



Technical note: Nutrition Country Profile Indicators: Definitions and Sources

Indicator	Definition	Numerator	Denominator	Type of data	Full data source
Economics and Demographics					
Total population (thousands)	Total population in thousands			Modelled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 revision, 2017. Available from: https://esa.un.org/unpd/wpp/Download/Standard/Population/ (accessed 6 August 2017)
Total under-five population (thousands)	Total population of children 0-59 months in thousands			Modelled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 revision, 2017. Available from: https://esa.un.org/unpd/wpp/Download/Standard/Population/ (accessed 6 August 2017)
Population urban (%)	Percentage of population living in urban areas			Modelled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 revision, 2017. Available from: https://esa.un.org/unpd/wpp/Download/Standard/Population/ (accessed 6 August 2017)



Population >65 years (%)	Percentage of population that are above 65 years	Modelled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2017 revision, 2017. Available from: https://esa.un.org/unpd/wpp/Download/Standard/Population/ (accessed 6 August 2017)
Under-five mortality rate (Deaths per 1000 live births)	Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.	Modelled estimates	The UN Inter-agency Group for Child Mortality Estimation (United Nations Children’s Fund, World Health Organization, United Nations Population Division, World Bank) 2015. Available from: http://data.unicef.org/child-mortality/under-five (accessed 6 August 2017)
Poverty rates \$1.90 a day (%) \$3.10 a day (%)	Percentage of the population living on less than \$1.90 and \$3.10 a day at 2011 international prices.	Household surveys	World Bank, Development Data Group. World Development Indicators. World Databank 2017. Available from: https://data.worldbank.org/ (accessed 6 August 2017)
GDP per capita, PPP (constant 2011 international \$)	GDP per capita based on purchasing power parity (PPP). PPP GDP is gross domestic product converted to international dollars	World Bank, national accounts data, OECD national accounts data files and International Comparison Program database	World Bank, Development Data Group. World Bank, International Comparison Program database. World Databank 2017. Available from: https://data.worldbank.org/ (accessed 6 August 2017)



using purchasing power parity rates. An international dollar has the same purchasing power over GDP as the U.S. dollar has in the United States. GDP at purchaser's prices is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in constant 2011 international dollars.

Income inequality (Gini Index)

Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or

Household surveys from PovcalNet and the Luxemburg Income Study databases

World Bank, Development Data Group World Development Indicators. World Databank 2017. Available from: <http://data.worldbank.org/data-catalog/world-development-indicators> (accessed 6 August 2017)



households within an economy deviates from a perfectly equal distribution. A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

Child Anthropometry

Under-five stunting (%)	Percentage of children 0–59 months who are below minus two (moderate and severe) standard deviations from median height for age of the WHO Child Growth Standards	Number of children 0–59 months who are below minus two standard deviations (moderate and severe) from median height for age of the WHO Child Growth Standards	Total number of children 0-59 months surveyed	Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017. Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)
Under-five wasting (%)	Percentage of children 0–59 months who are below minus two (moderate and severe) standard deviations from median weight for height of the WHO	Number of children 0–59 months who are: below minus two standard deviations (moderate and severe) from	Total number of children 0-59 months surveyed	Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017. Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)



	Child Growth Standards	median weight for height of the WHO Child Growth Standards			
Under-five severe wasting (%)	Percentage of children 0–59 months who are below minus three (severe) standard deviations from median weight for height of the WHO Child Growth Standards	Number of children 0–59 months who are: below minus three standard deviations (severe) from median weight for height of the WHO Child Growth Standards	Total number of children 0-59 months surveyed	Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017. Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)
Under-five overweight (%)	Percentage of children 0–59 months who are above two standard deviations from median weight for height of the WHO Child Growth Standards	Number of children 0–59 months who are above two standard deviations from median weight for height of the WHO Child Growth Standards	Total number of children 0-59 months surveyed	Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017. Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)
Under-five stunting, total population	Total number of children 0–59 months who are			Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017.



