14.6	19.9	26.8	22.9
Maryland	34.9	28.9	14.0	12.1	10.2
Rural Montserrado	20.5	16.3	40.8	21.5	0.9
Urban Montserrado	61.1	29.6	7.6	1.6	-
Nimba	38.0	19.2	24.3	12.0	6.6
River Cess	5.8	5.6	16.5	40.3	31.7
River Gee	11.2	11.0	12.8	45.9	19.1
Sinoe	43.4	16.1	12.0	13.3	15.2
Wealth quintile					
Highest (wealthiest)	61.1	24.2	10.2	3.2	1.4
Fourth	51.9	30.8	10.0	4.0	3.4
Middle	44.3	24.2	15.4	10.4	5.8
Second	28.1	17.2	25.9	19.9	8.9
Lowest (poorest)	17.9	12.0	27.2	30.0	12.9
Total	3,237	1,953	2,571	2,630	1,430

Table A65. Average household transportation costs to access markets and services during dry and rainy seasons, by household characteristics (Liberian dollars, LRD), CFSNS 2025

Characteristics	Average transportation cost (LRD)		Total N
	During dry season	During rainy season	
All households	966.36	1,205.53	11,821
Residence			
Rural	1,697.90	2,182.48	7,478
Urban	433.55	494.89	4,343
County			
Bomi	758.41	839.68	778
Bong	1,182.44	1,358.11	804
Gbarpolu	4,210.88	6,005.53	782
Grand Bassa	728.46	1,024.67	773
Grand Cape Mount	2,257.35	2,553.71	717
Grand Gedeh	942.32	1,357.54	746
Grand Kru	2,603.68	3,514.19	745
Lofa	1,835.63	2,239.46	743
Margibi	442.92	483.61	733
Maryland	652.61	662.42	808
Rural Montserrado	667.98	790.06	628
Urban Montserrado	273.11	288.07	628
Nimba	1,626.98	1,986.94	718
River Cess	2,286.62	3,580.37	748
River Gee	959.43	1,102.85	747
Sinoe	1,388.56	2,450.97	723
Wealth quintile			
Highest (wealthiest)	314.93	335.78	667
Fourth	426.69	500.19	1,377
Middle	807.86	989.25	2,503
Second	1,403.05	1,764.32	3,449
Lowest (poorest)	1,782.33	2,310.22	3,820
Total	11,821	11,821	11,821

Table A66. Average number of livelihood activities per household and relative contribution of main, secondary, and tertiary activities to total household income, by residence, county, and wealth quintile, CFSNS 2025

Characteristics	Average livelihood activities	Percent relative contribution to total income of:			Total N
		Main activity	Second activity	Third activity	
All households	1.42	86.6	12.8	0.6	11,821
Residence					
Rural	1.41	86.5	12.7	0.8	7,478
Urban	1.43	86.7	12.8	0.5	4,343
County					
Bomi	1.26	91.4	7.9	0.7	778
Bong	1.37	86.8	12.9	0.4	804
Gbarpolu	1.29	91.0	8.5	0.5	782
Grand Bassa	1.17	93.2	6.7	0.1	773
Grand Cape Mount	1.39	87.2	12.5	0.3	717
Grand Gedeh	1.38	86.1	13.4	0.6	746
Grand Kru	1.53	82.9	16.0	1.1	745
Lofa	1.34	89.0	10.9	0.2	743
Margibi	1.38	88.8	10.3	1.0	733
Maryland	1.31	89.0	10.9	0.2	808
Rural Montserrado	1.23	93.5	6.4	0.1	628
Urban Montserrado	1.50	85.1	14.3	0.6	628
Nimba	1.55	82.8	15.8	1.4	718
River Cess	1.63	80.3	18.1	1.5	748
River Gee	1.50	84.1	15.7	0.2	747
Sinoe	1.50	84.8	14.2	1.0	723
Wealth quintile					
Highest (wealthiest)	1.51	85.3	13.9	0.8	667
Fourth	1.45	85.9	13.7	0.4	1,377
Middle	1.39	87.5	12.0	0.5	2,503
Second	1.40	87.1	12.3	0.6	3,449
Lowest (poorest)	1.38	87.2	12.1	0.7	3,820

Table A67. Distribution of household income sources by seasonality, gender, and age of income earners, CFSNS 2025.

