CH
Cadre Harmonisé

Cadre Harmonise: Identification of Risk Areas and Vulnerable Population in the Sahel and West Africa (CH3.0)

Liberia	Results of Food and Nutrition Insecurity (FNI) Analysis for Current Period (October to December 2025) and Projected Period (June to August 2026) For Sixteen (16) Local Government Areas of Liberia	Prepared October 2025

Presentation of the Food and Nutrition insecurity Situation for areas and population at risk across Liberia's fifteen counties, with Montserrado county disaggregated into rural and urban areas: Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Gedeh, Grand Kru, Lofa, Margibi, Maryland, Nimba, Rivercess, River Gee, Rural Montserrado, Urban Montserrado and Sinoe.

Food Consumption:

Food consumption (FC) remains volatile as populations in 81% of the area analyzed are facing stress (Phase 2) across the country. Only in three of the analyzed areas, Grand Gedeh, Lofa and Upper Montserrado, have food consumption outcomes in Phase 1 (minimal/none). In these counties, favorable production is expected to continue along with low food prices due to income options: people can get involved into cash crop production and mining activities, which will support the purchase of food commodities. Meanwhile, Food consumption outcomes in the remaining thirteen (13) areas are classified in phase 2 primarily due to the high proportion of food expenditure on the income of people in the analyzed areas. Food availability is promising; but inaccessibility to farmland and the lack to attained loans and credit finance increase the vulnerability of people on the food consumption outcomes.

Across the analyzed areas, key drivers (hazard and vulnerabilities) reflected low negative impacts on FC. These impacts reduced some of the gains from the contributing factors, food availability and purchases across these areas as they push the population into the stressing phase.

In the projected analysis, these hazard and vulnerabilities are expected to remain intense and may further reduce the impact of contributing factors (availability, access, utilization and stability) to food consumption. The situation is expected to specifically increase pressure on the analyzed population in RiverGee where about 2% of the analyzed population may move into phase 4; on Maryland, which will worsen FC outcome of 6% of the analyzed population into phase 3 announcing the need for priority interventions are strategically implemented to curtail the projected situation.

Evolution of Livelihood Change:

Across the analyzed areas in the current situation, the evolution of livelihoods for 63% of the population are under stress (phase 2): a result reflecting the need to support and close livelihood protection deficits in the affected areas. Two other areas (Nimba and River Gee) are facing crisis (Phase 3) with this evolution of livelihood outcome.

The projected situation implies that the situation in these areas may worsen and increase the stress phase by 3%: an indication that 69% of the population in the analyzed areas may experience deteriorating outcomes in the projected situation. This suggests that more people could continue to fall in the critical phase (phase 3-5) due to the absence of livelihood strategies to support their livelihood protections and to reduce survivals deficits.

Executive Summary:

The October 2025 CH analysis was conducted to present the food and Nutrition Insecurity (FNI) situation of Liberia using the Version 3.0 standard protocol. Fifteen counties with Montserrado disaggregated into rural and urban areas (16) were analyzed with a total estimated population of 5,625,874

From analysis of the 15 counties with Montserrado disaggregated into rural and urban, the current situation indicates that about 70.2% of the analyzed population are classified under phase 1, 22.3% are under stress (phase 2), and 7.4% are classified under crisis (phase 3) situation of food and nutrition. A population of *418,213* persons are classified in the critical phases (phase 3 to phase 5) across all the analyzed areas, with populations in Nimba and Upper Montserrado together forming one-third (35.5%) of population in Phase 3 (crisis).

In the projected situation, the FNI situation in the projected period (June to August 2026) may deteriorate where more population will experience minimal stress and some will moved into crisis if priority interventions are not fostered. In the projected lean season, the population in the critical phase (phase 3 - phase 5) may increase by **1.6% leading to a total of 9% (equivalent** to *506,289 persons) population in food insecurity.* Much of those affected in the projected situation are projected to be in Nimba county (85,240 persons); while 2,738 persons will move into Phase 4 (emergency) in RiverGee counties in the projected analyzed situations.