affected (thousands)	below minus two (moderate and severe) standard deviations from median height for age of the WHO Child Growth Standards		Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)
Under-five wasting, total population affected (thousands)	Total number of children 0–59 months who are below minus two (moderate and severe) standard deviations from median weight for height of the WHO Child Growth Standards	Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017. Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)
Under-five overweight, total population affected (thousands)	Total number of children 0–59 months who are above two standard deviations from median weight for height of the WHO Child Growth Standards	Population surveys	UNICEF, WHO, World Bank Group. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates 2017. Levels and Trends in Child Malnutrition. Key findings of the 2017 edition, 2017. Available at: http://www.who.int/nutgrowthdb/estimates/en/ (accessed 15 August 2017)
Trends in Inequality: under-five stunting	Data from demographic health surveys and multiple indicator cluster surveys from 1990 to	Population surveys	Bredenkamp, C., Buisman, L. R. & Van De Poel, E. 2014. Persistent inequalities in child undernutrition: evidence from 80 countries, from 1990 to today. International Journal of



	2011 formed the analysis of trends in socioeconomic inequalities in stunting. The wealth index is constructed by conducting principal components analysis on a set of variables related to asset ownership and dwelling characteristics. Socioeconomic inequality is measured using the corrected concentration index			Epidemiology.	
Low birthweight incidence (%)	Percentage of live births that weighed less than 2,500 grams at birth	The number of live births in a given population and over a given time period that weigh less than 2,500 grams	Total number of live births in the given population during the same period	National birth registration, household surveys and routine reporting systems	UNICEF Global databases, 2015, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), other nationally representative surveys, and administrative data. Available from: http://data.unicef.org/nutrition/low-birthweight.html (accessed 20 April 2015).
Adolescent and Adult Nutrition Status					
Adolescent overweight (%)	Percentage of adolescents aged 13–15 years who are above one standard			Population surveys	World Health Organization Global school-based student health survey (GSHS) 2015. Available from: http://www.who.int/chp/gshs/factsheets



	deviation (+1SD) from the median BMI-for-age of the WHO Growth Reference for School-Aged Children and Adolescents				/en/ (accessed April 20, 2015)
Adolescent obesity (%)	Percentage of adolescents aged 13–15 years who are above two standard deviations (+2SD) from the median BMI-for-age of the WHO Growth Reference for School-Aged Children and Adolescents			Population surveys	World Health Organization Global school-based student health survey (GSHS) 2015. Available from: http://www.who.int/chp/gshs/factsheets/en/ (accessed April 20, 2015)
Women of reproductive age thinness (%)	Maternal Thinness is defined as BMI less than 18.5. Maternal is defined as: women who had a birth in the three (five) years preceding the survey	Number of women with BMI <18.5	Total number of women (only women with all relevant data values present in the dataset)	Population surveys	Demographic and Health Survey Statcompiler 2017. Available from: https://www.statcompiler.com/en/ (accessed 6 August 2017)
Women of reproductive age short stature (%)	Maternal short stature is defined as height less than 145 cm. Maternal is defined as: women who had a birth in	Number of women with height <145 cm	Total number of women (only women with all relevant data values present in the dataset)	Population surveys	Demographic and Health Survey Statcompiler 2017. Available from: https://www.statcompiler.com/en/ (accessed 6 August 2017)



	the three (five) years preceding the survey.		
Adult overweight (%)	Percentage of defined population (adults 20+) with a body mass index (BMI) of 25 kg/m ² or higher.	Modelled estimates	World Health Organization Global Health Observatory Data Repository, 2017. Available from: http://www.who.int/gho/ncd/risk_factors/overweight/en/ (accessed 1 May 2017) NCD-RisC. Data downloads. 2017. Available at: http://www.ncdrisc.org/data-downloads.html (accessed 1 May 2017)
Adult obesity (%)	Percentage of defined population (adults 20+) with a body mass index (BMI) of 30 kg/m ² or higher.	Modelled estimates	World Health Organization Global Health Observatory Data Repository 2017. Available from: http://www.who.int/gho/ncd/risk_factors/overweight_obesity/obesity_adults/en/ (accessed 1 May 2017) NCD-RisC. Data downloads. 2017. Available at: http://www.ncdrisc.org/data-downloads.html (accessed 1 May 2017)
Women of reproductive age anaemia (%)	Women of reproductive age (15-49 years), both pregnant and non-pregnant, with	Modelled estimates	Stevens GA et al (2013). Global, regional, and national trends in haemoglobin concentration and prevalence of total and severe anaemia in children and pregnant and