Characteristics	Main Source		Second Income		Third Income	
	%	n	%	n	%	n
Seasonal Income						
Yes, seasonal	21.4	2,867	30.6	1,347	34.0	130
No, it is continuous throughout year	78.6	8,897	69.4	2,883	66.0	220
Total (n)	100.0	11,764	100.0	4,230	100.0	350
Gender						
Male	53.6	5,911	19.3	914	35.7	120
Female	28.5	3,151	65.3	2,432	36.3	136
Both male and females	17.9	2,763	15.3	886	27.8	94
Children	0.1	16	0.2	10	0.2	1
Total (n)	100.0	11,841	100.0	4,242	100.0	351
Age						
Children (less than 18 years)	0.3	43	0.5	22	0.7	2
Adults (18 years and above)	98.0	11,560	97.6	4,154	96.7	342
Both adults and children	1.7	238	1.9	66	2.7	7
Total (n)	100.0	11,841	100.0	4,242	100.0	351

Table A68. Contribution of family members to household livelihoods by age, gender, and child labor, CFSNS 2025

Characteristics	Average number of female (15-35 years) workers contribution	Average number of female (36 years and above) workers contribution	Share of Income contributed by female	Child workers contribution
All households	0.80	0.70	35.6	0.71
Residence				
Rural	0.80	0.72	35.9	0.83
Urban	0.78	0.59	35.4	0.63
County				
Bomi	0.72	0.7	57.43	0.66
Bong	0.61	0.69	44.5	1.68
Gbarpolu	0.61	0.55	35.7	0.29
Grand Bassa	0.66	0.57	21.7	0.20
Grand Cape Mount	0.94	0.62	27.6	0.98
Grand Gedeh	0.65	0.82	33.9	0.31
Grand Kru	1.23	0.79	30.0	0.40
Lofa	0.69	0.52	47.2	0.47
Margibi	1.01	0.68	39.4	0.45
Maryland	0.67	0.67	37.3	0.20
Rural Montserrado	0.55	0.75	37.0	0.21
Urban Montserrado	0.57	0.07	34.8	0.56
Nimba	0.57	0.64	28.6	1.63
River Cess	2.87	2.00	30.3	0.18
River Gee	0.43	0.70	28.4	1.85
Sinoe	0.69	0.76	28.3	0.11
Wealth quintile				
Highest (wealthiest)	0.58	0.42	38.4	0.97
Fourth	0.75	0.47	29.6	0.27
Middle	0.79	0.71	34.3	0.75
Second	0.77	0.64	37.7	0.66
Lowest (poorest)	0.83	0.77	38.1	0.92

Table A69. Household savings behavior and average amount saved by background characteristics, CFSNS 2025

Characteristics	Saved money	Amount saved (LRD)	Total (n) household contribution and savings	Number of households (n)
All households	27.0	17,835.26	3,145	11,793
Residence				
Rural	25.3	13,294.67	1,877	7,456
Urban	28.1	20,865.62	1,268	4,337
County				
Bomi	19.4	11,671.49	124	778
Bong	18.6	11,679.79	145	802
Gbarpolu	19.9	18,294.38	174	779
Grand Bassa	30.6	19,713.61	247	773
Grand Cape Mount	21.2	16,388.42	166	711
Grand Gedeh	30.2	18,604.99	229	744
Grand Kru	23.3	32,740.40	172	744
Lofa	18.1	12,892.73	127	743
Margibi	27.0	10,152.95	211	731
Maryland	22.9	17,291.50	189	808
Rural Montserrado	16.1	12,468.74	106	627
Urban Montserrado	26.8	25,284.89	155	626
Nimba	45.2	8,511.10	315	718
River Cess	45.9	10,846.11	348	748
River Gee	31.8	16,838.30	245	747
Sinoe	26.9	26,639.47	192	714
Wealth quintile				
Highest (wealthiest)	36.5	31,842.31	269	665
Fourth	28.1	16,540.27	489	1,376
Middle	26.4	13,356.90	744	2,498
Second	25.2	11,805.77	829	3,439
Lowest (poorest)	19.7	10,014.51	814	3,810

