

Technical Note 1 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			Modeled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2012 revision, 2013. Available from: http://esa.un.org/unpd/wpp/Excel-Data/population.htm (Accessed June 20, 2014).
Total under-5 population (thousands)	Total population of children 0–59 months in thousands			Modeled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2012 revision, 2013. Available from: http://esa.un.org/unpd/wpp/Excel-Data/population.htm (Accessed June 20, 2014)
Population urban (%)	Percentage of population living in urban areas			Modeled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2012 revision, 2013. Available from: http://esa.un.org/unpd/wpp/Excel-Data/population.htm (Accessed June 20, 2014)
Population >65 years (%)	Percentage of population that are above 65 years			Modeled estimates	United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2012 revision, 2013. Available from: http://esa.un.org/unpd/wpp/Excel-Data/population.htm (Accessed June 20, 2014)

Under-5 mortality rate (Deaths per 1,000 live births)	Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.			Modeled estimates	The UN Interagency Group for Child Mortality Estimation (United Nations Children's Fund, World Health Organization, United Nations Population Division, World Bank) 2013. Available from: http://data.unicef.org/child-mortality/under-5 (Accessed June 20, 2014)
Poverty rates \$1.25 a day (%) \$2.00 a day (%)	Percentage of the population living on less than \$2.00 and \$1.25 a day at 2005 international prices.			Household surveys	World Bank, Development Research Group. World Development Indicators. World Databank 2014. Available from: http://data.worldbank.org/data-catalog/world-development-indicators (Accessed July 31, 2014)
Gross domestic product (GDP) per capita, purchasing power parity (PPP) (constant 2011 international \$)	GDP per capita based on PPP. PPP GDP is GDP converted to international dollars using PPP rates. An international dollar has the same purchasing power over GDP as the US dollar has in the United States. GDP at purchasers' 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.			World Bank, national accounts data, OECD national accounts data files and International Comparison Program database	World Bank, Development Research Group. World Bank, International Comparison Program database. World Databank 2014. Available from: http://data.worldbank.org/data-catalog/world-development-indicators (Accessed July 31, 2014)
Income inequality (Gini index)	Gini index measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Gini index of 0			Household surveys from PovcalNet and the Luxembourg Income Study databases	World Bank, Development Research Group. World Development Indicators. World Databank 2014. Available from: http://data.worldbank.org/data-catalog/world-development-indicators (Accessed July 31, 2014)

	represents perfect equality, while an index of 100 implies perfect inequality.				
Child anthropometry					
Under-5 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	United Nations Children’s Fund (UNICEF), World Health Organization (WHO), The World Bank (WB). UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.
Under-5 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 Child Growth Standards	Number of children 0–59 months who are below minus two standard deviations (moderate and severe) from median weight-for-height of the WHO Child Growth Standards	Total number of children 0–59 months surveyed	Population surveys	United Nations Children’s Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.
Under-5 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	United Nations Children’s Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.
Under-5 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	United Nations Children’s Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.

Under-5 stunting, total population affected (thousands)	Total number 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			Population surveys	United Nations Children’s Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.
Under-5 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	United Nations Children’s Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.
Under-5 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	United Nations Children’s Fund, World Health Organization, The World Bank. UNICEF-WHO-The World Bank: 2013 Joint child malnutrition estimates: Levels and trends. UNICEF, New York; WHO, Geneva; The World Bank, Washington, DC; 2014.
Trends in Inequality: under-5 stunting	Data from demographic health surveys and multiple indicator cluster surveys from 1990 to 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.			Population surveys	Bredenkamp, C., L. R. Buisman, and E. Van de Poel. 2014. Persistent Inequalities in Child Undernutrition: Evidence from 80 Countries, from 1990 to Today. <i>International Journal of Epidemiology</i> 43 (4): 1328–1335.

Low birth weight 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 last live births in the given population during the same period	National birth registration, household surveys, and routine reporting systems	UNICEF global databases, 2014, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), other nationally representative surveys, and administrative data. Note: an update was made to the original 2014 database excluding China. Available from: http://data.unicef.org/nutrition/low-birthweight (Accessed May 21, 2014)
Adolescent and adult nutrition status					
Adolescent overweight (%)	Percentage of adolescents aged 13–15 years who are above one standard deviation (+1SD) 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) 2014. Available from: http://www.who.int/chp/gshs/factsheets/en/ (Accessed June 17, 2014)
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) 2014. Available from: http://www.who.int/chp/gshs/factsheets/en/ (Accessed June 17, 2014)
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 3 (5) 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 2014. Available from: http://www.statcompiler.com/?share=1856217EEAF (Accessed June 20, 2014)
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 the 3 (5) years preceding the survey.	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 2014. Available from: http://www.statcompiler.com/?share=1856217EEAF (Accessed June 20, 2014)