The analyzed outcomes showed that 7.4% of the total analyzed population are found within the critical food and nutrition insecurity phase (Phase 3-5) in the current situation. While no one is reported in crisis and emergency (phases 4 & 5) in the

Negative impacts from hazards and vulnerabilities across these areas coupled with low availability, limited access and low utilization of water, health and sanitation services limit livelihood evolution to few coping strategies. The situation may persist into the lean seasons even with improvement in food availability and access of food; because, utilization and adoption of best practices during food preparation and optimal use of basic services and health practices by the population in these areas are important to curtail the expected situation.

Nutrition:
In the current situation, 69% of population in the analyzed areas are under stress (phase 2): a situation calling for an alert to the nutrition outcome of the analyzed areas. River Gee and Upper Montserrado showed more deteriorating nutrition outcome in phase 3. Acute malnutrition in these areas is mainly attributed to limited access to food and health services and the existence of shocks including diarrhea and high prices of food commodities continue to contribute to the vulnerability of population and the difficulty to easily cope.

In the projected situation, the scenario is expected to persist with intense pressure on the nutrition outcome of population across the analyzed areas, especially in River Gee, where 2700+ persons may further experience decline in their nutrition outcome into phase four (4). Shocks and hazard as indicated in the current analyzed situation, are expected to further reduce, and lower the impacts from under-utilization and poor behavioral and health practices that may lead to persistence of low nutrition outcomes if priority interventions are not made in time.

Mortality:
The evidences reported to the Mortality outcome had low reliability score: a critical indicator use to assess the inclusion of evidences. From this score, all the nutrition evidence, though valid for administrative and operations; they were not valid for inclusion into the CH analysis process.
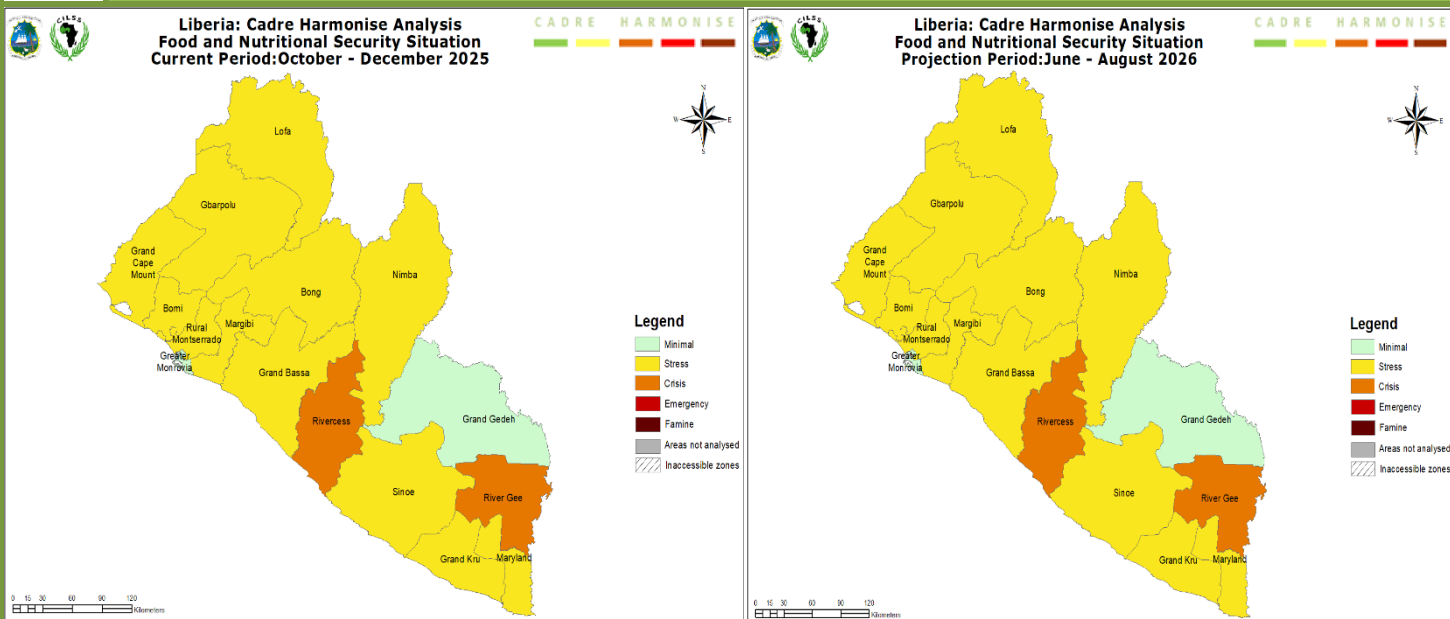
current situation. However there are concerns on the need for intervention to prevention deterioration in the livelihood of food and nutrition outcomes in the projected situation.