Table A70. Household access to credit and recent borrowing by background characteristics, CFSNS 2025

Characteristics	Households with access to loan	Loan borrowed in the past 30 days	Households n
All households	22.9	13.5	11,795
Residence			
Rural	25.9	17.2	1,765
Urban	20.8	10.7	1,063
County			
Bomi	13.8	12.5	105
Bong	12.0	16.8	94
Gbarpolu	9.0	2.8	94
Grand Bassa	14.3	7.9	98
Grand Cape Mount	15.8	3.3	122
Grand Gedeh	18.5	7.4	136
Grand Kru	26.2	15.0	204
Lofa	43.8	18.6	329
Margibi	25.1	15.1	187
Maryland	14.4	11.9	126
Rural Montserrado	34.2	26.9	204
Urban Montserrado	16.9	7.6	101
Nimba	51.6	34.8	363
River Cess	41.8	24.1	311
River Gee	30.2	20.1	225
Sinoe	17.3	3.5	132
Wealth quintile			
Highest (wealthiest)	18.5	6.0	148
Fourth	19.4	10.6	327
Middle	27.7	16.8	677
Second	25.7	16.4	820
Lowest (poorest)	23.1	16.9	856

Table A71. Household access to credit and recent borrowing by background characteristics, CFSNS 2025

Characteristics	Purchased				Not purchased		
	Purchased (%)	Value of purchased (LRD)	Consumed (%)	n	Produced, gathered or item/services received (%)	Value of item/services produced, gathered or received (LRD)	n
Food Consumption & Expenditure in the past 7 days							
Cereal	86.3	1,642.55	0.1	870	3.90	1,354.01	475
Tubers	45.0	414.37	0.1	2,117	6.10	555.76	816
Pulses and nuts	46.3	263.09	0.1	874	3.10	232.12	384
Vegetables	59.0	379.75	0.2	2,741	7.40	280.25	749
Fruits	30.9	435.80	0.1	1,238	9.30	399.38	474
Meat	59.1	1,300.85	0.0	450	3.30	1,127.81	301
Fish	85.6	1,389.23	0.0	540	1.90	752.4	289
Fats or oils	81.7	741.90	0.1	897	2.90	594.14	380
Milk or dairy products	23.5	605.00	0.0	44	0.60	582.95	64
Eggs	25.6	355.15	0.0	138	0.90	204.69	75
Sugar including sweets	31.6	287.49	0.0	92	1.60	459.15	99
Condiments	90.3	458.97	0.0	194	2.20	264.59	310
Non-alcoholic beverages	35.7	535.64	0.0	97	1.80	296.05	160
Snacks/meals outside	23.2	661.45	0.0	114	2.90	559.74	326
Non-food Consumption & Expenditure in the past 30 days							
Hygiene products	94.0	1,718.69		10,821	2.40	1,115.97	277
Transport	28.9	4,542.95		3,706	0.80	4436.24	101
Purchase of fuel	6.4	14,597.84		732	0.20	2406.52	17
Water supply for household use	23.8	1,854.81		1,653	0.90	3435.04	78
Purchase of electricity	38.8	2,899.60		2,015	0.80	2170.34	72
Other sources of energy	54.8	1,868.99		5,253	2.70	977.28	426
Services for the dwelling	7.2	2,375.54		468	0.10	2742.46	18
Communication	69.4	2,722.78		6,706	2.60	2804.91	269
Sports/recreation or culture	5.4	4,250.81		545	0.30	6190.76	31
Alcohol and tobacco	12.9	2,141.38		1,725	2.00	1280.57	248
Non-food Consumption & Expenditure in the past 6 months							
Health services	60.2	9,073.98		6,621	4.10	5,521.00	493
Medicines and health products	61.8	6,115.42		6,804	4.10	3,748.20	546
Clothing and footwear	78.9	14,096.25		8,965	3.80	11,172.84	429
Education services	48.5	27,198.36		5,136	2.30	19,964.22	249

Characteristics	Purchased				Not purchased		
	Purchased (%)	Value of purchased (LRD)	Consumed (%)	n	Produced, gathered or item/services received (%)	Value of item/services produced, gathered or received (LRD)	n
Education goods	34.5	6,689.28		4,081	1.20	5,675.12	149
Rent for housing	23.4	29,816.75		1,955	1.10	12,270.09	113
Non-durable furniture & utensils	30.4	4,076.08		3,564	0.90	1,902.53	158
Household routine maintenance	8.3	30,556.98		757	0.20	3,205.37	31