	haemoglobin levels below 12 g/dL for women in reproductive age and below 11 g/dL for pregnant women.		non-pregnant women for 1995-2011: a systematic analysis of population-representative data. <i>The Lancet Global Health</i> 2013;1:e16-e25. WHO Global Targets 2025 Tracking Tool (version 3 – May 2017): Indicator mapping – Anaemia. 2017. Available at: http://www.who.int/nutrition/trackingtool/en/ (accessed 30 June 2017)
Women of reproductive age anaemia, total population affected (thousands)	Total number of women of reproductive age (15-49 years), both pregnant and non-pregnant, with haemoglobin levels below 12 g/dL for women in reproductive age and below 11 g/dL for pregnant women.	Modelled estimates	Stevens GA et al (2013). Global, regional, and national trends in haemoglobin concentration and prevalence of total and severe anaemia in children and pregnant and non-pregnant women for 1995-2011: a systematic analysis of population-representative data. <i>The Lancet Global Health</i> 2013;1:e16-e25. WHO Global Targets 2025 Tracking Tool (version 3 – May 2017): Indicator mapping – Anaemia. 2017. Available at: http://www.who.int/nutrition/trackingtool/en/ (accessed 30 June 2017)
Vitamin A deficiency in preschool-age	Preschool aged children is defined by the majority of the	Population surveys	Gretchen A Stevens, James E Bennett and Quentin Hennocq et al 2015. Trends and mortality effects of vitamin



<p>children (%)</p>	<p>countries as children >6 months and less than 5 years of age, however 27 surveys used the age limits ranging from 5-6 years and China used an upper age limit of 12 years. Vitamin A deficiency is defined as serum retinol below 0.70 µmol/l)</p>			<p>A deficiency in children in 138 low- and middle-income countries: pooled analysis of population-based surveys. Lancet. Volume 3, No. 9, e528–e536, September 2015.</p>
<p>Classification of Iodine Nutrition</p>	<p>Median urinary Iodine (UI) was used as a marker of iodine nutrition to classify different degrees of public health significance. Most of the population studies in the database were on 6-12 year-olds. When data for this age group were not available, data of the next closest age group were used in the following order of priority: Data from the children closest to school-age (6-12</p>	<p><i>Severe iodine deficiency</i> = Iodine intake is insufficient (median UI <20 µg/l)</p> <hr/> <p><i>Moderate iodine deficiency</i> = Iodine intake is insufficient (median UI 20-49 µg/l)</p> <hr/> <p><i>Mild iodine deficiency</i> = Iodine intake is insufficient (median UI 50-99 µg/l)</p> <hr/> <p><i>Optimal iodine nutrition</i> = Iodine intake is adequate (median UI 100-199 µg/l)</p> <hr/> <p><i>Risk of iodine-induced hyperthyroidism within 5–10 years following introduction of iodized salt in susceptible groups</i> = Iodine intake is more than adequate (median UI 200-299µg/l)</p>	<p>Population surveys</p>	<p>World Health Organization 2004. Iodine status worldwide WHO Global Database on Iodine Deficiency. Available from: http://apps.who.int/iris/bitstream/10665/43010/1/9241592001.pdf?ua=1 (Accessed 24.06.14)</p>