Adult overweight (%)	Percentage of defined population (adults 20+) with a body mass index (BMI) of 25 kg/m ² or higher.			Modeled estimates	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A896?lang=en (Accessed June 19, 2014)
Adult obesity (%)	Percentage of defined population (adults 20+) with a body mass index (BMI) of 30 kg/m ² or higher.			Modeled estimates	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A896?lang=en (Accessed June 19, 2014)
Women of reproductive age anemia (%)	Women of reproductive age (15–49 years), both pregnant and nonpregnant, with hemoglobin levels below 12 g/dL for women of reproductive age and below 11 g/dL for pregnant women.			Modeled estimates	Stevens, G. A., 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.
Women of reproductive age anemia, total population affected (thousands)	Total number of women of reproductive age (15–49 years), both pregnant and nonpregnant, with hemoglobin levels below 12 g/dL for women of reproductive age and below 11 g/dL for pregnant women.			Modeled estimates	Stevens, G. A., 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.
Vitamin A deficiency in preschool-age children (%)	Preschool-aged children is defined by the majority of the 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).			Population surveys	World Health Organization 2009. Global prevalence of vitamin A deficiency in populations at risk 1995–2005 WHO Global Database on Vitamin A Deficiency. Available from: http://whqlibdoc.who.int/publications/2009/9789241598019_eng.pdf (Accessed June 24, 2014)

Classification of iodine nutrition	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 years), adults, the general population, preschool-age children, other population groups.	<i>Severe iodine deficiency</i> = iodine intake is insufficient (median UI <20 µg/l)		Population surveys	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 June 24, 2014)
		<i>Moderate iodine deficiency</i> = iodine intake is insufficient (median UI 20–49 µg/l)			
		<i>Mild iodine deficiency</i> = iodine intake is insufficient (median UI 50–99 µg/l)			
		<i>Optimal iodine nutrition</i> = iodine intake is adequate (median UI 100–199 µg/l)			
		<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 200–299 µg/l)			
		<i>Risk of adverse health consequences (iodine induced hyperthyroidism, auto-immune thyroid diseases)</i> = iodine intake is excessive (median UI ≥300 µg/l)			
Adult raised blood glucose (%)	Proportion of adults (25+) with raised fasting blood glucose: higher than or equal to 7.0 mmol/L or on medication (age-standardized estimate).			Modeled estimates	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A869?lang=en (Accessed June 16, 2014)
Adult raised blood pressure (%)	Proportion of adults (25+) with raised blood pressure: systolic blood pressure higher than or equal to 140 mm Hg and/or diastolic blood pressure higher than or equal to 90 or on medication for raised blood pressure (age-standardized estimate).			Modeled estimates	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A878?lang=en (Accessed June 16, 2014)
Adult raised cholesterol levels (%)	Proportion of adults (25+) with raised cholesterol levels: total cholesterol higher than or equal to 190 mg/dl (5.0 mmol/l) (age-standardized estimate).			Modeled estimates	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A884?lang=en (Accessed June 16, 2014)