Table A72. Determinants of Household Food Security in Liberia: Adjusted Odds Ratios (AOR) and 95% Confidence Intervals, CFSNS 2025

Variables	Category	Model 1: Socioeconomic & Geographic Baseline		Model 2: + Shocks & Vulnerability		Model 3. Living Conditions	
		AOR	95% CI	AOR	95% CI	AOR	95% CI
Socioeconomic Characteristics							
Wealth quintile (ref: Wealthiest)	Fourth	0.45***	(0.40–0.50)	0.43***	(0.38–0.49)	0.41***	(0.36–0.47)
	Middle	0.31***	(0.27–0.35)	0.29***	(0.25–0.33)	0.28***	(0.24–0.31)
	Second	0.12***	(0.10–0.13)	0.11***	(0.10–0.12)	0.10***	(0.09–0.11)
	Poorest	0.09***	(0.08–0.10)	0.08***	(0.07–0.09)	0.08***	(0.07–0.09)
Residence (ref: Rural)	Urban	0.72***	(0.69–0.75)	0.70***	(0.67–0.73)	0.69***	(0.66–0.72)
Sex of HH head (ref: Female)	Male	1.06**	(1.02–1.10)	1.05*	(1.01–1.08)	1.04*	(1.01–1.07)
Household size (per member)	Continuous	0.93***	(0.92–0.94)	0.91***	(0.90–0.92)	0.90***	(0.89–0.90)
Age of HH head (years)	Continuous	1.00	(0.99–1.00)	1.00	(0.99–1.00)	1.00	(0.99–1.00)
Shocks and Stability							
Any shock experienced (ref: No)	Yes			1.22***	(1.15–1.30)	1.17***	(1.09–1.25)
Number of shocks	Continuous			0.68***	(0.66–0.70)	0.65***	(0.63–0.68)
Household Vulnerability							
HH has ≥1 disabled member (ref: No)	Yes			1.36***	(1.28–1.44)	1.32***	(1.23–1.41)
Access to Basic Services							
Improved drinking water (ref: No)	Yes					1.65***	(1.60–1.70)
Improved sanitation (ref: No)	Yes					1.14***	(1.10–1.18)
Sample Size (N)		11,827		11,432		10,986	

Significance Level: *** $p < 0.001$, ** $p < 0.05$, * $p < 0.10$

Table A73. Determinants of Child Stunting in Liberia: Adjusted Odds Ratios (AOR) and 95% Confidence Intervals, CFSNS 2025

Variables	Category	Model 1: Socioeconomic & Demographic		Model 2: + Any Shock		Model 3. Living Conditions	
		AOR	95% CI	AOR	95% CI	AOR	95% CI
Socioeconomic & Demographic							
Wealth quintile (ref: Wealthiest)	Fourth	3.42***	[3.15–3.72]	3.43***	[3.15–3.73]	3.15***	[2.89–3.43]
	Middle	2.78***	[2.55–3.02]	2.78***	[2.55–3.03]	2.63***	[2.41–2.86]
	Second						
	Poorest						
Residence (ref: Rural)	Urban						
Child sex (ref: Female)	Male	1.16***	[1.14–1.19]	1.17***	[1.15–1.20]	1.17***	[1.14–1.19]
Child age group	6–11 months	0.40***	[0.39–0.42]	0.41***	[0.39–0.42]	0.41***	[0.39–0.42]
	12–23 months	0.84***	[0.82–0.85]	0.84***	[0.82–0.85]	0.84***	[0.82–0.86]
	24–59 months						
Household size	Continuous	0.98*	[0.97–1.00]	0.99	[0.97–1.00]	0.98**	[0.97–1.00]
Food Security & Shocks							
Household food insecure (ref: Secure)	Yes			1.09***	[1.06–1.11]	1.07***	[1.05–1.09]
Any shock experienced	Yes			0.89***	[0.87–0.91]	0.90***	[0.88–0.91]
Care, Health & Environment							
Minimum dietary diversity	Yes						
Recent diarrhea	Yes						
Improved drinking water	Yes					1.07***	[1.05–1.10]
Improved sanitation	Yes					0.85***	[0.83–0.87]
Observations (N)		3531		3531		3531	