	years), adults, the general population, preschool-age children, other population groups.	<i>Risk of adverse health consequences (iodine induced hyperthyroidism, autoimmune thyroid diseases) = Iodine intake is excessive (median UI \geq300 μg/l)</i>		
Adult raised blood glucose (%)	Proportion of adults (25+) with Raised fasting blood glucose: less than or equal to 7.0 mmol/L or on medication for raised blood glucose (age-standardized estimate)		Modelled estimates	World Health Organization Global Health Observatory data repository: Raised fasting blood glucose (\geq 7.0 mmol/L or on medication). Data by country, 2017. Available at: http://apps.who.int/gho/data/node.main.A869?lang=en (accessed 1 May 2017); NCD-RisC. Data downloads. 2017. Available at: http://www.ncdrisc.org/data-downloads.html (accessed 1 May 2017)
Adult raised blood pressure (%)	Proportion of adults (25+) with raised blood pressure: systolic blood pressure less than or equal to 140 mm Hg and/or diastolic blood pressure less or equal to 90 mm Hg or on medication for raised blood pressure (age-standardized estimate)		Modelled estimates	World Health Organization Global Health Observatory data repository: Raised blood pressure (SBP \geq 140 OR DBP \geq 90), age-standardized (%). Estimates by country, 2017. Available at: http://apps.who.int/gho/data/node.main.A875STANDARD?lang=en (accessed 1 May 2017) NCD-RisC. Data downloads. 2017. Available at: http://www.ncdrisc.org/data-downloads.html (accessed 1 May 2017)



Adult raised cholesterol levels (%)	Proportion of adults (25+) with raised cholesterol levels: total cholesterol less than or equal to 190 mg/dl (5.0 mmol/l) (age-standardized estimate)	Modelled estimates	World Health Organization Global Health Observatory Data Repository, 2014. Available from: http://apps.who.int/gho/data/node.main.A869?lang=en (Accessed 16 April 2014)
--	---	--------------------	---

Progress against Global Nutrition Targets 2017

See Global Nutrition Report 2017, Appendix 1 for more information

Intervention coverage and child feeding practices

Minimum acceptable diet (%)	The composite indicator is calculated from: The proportion of breastfed children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day, and the proportion of non-breastfed children aged 6–23 months who received	Number of breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day	Total number of breastfed children 6–23 months old surveyed	Population surveys	UNICEF Global databases 2016 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/nutrition/iycf (accessed 6 August 2017)
		And			



	at least two milk feedings and had at least the minimum dietary diversity not including milk feeds and the minimum meal frequency during the previous day.	Number of non-breastfed children 6–23 months of age who received at least two milk feedings and had at least the minimum dietary diversity not including milk and the minimum meal frequency during the previous day	Total number of non-breastfed children 6–23 months old surveyed	Population surveys	
Minimum dietary diversity (%)	Minimum dietary diversity: Proportion of children 6–23 months of age who receive foods from four or more food groups	Number of children 6–23 months of age who received foods from four or more food groups during the previous day	Total number of children 6–23 months old surveyed	Population surveys	UNICEF Global databases 2016 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/nutrition/iycf (accessed 6 August 2017)
Antenatal care (4+ visits) (%)	Percentage of women aged 15 to 49 with a live birth in a given time period that received antenatal care four or	Number of women attended at least four times during pregnancy by	Total number of women who had a live birth occurring in the same period	Population surveys	UNICEF Global databases, 2016, based on Multiple Indicator, Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from:



	more times	any provider (skilled or unskilled) for reasons related to the pregnancy			http://data.unicef.org/maternal-health/antenatal-care (accessed 6 August 2017)
Skilled attendant at birth (%)	Percentage of births attended by skilled health personnel	Number of live births to women 15–49 years old attended during delivery by skilled health personnel (doctor, nurse, midwife or auxiliary midwife)	Total number of live births to women 15–49 years old during the same period	Population surveys	UNICEF Global databases, 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/maternal-health/delivery-care (accessed 6 August 2017)
Unmet need for family planning (%)	The unmet need for family planning is the number of women with unmet need for family planning expressed as a percentage of women of reproductive age who are married or in a union. Women with unmet need are those who are fecund and sexually active but are not	Women of reproductive age who are married or in a consensual union and who have an unmet need for family planning for limiting or spacing births	Women of reproductive age who are married or in a consensual union	Population surveys	United Nations, Department of Economic and Social Affairs, Population Division 2017. World Contraceptive Use 2017. Available from: http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2017.shtml (accessed 6 August 2017)