World Health Assembly (WHA) indicators: Progress against Global WHA Target					
Under-5 stunting on/not on course for Global WHA Target	<i>Definition on course:</i> Current Average Annual Rate of Reduction (AARR) \geq Required Average Annual Rate of Reduction (AARR). <i>Definition not on course:</i> Current Average Annual Rate of Reduction (AARR) $<$ Required Average Annual Rate of Reduction (AARR)			Data to determine on/not on course are from population surveys	World Health Organization 2014. Global Targets Indicators. August update. Available from: http://www.who.int/nutrition/globaltargets_indicators/en/ (Accessed August 31, 2014)
Under-5 wasting on/not on course for Global WHA Target	<i>Definition on course:</i> Baseline rate $<$ 5% <i>Definition not on course :</i> Baseline rate \geq 5%			Data to determine on/not on course are from population surveys	World Health Organization 2014. Global Targets Indicators. August update. Available from: http://www.who.int/nutrition/globaltargets_indicators/en/ (Accessed August 31, 2014)
Under-5 overweight on/not on course for Global WHA Target	<i>Definition on course:</i> Baseline rate $<$ 7% and no increase in prevalence compared to country baseline <i>Definition not on course:</i> Baseline rate \geq 7% or increase in prevalence compared to country baseline			Data to determine on/not on course are from population surveys	World Health Organization 2014. Global Targets Indicators. August update. Available from: http://www.who.int/nutrition/globaltargets_indicators/en/ (Accessed August 31, 2014)
Women of reproductive age anemia on/not on course for Global WHA Target	<i>Definition on course:</i> Current Average Annual Rate of Reduction (AARR) \geq 5.2% <i>Definition not on course:</i> Current Average Annual Rate of Reduction (AARR) $<$ 5.2%			Data to determine on/not on course are modeled data	World Health Organization 2014. Global Targets Indicators. August update. Available from: http://www.who.int/nutrition/globaltargets_indicators/en/ (Accessed August 31, 2014)
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	Number of breastfed children 6–23 months of age who had at least the minimum dietary diversity and the minimum meal	Total number of breastfed children 6–23 months old surveyed	Population surveys	Demographic and Health Surveys. Individual DHS reports available from: http://dhsprogram.com/What-We-Do/survey-search.cfm?pgtype=main&SrvyTp=country (Accessed June 25, 2014)

	and the minimum meal frequency during the previous day and the proportion of nonbreastfed children aged 6–23 months who received 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.	frequency during the previous day			
		and			
		Number of nonbreastfed 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 nonbreastfed 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	Demographic and Health Surveys. Surveys from 2010-2013. Individual DHS reports available from: http://dhsprogram.com/What-We-Do/survey-search.cfm?pgtype=main&SrvyTp=country (Accessed June 25, 2014)
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 more times.	Number of women attended at least four times during pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	Total number of women who had a live birth occurring in the same period	Population surveys	UNICEF Global databases 2014 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/antenatal-care (Accessed June 17, 2014)
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	Total number of live births to women 15–49 years old during the same period	Population surveys	UNICEF Global databases 2014 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

		midwife)			(Accessed June 17, 2014)
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 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 behavior.	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 2014. World Contraceptive Use 2014. Available from: http://www.un.org/en/development/desa/population/theme/family-planning/index.shtml (Accessed June 25, 2014)
Early initiation of breastfeeding (within 1 hour after birth) (%)	Proportion of children born in the last 24 months who were put to the breast within one hour of birth.	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	Total number of women with a live birth during the same period	Population surveys	UNICEF Global databases 2014 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 June 16, 2014)
Exclusive breastfeeding <6 months (%)	Percentage of infants 0–5 months old who were exclusively breastfed.	Number of infants 0–5 months old who received only breast milk during the previous day	Total number of infants 0–5 months old	Population surveys	UNICEF Global databases, 2014, 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 May 21, 2015)
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 2014 based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative

					surveys. Available from: http://data.unicef.org/nutrition/ivcf (Accessed June 16, 2014)
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 2014. Available from: http://data.unicef.org/nutrition/vitamin-a (Accessed May 23, 2014)
Under-5 with diarrhea receiving oral rehydration salts (ORS) (%)	Proportion of children 0–59 months old with diarrhea receiving oral rehydration salts (ORS packets or pre-packaged ORS fluids)	Number of children ages 0–59 months with diarrhea in the two weeks prior to the survey receiving oral rehydration salts	Total number of children ages 0–59 months with diarrhea in the two weeks prior to the survey	Population surveys	UNICEF Global databases 2014 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/diarrheal-disease (Accessed June 17, 2014)
Immunization coverage DTP3 (%)	Proportion of children 12-23 months who received three doses of diphtheria/tetanus/pertussis vaccine.	Number of children ages 12–23 months receiving three doses of diphtheria/tetanus/pertussis vaccine	Total number of children ages 12–23 months surveyed	Adjusted estimates	UNICEF Global databases 2014., 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 June 16, 2014)
Iodized salt consumption (%)	Proportion of households consuming adequately iodized salt.	Number of households with salt iodine content \geq 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 2014 (updated August 2014), based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), and other nationally representative surveys. The 2014 global database was updated for the Global Nutrition Report to remove data points for which a cut-off of >0 parts per million was used as well as other updates for more recent data. Available from: http://data.unicef.org/nutrition/iodine