In the projected analyzed scenario, the population in (phase 3-5) may increase to 9%, and more than 2,000 persons (specifically in RiverGee) could move into phase 4 (Emergency), highlighting the need for priority intervention now to support survival and livelihood deficits of population in the critical phases (Phases 3-5).

Actions are needed to focus on rebuilding livelihoods, providing access to health, water and sanitation, food aids, subsidies and adequate care to pregnant and lactating mothers, while addressing the root causes of food and nutrition insecurity in these critical areas across the country.

Mapping for current & projected Acute Food and Nutrition Insecurity in Liberia

Liberia: Cadre Harmonise Analysis
Food and Nutritional Security Situation
Current Period: October - December 2025

Liberia: Cadre Harmonise Analysis
Food and Nutritional Security Situation
Projection Period: June - August 2026

Main Results of CH Analysis

For the current situation (October-December 2025) ……………………………………………………………………….

In the current situation, almost 30% of the analyzed populations are experiencing a stress or a more dire condition with their Food and Nutrition situation in all areas analyzed. This result is alarming and needs priority interventions to reduce gaps that exist in the food consumption outcomes; to build resources and adaptive capacity of people to be more resilient to shocks, disaster risks an factor of vulnerability.

Populations in fourteen (14) of the counties analyzed (Bomi, Bong, Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Kru, Lofa, Margibi, Maryland, Nimba, Rivercess, Rural Montserrado, Sinoe and Urban Montserrado) are facing a stress in their food and nutrition situation (Phase 2). Across the 14 counties, this is equivalent to a total population of 1,256,707 million persons (accounting for 22.3% of the analyzed population). Additionally, a population of 418,213 persons equivalent to 7.4% of the analyzed population from the analyzed counties are indicated to be experiencing crisis (phase 3).

For the projected situation (June-August 2026) ………………………………………………………………………………….

Over the projected period, the FNI situation may persist and more population could be drawn to fierce situation and increasing stress (Phase 2) with their food and nutrition situation. The number of persons experiencing stress (phase 2) in the project situation could increase to 25.2% of the analyzed population (equivalent to 1,417,227 persons). This indicates that 3% of the population (equivalent to 160,520 persons) could be affected by the dire food and nutrition situation anticipated in the projected period. Moreover, population in phase 3 (crisis) may also increase (from 7.4% to 9.0%) affecting additional 85,337 persons to increase the prevalence of crisis phase (phase 3) of food and nutrition insecurity to 503,550 persons. Even more daring, the project analysis indicates that stressors could further deteriorate the food and nutrition status of 2,738 persons in River Gee into phase 4 (emergency) highlighting the need for support to curtail survival and livelihood protection deficits that is reflected in the high acute malnutrition and depletion of their major livelihood protection assets.

Table 1: Distribution of areas analyzed and by severity phase

Country	Current Situation: October – December 2025						Projected Situation: June – August 2026					
	Number of total areas analyzed	Number of areas by phase classification					Number of total areas analyzed	Number of areas by phase classification				
		Ph 1	Ph 2	Ph 3	Ph 4	Ph 5		Ph 1	Ph 2	Ph 3	Ph 4	Ph 5
Liberia	16	1	14	1	0	0	16	1	13	2	0	0

Distribution Of Populations By Phase Of Food And Nutrition Insecurity (FNI)

Current Situation: October-December 2025

Table 2: Distribution of estimated populations by county and by severity phase, in current situation (October–December 2025)

Counties	Population analyzed	Population in Phase 1	Population in Phase 2	Population in Phase 3	Population in Phase 4	Population in Phase 5	Total Population in Phase 3 to 5
Bomi	144,209	98,062	33,168	12,979	-	-	12,979
Bong	495,962	332,295	114,071	49,596	-	-	49,596
Gbarpolu	98,665	69,066	20,720	8,880	-	-	8,880
Grand Bassa	308,940	219,347	67,967	21,626	-	-	21,626
Grand Cape Mount	189,838	136,683	39,866	13,289	-	-	13,289
Grand Gedeh	236,060	212,454	14,164	9,442	-	-	9,442
Grand Kru	120,236	75,749	32,464	12,024	-	-	12,024
Lofa	386,549	286,046	81,175	19,327	-	-	19,327
Margibi	325,074	191,794	94,271	39,009	-	-	39,009
Maryland	180,350	102,800	52,302	25,249	-	-	25,249
Nimba	655,694	406,530	177,037	72,126	-	-	72,126
River Cess	94,909	65,487	21,829	7,593	-	-	7,593