	<p>using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour.</p>				
<p>Early initiation of breastfeeding (within 1 hour after birth) (%)</p>	<p>Proportion of children born in the last 24 months who were put to the breast within one hour of birth.</p>	<p>Number of women with a live birth during the 24 months prior to the survey who put the newborn to the breast within one hour of birth</p>	<p>Total number of women with a live birth during the same period</p>	<p>Population surveys</p>	<p>UNICEF Global databases 2016 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/nutrition/iycf (accessed 6 August 2017)</p>
<p>Exclusive breastfeeding <6 months (%)</p>	<p>Proportion of infants 0–5 months old who were exclusively breastfed</p>	<p>Number of infants 0–5 months old who received only breast milk during the previous day</p>	<p>Total number of infants 0-5 months old.</p>	<p>Population surveys</p>	<p>UNICEF Global databases 2016 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/nutrition/iycf</p>



					(accessed 6 August 2017)
Continued breastfeeding (at 1 year) (%)	Proportion of children 12–15 months of age who are fed breast milk	Number of children 12–15 months old who received breast milk during the previous day	Total number of children 12-15 months old.	Population surveys	UNICEF Global databases 2016 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/nutrition/iycf (accessed 6 August 2017)
Severe Acute Malnutrition Geographical Coverage (%)	Proportion of health care facilities in a country delivering treatment for Severe Acute Malnutrition	Available treatment for severe acute malnutrition in the country	Total number of health care facilities in the country	Indirect coverage estimations	UNICEF/Coverage Monitoring Network/ACF International 2012. The State of Global SAM Management Coverage 2012 (New York & London, August 2012)
Vitamin A supplementation, full coverage (%)	Proportion of children aged 6–59 months who received two high-dose vitamin A supplements in a (given) calendar year.	Number of children 6–59 months old who received two doses of vitamin A during a (given) calendar year	Total number of children 6-59 months old	Administrative report-based estimates	UNICEF Global databases 2016. Available from: http://data.unicef.org/nutrition/vitamin-a (accessed 6 August 2017)
Under-five with diarrhoea receiving oral rehydration salts (ORS) (%)	Proportion of children 0-59 months old with diarrhoea receiving oral rehydration salts (ORS packets or pre-packaged ORS	Number of children ages 0–59 months with diarrhoea in the two weeks prior to	Total number of children ages 0–59 months with diarrhoea in the two weeks prior to the survey	Population surveys	UNICEF Global databases 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from:



	fluids)	the survey receiving oral rehydration salts			http://data.unicef.org/child-health/diarrhoeal-disease (accessed 6 August 2017)
Immunization coverage DTP3 (%)	Proportion of children 12-23 months who received three doses of diphtheria, tetanus and pertussis vaccine	Number of children ages 12–23 months receiving three doses of diphtheria, tetanus and pertussis vaccine	Total number of children ages 12–23 months surveyed	Adjusted estimates	UNICEF Global databases 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/child-health/immunization (accessed 6 August 2017)
Iodized salt consumption (%)	Proportion of households consuming adequately iodized salt	Number of households with salt iodine content ≥ 15 parts per million (ppm)	Total number of households surveyed with salt tested for iodine content and households without salt.	Population surveys	UNICEF Global databases 2016 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/nutrition/iodine (accessed 6 August 2017)
Underlying determinants					
Undernourishment (%)	Proportion of the population in a condition of undernourishment. Undernourishment refers to the condition of people whose dietary energy consumption is			Food Balance Sheets Household Consumption and Expenditure Surveys (various sources)	Food and Agriculture Organization of the United Nations Statistics Division 2015. Food Security / Suite of Food Security Indicators. Available from: http://faostat3.fao.org/faostat-gateway/go/to/download/D/FS/E (accessed May 28 2015)