						(Accessed August 31, 2014)
Underlying determinants						
Undernourishment (%)	Proportion of the population in a condition of undernourishment. Undernourishment refers to the condition of people whose dietary energy consumption is continuously below their dietary energy requirement for maintaining a healthy life and carrying out a normal physical activity.			Food Balance Sheets Household Consumption and Expenditure Surveys (various sources) Official UN Population statistics	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 October 1, 2014)	
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 2014. Food Balance / Food Supply—Crops Primary Equivalent. Available from: http://faostat3.fao.org/faostat-gateway/go/to/download/FB/CC/E (Accessed June 16, 2014)	
Available kcal from nonstaples (%)	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 June 19, 2014)	
Gender Inequality Index (score)	GII measures gender inequalities in three important aspects of human development—reproductive health, measured by maternal mortality ratio and adolescent birth rates; empowerment, measured by proportion of parliamentary seats occupied by females			Data sharing from numerous organizations	United Nations Development Programme. Human Development Reports 2014. Gender inequality index. Available from: http://hdr.undp.org/en/data (Accessed August 1, 2014)	

	and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status expressed as labor market participation and measured by labor force participation rate of female and male populations aged 15 years and older.				
Gender Inequality Index (country rank)	This is a country rank, based on the same definition described above.			Data sharing from numerous organizations	United Nations Development Programme. Human Development Reports 2014. Gender inequality index. Available from: http://hdr.undp.org/en/data (Accessed August 1, 2014)
Population density of health workers (per 1,000 population) density of physicians, nurses and midwives, and community health workers	Population density of health workers (per 1,000 population).	Absolute number of health workers according to 9 broad categories of health workforce	Total population estimates	Population survey and modeled estimates	World Health Organization. Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A1444?lang=en (Accessed June 17, 2014)
Early childbearing—births by age 18 (%)	Proportion 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 2014 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 June 17, 2014)
Female secondary enrollment rates (gross) (%)	Female secondary enrollment rate is the total female enrollment in secondary education, in all programs, 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			Population surveys	United Nations Educational, Scientific, and Cultural Organization (UNESCO) Institute for Statistics. 2014. Available from: http://www.uis.unesco.org/DataCentre/Pages/BrowseEducation.aspx (Accessed July 31, 2014)

	overaged and underaged students because of early or late school entrance and grade repetition.				
Improved sanitation coverage (%)	Percentage of the population using improved sanitation facilities.	Number of household members using improved sanitation facilities (facilities that ensure hygienic separation of human excreta from human contact), including flush or pour flush toilet/latrine to piped sewer system, septic tank, or pit latrine; ventilated improved pit latrine; pit latrine with slab; and composting toilet	Total number of household members in households surveyed	Modeled estimates	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2014. Available from: http://www.wssinfo.org/data-estimates/tables/ (Accessed May 27, 2014)
Improved drinking water coverage (%)	Percentage of the population using improved drinking-water sources.	<p><i>Piped into dwelling, plot or yard</i> = Number of household members living in households using piped drinking-water connections located inside the user's dwelling, plot, or yard</p> <p><i>Other improved</i> = Number of household members living in households using public taps or standpipes, tube wells, protected springs, or rainwater collection</p>	Total number of household members in household surveyed	Modeled estimates	WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation 2014. Available from: http://www.wssinfo.org/data-estimates/tables/ (Accessed May 27, 2014)

Financial resources, policy, and 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 and International Monetary Fund databases	International Food Policy Research Institute (IFPRI). Statistics of Public Expenditure for Economic Development (SPEED) 2014. Available from: http://www.ifpri.org/book-39/ourwork/programs/priorities-public-investment/speed-database (Accessed July 4, 2014)
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.	<i>Law</i> = These countries have enacted legislation or other legal measures encompassing all or substantially all provisions of the International Code.		Surveys	UNICEF Nutrition Section 2014
		<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.			
		<i>Few provisions law</i> = These countries have enacted legislation or other legal measures encompassing a few provisions of the International Code.			
		<i>Voluntary</i> = In these countries, the government has adopted all or nearly all provisions of the International Code through nonbinding measures.			
		<i>Some provisions voluntary</i> = In these countries, the government has adopted some, but not all provisions of the International Code through nonbinding measures.			
		<i>Measure drafted awaiting final approval</i> = 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.			
		<i>Being studied</i> = A government committee in each of these countries is still studying how best to implement the International Code.			
		<i>Action to end free supplies only</i> = In these countries, the government has taken some action to end free and low-cost supplies of breast milk substitutes to healthcare facilities but has not implemented other parts of the International Code.			