River Gee	136,910	64,348	43,811	28,751	-	-	28,751
Rural Montserrado	176,417	127,020	40,576	8,821	-	-	8,821
Sinoe	161,477	108,190	40,369	12,918	-	-	12,918
Urban Montserrado	1,914,584	1,455,084	382,917	76,583	-	-	76,583
Total	**5,625,874**	**3,950,954**	**1,256,707**	**418,213**	**-**	**-**	**418,213**

Projected situation: June-August 2026

Table 3: Distribution of estimated populations by county and by severity phase, in Projected situation (June-August 2026)

Counties	Population analyzed	Population in Phase 1	Population in Phase 2	Population in Phase 3	Population in Phase 4	Population in Phase 5	Total Population in Phase 3 to 5
Bomi	144,209	89,410	38,936	15,863	-	-	15,863
Bong	495,962	307,496	128,950	59,515	-	-	59,515
Gbarpolu	98,665	62,159	25,653	10,853	-	-	10,853
Grand Bassa	308,940	182,275	89,593	37,073	-	-	37,073
Grand Cape Mount	189,838	119,598	49,358	20,882	-	-	20,882
Grand Gedeh	236,060	212,454	16,524	7,082	-	-	7,082
Grand Kru	120,236	64,927	39,678	15,631	-	-	15,631
Lofa	386,549	251,257	104,368	30,924	-	-	30,924
Margibi	325,074	159,286	113,776	52,012	-	-	52,012
Maryland	180,350	79,354	63,123	37,874	-	-	37,874
Nimba	655,694	347,518	222,936	85,240	-	-	85,240
River Cess	94,909	55,996	28,473	10,440	-	-	10,440
River Gee	136,910	46,549	53,395	34,228	2,738	-	36,966
Rural Montserrado	176,417	114,671	49,397	12,349	-	-	12,349
Sinoe	161,477	96,886	48,443	16,148	-	-	16,148
Urban Montserrado	1,914,584	1,512,521	344,625	57,438	-	-	57,438
Total	**5,625,874**	**3,702,358**	**1,417,227**	**503,550**	**2,738**	**-**	**506,289**

Methodology and Challenges

The Cadre Harmonise (CH) is a regional system for food crises prevention and management. It is a platform that helps to plan the response to food and nutrition crises by fitting rigorous analysis into the intervention's analysis, planning, implementation and monitoring continuum. The CH as a unifying tool helps to produce relevant, consensual, rigorous, and transparent analyses of current and projected food and nutrition situations in order to determine the severity of Food And Nutrition Insecurity (FNI) based on standardized classification scale determined through a well-defined functions and protocols.

This CH analysis utilized evidences of standard outcome indicators and key contributing factors of food and nutrition insecurity (FNI) to identify areas at risk and populations affected by food crisis. In October 2025, the CH analysis was conducted in Liberia using a multi-sector stakeholder's approach which was followed after training of New Task Force Members and knowledge refresher of old members of the CH National Analysis Task Force. The Analysis assessed evidences from various surveys: routine and specialized surveys and administrative reports to analyze the various contexts within the 15 counties. The analysis was carried out at the county level.

The methodology involved collating food and nutrition security (FNS) data from assessments and surveys conducted by stakeholders in the FNS sector, especially from the July 2025 Comprehensive Food and Nutrition Survey which was implemented at the County levels. This data encompassed indicators such as food consumption patterns, livelihood evolutions and nutrition outcomes, along with various contributing factors of food security: availability, accessibility, utilization and water, and stability.. The analysis was carried out using the CH version 3.0 Standard protocols. The team adhered strictly to the CH framework's, principles and standards, and ensured compliance to the functions and protocols of the CH process to

achieve technical consensus of the analysis and convergence of evidences and classification of the area and population.