Significance: *** $p < 0.001$ ** $p < 0.05$ * $p < 0.10$

Table A74. Determinants of Child Wasting in Liberia: Adjusted Odds Ratios (AOR) and 95% Confidence Intervals, CFSNS 2025

Variables	Category	Model 1: Socioeconomic & Demographic		Model 2: + Any Shock		Model 3. Living Conditions	
		AOR	95% CI	AOR	95% CI	AOR	95% CI
Socioeconomic Characteristics							
Wealth quintile (ref: Wealthiest)	Fourth	3.13***	[2.66–3.69]	2.82***	[2.39–3.32]	2.28***	[1.94–2.70]
	Middle	2.29***	[1.94–2.71]	2.12***	[1.79–2.51]	1.86***	[1.57–2.20]
	Second						
	Poorest						
Residence (ref: Rural)	Urban						
Child sex (ref: Female)	Male	1.36***	[1.30–1.41]	1.36***	[1.31–1.42]	1.34***	[1.29–1.40]
Child age group	6–11 months	1.58***	[1.50–1.66]	1.58***	[1.51–1.66]	1.62***	[1.54–1.70]
	12–23 months	1.94***	[1.88–2.01]	1.94***	[1.88–2.00]	1.96***	[1.90–2.03]
	24–59 months						
Household size	Continuous	0.97**	[0.93–1.00]	0.96**	[0.93–0.99]	0.95**	[0.92–0.98]
Food Security & Shocks							
Household food insecure (ref: Secure)	Yes			1.36***	[1.31–1.41]	1.31***	[1.27–1.36]
Any shock experienced	Yes			1.25***	[1.21–1.29]	1.27***	[1.23–1.31]
Care, Health & Environment							
Minimum dietary diversity	Yes						
Recent diarrhea	Yes						
Improved drinking water	Yes					1.08***	[1.04–1.11]
Improved sanitation	Yes					0.67***	[0.64–0.69]
Observations (N)		3484		3484		3484	

Significance: *** $p < 0.001$ ** $p < 0.05$ * $p < 0.10$

Table A75. Determinants of Child Underweight in Liberia: Adjusted Odds Ratios (AOR) and 95% Confidence Intervals, CFSNS 2025

Variables	Category	Model 1: Socioeconomic & Demographic		Model 2: + Any Shock		Model 3: Living Conditions	
		AOR	95% CI	AOR	95% CI	AOR	95% CI
Socioeconomic & Demographic							
Wealth quintile (ref: Wealthiest)	Fourth	3.43***	[3.03–3.87]	3.29***	[2.91–3.72]	3.60***	[3.18–4.07]
	Middle	3.15***	[2.78–3.57]	3.07***	[2.71–3.47]	3.22***	[2.84–3.65]
	Second						
	Poorest						
Residence (ref: Rural)	Urban						
Child sex (ref: Female)	Male	1.80***	[1.75–1.85]	1.80***	[1.75–1.85]	1.81***	[1.76–1.86]
Child age group	6–11 months	0.84***	[0.81–0.88]	0.84***	[0.81–0.88]	0.83***	[0.80–0.87]
	12–23 months	1.31***	[1.28–1.34]	1.31***	[1.28–1.34]	1.30***	[1.27–1.34]
	24–59 months						
Household size	Continuous	1.23***	[1.20–1.25]	1.23***	[1.20–1.25]	1.23***	[1.20–1.26]
Food Security & Shocks							
Household food insecure (ref: Secure)	Yes			1.07***	[1.05–1.10]	1.08***	[1.06–1.11]
Any shock experienced	Yes			1.16***	[1.13–1.19]	1.15***	[1.12–1.18]
Care, Health & Environment							
Minimum dietary diversity	Yes						
Recent diarrhea	Yes						
Improved drinking water	Yes					1.06***	[1.03–1.08]
Improved sanitation	Yes					1.16***	[1.13–1.19]
Observations (N)		3603		3603		3603	

Significance Level: *** $p < 0.001$, ** $p < 0.05$, * $p < 0.10$