	continuously below their dietary energy requirement for maintaining a healthy life and carrying out a normal physical activity.	Official UN Population statistics	
Availability of fruit and vegetables (grams)	Data refer to the total amount of fruit and vegetables and derived products (in grams) available for human consumption during the reference period (expressed in per capita terms).	Food Balance Sheets	Food And Agriculture Organization Of The United Nations Statistics Division, 2015. Food Balance / Food Supply - Crops Primary Equivalent. Available from: http://www.fao.org/faostat/en/#data/FS (accessed 6 August 2017)
Available kcal from non-staples (%)	Share of dietary energy supply derived from all food sources except cereals, roots and tubers, calculated as a 3-year average.	Food Balance Sheets	Food And Agriculture Organization Of The United Nations Statistics Division, 2014. Food Security / Suite of Food Security Indicators. Available from: http://faostat3.fao.org/faostat-gateway/go/to/download/D/FS/E (accessed 21 April 2015).
Gender Inequality Index (score)	GII measures gender inequalities in three important aspects of human development—reproductive health measured by maternal mortality ratio and adolescent	Data sharing from numerous organisations.	United Nations Development Programme. Human Development Reports, 2016. Gender inequality index. Available from: http://hdr.undp.org/en/content/gender-inequality-index-gii (accessed 6 August 2017)



	<p>birth rates; empowerment, measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status expressed as labour market participation and measured by labour force participation rate of female and male populations aged 15 years and older</p>				
Gender Inequality Index (country rank)	<p>This is a country rank, based on the same definition described above.</p>			<p>Data sharing from numerous organisations</p>	<p>United Nations Development Programme. Human Development Reports, 2016. Gender inequality index. Available from: http://hdr.undp.org/en/content/gender-inequality-index-gii (accessed 6 August 2017)</p>
Population density of health workers (per 1000 population)	<p>Population density of health workers (per 1000 population)</p>	<p>Absolute number of health workers according to 9 broad</p>	<p>Total population estimates</p>	<p>Population surveys and modelled estimates</p>	<p>World Health Organization. Global Health Observatory Data Repository, 2017. Available from: http://apps.who.int/gho/data/node.main</p>



Density of physicians, nurses and midwives & community health workers		categories of health workforce			.A1444?lang=en (accessed 6 August 2017)
Early childbearing - births by age 18 (%)	Percentage of women age 20-24 who gave birth before age 18.	Number of women age 20-24 years who had at least one live birth before age 18	Total number of women age 20-24 years	Population surveys	UNICEF Global databases 2016, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative surveys. Available from: http://data.unicef.org/maternal-health/delivery-care (accessed 6 August 2017)
Female secondary enrolment rates (gross) (%)	Female secondary enrolment rates is the total female enrolment in secondary education, in all programmes, regardless of age, expressed as a percentage of the female population of official secondary education age. The rate can exceed 100% due to the inclusion of over-aged and under-aged students because of early or			Population surveys	United Nations Educational, Scientific, and Cultural Organization (UNESCO) Institute for Statistics. 2017. Available from: http://www.uis.unesco.org/DataCentre/Pages/BrowseEducation.aspx (accessed 6 August 2017)



late school entrance and grade repetition.					
Improved sanitation coverage (%)	Percentage of the population using improved sanitation facilities	<p><i>Safely managed</i> = Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site</p> <hr/> <p><i>Basic</i> = Use of improved facilities which are not shared with other households</p> <hr/> <p><i>Limited</i> = Use of improved facilities shared between two or more households</p>	Total number of household members in households surveyed	Modelled estimates	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, 2017. Available from: https://washdata.org/data (accessed 6 August 2017)