This result reflects the analysis was carried out using the evidences from each of the counties from October **20th to 26th, 2025**. Subsequently, the results were validated at plenary in Grand Bassa county on October 27, 2025 by National Analysis Task Force team. The result was shared with the CH regional technical experts from organizations such as CILSS, FAO, WFP, FEWSNET, SCI, and UNICEF to assess and validate the CH analysis. The CH analysis was validated at regional level by the end of the November 2025 after the PREGEC meeting in Dakar, Senegal from November 19-21, 2025.

Key Drivers and Limiting Factors

To support the main result of the CH analysis, the key drivers and limiting factors impacting the food and nutrition security outcomes are indicated in the following sections.

Hazard & Vulnerability:

The Key drivers affecting the analysis across the fifteen counties, with Montserrado county disaggregated into rural and urban are diarrhea, chronic illness of HH members (with up to 10% of the population analyzed in Nimba affected, and there is limited access of HHs to loan for most of the areas analyzed (less than 45% across the analyzed areas except in Nimba where 52% of HHs access loans). Also, households across all the analyzed areas experienced shocks that affected their abilities to produced or purchased food commodities. The manner of these shocks lead to vulnerability of the analyzed population across the country except in urban Montserrado where the effect is felt on 46% HHs of the analyzed population; more than 65% of populations in all the other counties are hit by shocks that impeded their abilities to produce and purchase food. Meanwhile, 99% of the analyzed population in Rivercess experienced shocks that affected their abilities to cultivate or purchase food products. Death of HHs working member is also another key driver making HHs vulnerable and food insecure. Up to 26% and 22% of HHs in Grand Kru and Grand Bassa respectively are affected by the loss of HHs working members. Persistent high *prices of food commodities, flood, pest and insect invasions and animal destruction are amongst the other key driver transitioning the populations into food and nutrition insecurity situations across the analyzed areas.*

Food Availability

In the fifteen counties, with Montserrado county disaggregated into rural and urban, most of the population have indication that they "prepare food", which implied that food are available for the household for all those household that "prepare food". Households in Gbarpolu and Bomi cooked food, 41.7% and 68.2% respectively, which are lower than 70% compared to other counties. However, access to farmland is challenging in most part of counties that were analyzed. From 1.9% of the population in Upper Montserrado to 60.9% of the population in Rivercess, many persons are constrained with accessing farmland, a situation that highlights the importance of land ownership. This constraint, of property right and land tenure ship limits the potential of households to engage into large production of food and relevant vegetables to meet the nutritional needs of children, pregnant women and lactating mothers. More than half of the HHs population analyzed in three counties: Nimba,54%, and Lofa, 56% along with Rivercess 61% are having access to farmland. There are lower fish catches compare to the 2024 catches in Grand Bassa (-10%) and Maryland (-0.9%). These low accesses to farmland and low catches affects the level of food availability across the counties

Food Accessibility

The low accesses to farmland also limit the opportunities for accessing food due to high prices; hence, the need for food compels population areas across all counties to depend mainly on market sources and purchased of food commodities to meet their daily dietary needs. There is dispersion about the proportion of food expenditure on from disposable income. This is reflected in a range From 15% of analyzed households in Upper Montserrado, to as high as 80% of the analyzed households in Rivercess. The proportion of household spending 75% of their disposable income in the counties are as follows: in Bong and RiverGee, 55% of the HHsin Sinoe, 59%; in Bomi, 67%; in Gbarpolu and Lofa, 73% in each county;

and, in Grand Bassa and Grand Cape Mount, 71%, respectively; in Grand Kru, 64%; and in Rivercess, 80% of analyzed households. These challenges stress food need and dependence on the market; hence, fueling high food prices, limiting accessibility to the needed food and heightening situation of food and nutrition insecurity. The situation further cuts in the stock of food availability.