		<p><i>No action</i> = These countries have taken no steps to implement the International Code.</p> <p><i>No information</i> = No information is available for these countries.</p>		
Extent of Constitutional Right to Food	Assessed level of constitutional protection of the right to food.	<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.	Surveys	<p>Food and Agriculture Corporate Document Repository 2003. Recognition of the right to food at the national level. Available from:</p> <p>http://www.fao.org/docrep/MEETING/007/J0574E.HTM#P75_9766 (Accessed June 19, 2014)</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 workers' 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.		
		<i>Medium</i> = Medium level of constitutional protection of the right to food. These constitutions protect either the right to adequate standard of living or social security and workers' rights.		
		<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.		
		<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, and so forth.		
Maternity protection (Convention 183)	Country has ratified International Labor Organization Convention 183 or has passed national legislation that is in compliance with the three key provisions of the	<i>Yes</i> = International Labor Organization Convention 183 ratified (maternity leave of at least 14 weeks with cash benefits of previous earnings paid by social security or public funds).	Law database	<p>International Labor Organization (ILO). Working Conditions Laws Database. Condition of Work and Employment Programme 2013. ILO Geneva. Available from:</p> <p>http://www.ilo.org/dyn/travail/travmain.sectionReport1?p_lang=en&p_structure=3&</p>
		<i>Partial</i> : International Labor Organization Convention 183 not ratified but previous maternity convention ratified (maternity leave of		

	convention (14 weeks of maternity leave, paid at 66% of previous earnings by social security or general revenue).	at least 12 weeks with cash benefits of previous earnings paid by social security or public funds). <i>No:</i> No ratification of any maternity protection convention.		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 June 23, 2014)
Wheat fortification legislation	National wheat fortification status. The year presented in the country profile is the year that mandatory, voluntary, or planning wheat fortification was put in place.	<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. <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. <i>Planning</i> = There is written evidence that the country's government is acting to prepare, draft, and/or move legislation for mandatory fortification. <i>No fortification</i> = None of the above.	Surveys	Food Fortification Initiative 2014. Data can be requested from the following website: http://www.ffinetwork.org/index.html (Accessed July 7, 2014)
Undernutrition in national development plans and economic growth strategies	The indicator assesses to what extent undernutrition 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 country profiles relate to the year/period of the national document used for the analysis.	Rank 1–107 where 1 is the highest rank of 107 countries with total of search terms counted divided by number of pages in policy document. (Rank 83 is given to 25 countries that all had 0 search terms counted.)	Surveys	Institute of Development Studies (IDS) 2014. IDS conducted the research for 62 countries, 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.
Availability and stage of implementation of guidelines, protocols, and standards for the management of diabetes	Indicates whether or not the country has guidelines, protocols, or standards available for the management of diabetes and, if so, whether these are fully or partially implemented.	The indicator is divided into the following categories: - Available, partially implemented - Available, not implemented - Available, fully implemented - Not available	Official country response data	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A909?lang=en (Accessed June 17, 2014)

Availability and stage of implementation of guidelines, protocols, and standards for the management of hypertension	Indicates whether or not the country has guidelines, protocols, or standards available for the management of hypertension and, if so, whether these are fully or partially implemented.	The indicator is divided into the following categories: <ul style="list-style-type: none"> - Available, partially implemented - Available, not implemented - Available, fully implemented - Not available 		Official country response data	World Health Organization Global Health Observatory Data Repository 2014. Available from: http://apps.who.int/gho/data/node.main.A909?lang=en (Accessed June 17, 2014)
Scaling up Nutrition (SUN) countries' Institutional Transformations	Country's annual progress along four processes defined in the 2012–2015 SUN Movement Strategy: <ol style="list-style-type: none"> 1. Bringing people into a shared space for action (%) 2. Ensuring a coherent policy and legal framework (%) 3. Aligning actions around a common results framework (%) 4. Financial tracking and resource mobilization (%) And total weighed score (%)	Weighed score for each of the 4 process indicators based on the original scores (on a 5-point scale from 0 to 4).	100 (the sum of weights rounded up)	Self-assessment data by countries and external assessment by the SUN Movement secretariat	Scaling Up Nutrition (SUN). 2014. Self-assessment by countries (37 countries). External assessment by the SUN Movement Secretariat (3 countries: Sri Lanka, Zambia, Ethiopia). Baseline prepared by new countries and assessed by the SUN Movement Secretariat (10 countries: Comoros, Congo [Republic of the], Costa Rica, Guinea-Bissau, Liberia, South Sudan, Swaziland, Tajikistan, Togo, Vietnam).