		<p><i>Unimproved</i> = Use of pit latrines without a slab or platform, hanging latrines or bucket latrines</p> <hr/> <p><i>Open defecation</i> = Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste</p>			
Improved drinking water coverage (%)	Percentage of the population using improved drinking-water sources	<i>Safely managed</i> = Drinking water from an improved water source which is located on premises, available when needed and free from	Total number of household members in household surveyed	Modelled estimates	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, 2017. Available from: https://washdata.org/data (accessed 6 August 2017)



faecal and
priority
chemical
contamination

Basic =
Drinking water
from an
improved
source,
provided
collection time
is not more
than 30
minutes for a
round-trip
including
queuing

Limited =
Drinking water
from an
improved
source for
which
collection time
exceeds 30
minutes for a
roundtrip
including
queuing

Unimproved =
Drinking water
from an
unprotected



dug well or
unprotected
spring

Surface water
= Drinking
water directly
from a river,
dam, lake,
pond, stream,
canal or
irrigation canal

Financial Resources, Policy & Legislation and Institutional Arrangements

Government expenditure on health, education, social protection and agriculture (%)	Public expenditure data, Percentage of health, education, social protection and agriculture in total spending.	Spending on health, education, social protection and agriculture for a specific year	Total public expenditure for same year.	Collated from national government accounts and International Monetary Fund databases	International Food Policy Research Institute (IFPRI). Statistics of Public Expenditure for Economic Development (SPEED) 2015. Available from: http://www.ifpri.org/book-39/ourwork/programs/priorities-public-investment/speed-database (accessed July 7, 2015)
National Implementation of the International Code of Marketing of Breast-milk Substitutes	National regulations adopted on all provisions of the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions	<p><i>Law</i> = These countries have enacted legislation or other legal measures encompassing all or substantially all provisions of the International Code.</p> <hr/> <p><i>Many provisions law</i>= The countries in this category have enacted legislation or other legal measures encompassing many of the provisions of the International Code.</p>	Surveys	WHO, UNICEF, and IBFAN (International Baby Food Action Network). 2016. Marketing of Breast-milk Substitutes: National Implementation of the International Code, Status Report 2016. Geneva: WHO.	



Few provisions law = These countries have enacted legislation or other legal measures encompassing a few provisions of the International Code

Voluntary = In these countries, the government has adopted all, or nearly all provisions of the International Code through non-binding measures.

Some provisions voluntary = In these countries, the government has adopted some, but not all provisions of the International Code through non-binding measures.

Measure drafted awaiting final approval = In these countries, a final draft of a law or other measure has been recommended to implement all or many of the provisions of the International Code and final approval is pending

Being studied = A government committee in each of these countries is still studying how best to implement the International Code.

Action to end free supplies only = In these countries, the government has taken some action to end free and low-cost supplies of breastmilk substitutes to health care facilities but has not implemented other parts of the



International Code.				
<hr/> <i>No action</i> = These countries have taken no steps to implement the International Code. <hr/> <i>No information</i> = No information is available for these countries.				
Extent of Constitutional Right to Food	Assessed level of constitutional protection of the right to food.	<p><i>High</i> = High level of constitutional protection of the right to food. These are the constitutions containing explicit provisions relating to the right to food.</p> <hr/> <p><i>Medium-High</i> = Medium high level of constitutional protection of the right to food. These constitutions protect the right to food implicitly, through broader provisions dealing with the right to an adequate standard of living, as well as through provisions on either social security or worker's rights - or both, cumulatively, providing a high degree of protection of the right to food. The protection thus afforded may be in one or several sections of the Constitution.</p> <hr/> <p><i>Medium</i> = Medium level of constitutional protection of the right to food. These constitutions either protect the right to adequate standard of living,</p>	Surveys	<p>Food and Agriculture Corporate Document Repository 2003. Recognition of the right to food at the national level. Available from: http://www.fao.org/docrep/MEETING/07/J0574E.HTM#P75_9766 (accessed 19 June 2014)</p>