Food Utilization including the use of Safe Drinking Water

While water sources are available across the analyzed counties, there are still challenges with access to treated water within the counties. Specifically, only 32% of the analyzed household in Grand Gedeh have access to treated water sources; an alarming situation that need the intervention to curtail the challenges of accessing this basic service. Moreover, the results showed that many of the households in the analyzed areas do not have improve sanitation facilities. Only in Six (6) of the sixteen (16) analyzed areas, Lofa, Nimba, Margibi, Grand Gedeh, Maryland and Upper Montserrado that the results indicate more than 50% of the analyzed households accessed safe sanitation facilitates. Upper Montserrado showed an exception with 92% of the analyzed households accessing safe sanitation. This is attributed to the urbanization of this county where multiple hospitals are available and pipe-borne water systems support safe water distribution. Without improve sanitation in many parts of the counties analyzed, population are challenged with accessing and utilizing basic services needed to improve food and nutrition security. Particularly, only 49.4% of the population in Rural Montserrado have access to health facilities; a situation that creates a concern about the accessibility and utilization of basic services for about half of the population in the county. Also, there are low proportion of HHs across the analyzed counties (less than 17% across all the counties) that indicated they had hygiene products within their homes. This links to reasons why many of the households (44% in RiverGee, 37.4% in Lofa, 29.9% in Maryland, 27.5% in Grand Cape Mount and 25.1% in Grand Kru) are engaged in low disposal measure of under five children stools: a situation that contributes to high prevalence of under 5 children with symptom of Acute Respiratory infection (ARI) across all analyzed count; with the highest occurrence happening in Maryland (where Forty-one percent (41%) of the households had under 5 children with ARI symptoms). The existent of hygiene products at home is important to enforce hygiene practices and cleanliness in households.

Food Stability

Across all analyzed areas, there is little surety of food stability due to the effects of hazards and key vulnerability drivers such as illness, pest infestations, and shocks that can constrained Households to limit or reduce production toward dependence on markets to purchase food. Challenges of food dimensions related to farmland access, land ownership, low production, high proportion of food expenditure on income and relative higher food prices even in places where production has increased can affect the level of Food Stability. Food instability is expected to be very prone in River Cess and Sinoe where almost all of the households analyzed were affected by shock that impeded their ability to produced and/or purchase food requirements. The result indicates that many households face constraints to access finance and loans to support their food production and livelihood systems. Only in Nimba loans are accessible to more than half (52%) of the households analyzed; an indication which strongly limits accessibility and utilization to food accessibility, utilization and stability in many of the counties.

Recommandations

Based on the outcome of the Cadre Harmonise (CH) analysis, the following recommendations are proposed for implementation:

For Decision Makers

1. **Sustain Humanitarian Action in As-risk Areas:** The need for urgent humanitarian actions such as food aid, cash transfer and support to reduce stress and rebuild survival and livelihood resilience in areas and population in crisis and emergency (Phase 3 & 4)

2. **Leverage and/or Upscale Developmental Interventions:** Support people under stress (CH phase 2) to reinforce resilience, preserve livelihoods and forestall slip to deeper levels of vulnerability and food insecurity

3. Government should work closely with relevant development partners to prioritize vulnerable, food-insecure populations classified under Cadre Harmonisé Phases 3 and 4 for inclusion in social protection programmes. This would strengthen household resilience to economic shocks and help bridge critical consumption gaps during the lean season.

4. **Utilization of the CH results for planning:** Continue use of the CH analysis as a valuable tool for effective humanitarian resource mobilization, policy formulation, project planning and allocation of resources based on the analysis.

5. **Prioritize Investment in EWS for Food and Nutrition Insecurity:** Collaborative investment in early warning system that accommodates all sectors to reduce food crisis and risks of untimely nutrition intervention toward an efficient information system for effective management of food and nutrition interventions.

6. **Commitment of budgetary support and resources for CH analysis:** Government should support the CH analysis through sustained budgetary commitments and resource mobilization to support data collection and collation in support of the CH Analysis at lower level of Local Government Areas (like the district and communities).

For Technical and Financial Partners

1. **Strengthen collaboration amongst partners:** Partners are to continue building support and synergy to complement effort of the National Government and the Ministry of Agriculture in the continued implementation of the CH analysis.

2. **Sustain support for FNS Assessments and Analysis:** Continued support and collaborative actions for support of key surveys (including MICS, HIES, and CFNS), refresher trainings and the CH analysis.

3. **Strengthening Technical Capacity of CH Taskforce:** Support for enhancing the skills of technicians to implement Food and Nutrition related assessments (including CFNS, ENA, HEA, and SMART surveys), and supporting training of National Analysis task force members in advance CH certification levels to deepen insight of CH analysis process to improve the quality of future analyses.

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Partners For the Analyses