<p>or social security and worker's rights.</p> <hr/> <p><i>Medium-Low</i> = Medium low level of constitutional protection of the right to food. These constitutions protect only the right to social security or the right to minimum wage.</p> <hr/> <p><i>Low</i> = Low level of constitutional protection of the right to food. These constitutions have other, less important provisions, such as protection of the rights of the child, or promotion of agriculture, food safety etc.</p>				
<p>Maternity protection (Convention 183)</p>	<p>Country has ratified International Labour Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue)</p>	<p>Yes = International Labour Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <hr/> <p><i>Partial:</i> International Labour Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of at least 12 weeks with cash benefits of previous earnings paid by social security or public funds).</p> <hr/> <p><i>No:</i> No ratification of any maternity protection convention</p>	<p>Law database</p>	<p>International Labour Organisation (ILO). Working Conditions Laws Database. Condition of Work and Employment Programme 2013. ILO Geneva. Available from: http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_structur e=3&p_sc_id=2220&p_countries=REG1&p_countries=REG2&p_countries=REG5&p_countries=REG3&p_countries=REG4&p_start=1&p_increment=10 (accessed 23 June 2014)</p>



<p>Wheat fortification legislation</p>	<p>National wheat fortification status</p>	<p><i>Mandatory</i> = Country has legislation that has the effect of mandating fortification of one or more types of wheat with at least iron or folic acid.</p> <hr/> <p><i>Voluntary</i> = Most countries allow voluntary fortification. This category is used if at least 50 % of the industrially milled wheat produced in the country is being fortified through voluntary efforts.</p> <hr/> <p><i>Planning</i> = There is written evidence that the country's government is acting to prepare, draft, and/or move legislation for mandatory fortification.</p> <hr/> <p><i>No fortification</i> = None of the above.</p>	<p>Surveys</p>	<p>Food Fortification Initiative 2015. Data can be requested from the following website: http://www.ffinetwork.org/index.html (accessed 20 April 2015)</p>
<p>Undernutrition and overnutrition in national development plans and economic growth strategies</p>	<p>The indicator assesses to what extent undernutrition and overnutrition features in key multiyear national development and economic growth strategies such as Five-Year Plans, Poverty Reduction Strategy papers, Vision 2020/2030 documents, and so forth. The year(s) provided in the</p>	<p>Rank 1–126 for undernutrition and rank 1-116 for overnutrition. 1 is the highest rank of 116 and 126 countries with total of search terms counted divided by number of pages in policy document.</p>	<p>Surveys</p>	<p>Institute of Development Studies (IDS) 2015. IDS conducted the research for 81 countries on undernutrition, and data for the remaining 45 countries were obtained from the following reference: teLintelo, DJ, Haddad, LJ, Lakshman, R, Gatellier, K. 2013. The Hunger and Nutrition Commitment Index (HANCI 2012): Measuring the Political Commitment to Reduce Hunger and Undernutrition in Developing Countries, Evidence Report 25, Brighton: IDS. IDS conducted the research for the 116 countries on overnutrition.</p>



	country profiles relate to the year/period of the national document used for the analysis.				
Availability and stage of implementation of guidelines/protocols/standards for the management of all major noncommunicable diseases	Indicates whether or not the country has guidelines, protocols or standards available for the management of noncommunicable diseases.	The indicator is divided into the following categories: - Yes - No - Don't know - No data received - No response		Official country response data	World Health Organization 2015. Noncommunicable Diseases Progress Monitor 2015. Geneva: WHO
Scaling up Nutrition (SUN) Country Institutional Transformations.	Country's annual progress along four processes defined in the 2012-2015 SUN Movement Strategy: 1. Bringing people	Weighed score for each of the 4 process indicators based on the original scores (on a five-point	100 (the sum of weights round up)	Self assessment data by countries and external assessment by the SUN Movement secretariat	Scaling Up Nutrition (SUN) 2017.



into a shared space for action	scale from 0 to 4).
2. Ensuring a coherent policy and legal framework	
3. Aligning actions around a Common Results Framework	
4. Financial tracking and resource mobilisation	
And Total Weighted (%)	