

GLOBAL NUTRITION PROGRAMME MONITORING

NutriDash 2019 Key Findings

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For the latest data, please visit: www.unicefnutridash.org

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Global Nutrition Programme Monitoring

NutriDash 2019 Key Findings

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PREFACE

Robust data on nutrition are foundational to realizing the right to nutrition for every child. Through the NutriDash platform, UNICEF supports countries in collecting, analysing and sharing the latest data and information on maternal and child nutrition to improve national policies, strategies and programmes.

The data collected through NutriDash platform enable countries to monitor and report on the performance of nutrition programmes globally, in both humanitarian and development contexts. They highlight where countries are making progress towards ending malnutrition in children, adolescents and women, and where greater investments are needed.

The 2019 data collected through NutriDash are particularly significant; they represent a baseline state of nutrition programming before the onset of the COVID-19 pandemic. Since then, vast pandemic-related disruptions in nutrition and health programmes and services have occurred globally, the full impact of which is not yet fully understood. The 2019 data therefore offer an important comparison point for understanding the state of malnutrition before the COVID-19 crisis – and when compared with the next round of 2020 data, how the crisis has impacted maternal and child nutrition programmes globally.

Overall, in 2019, most nutrition programmes are expanding steadily, reaching more women and children in need every year. More countries are implementing programmes to improve breastfeeding and complementary feeding and many countries are strengthening their maternal nutrition programming. The number of countries with a policy, strategy or plan based on WHO antenatal care recommendations increased four-fold in only two years, and the number of countries with policies or plans on maternal multiple micronutrient supplementation more than doubled between 2018 and 2019.

While the number of children being treated for severe acute malnutrition continued to rise in 2018, far too many children in need did not access treatment. Greater efforts are needed to ensure that countries have the policies, systems and services in place to reach the children who need them most.

NutriDash data show that more than half of nutrition programmes are provided in countries facing humanitarian crisis. This includes interventions such as infant and young child feeding counselling, micronutrient supplementation and treatment of severe wasting, programmes that made important progress in 2019. For example, between 2018 and 2019, the number of caregivers reached with IYCF counselling during emergencies nearly doubled, rising from 17.4 million in 2018 to 34.7 million.

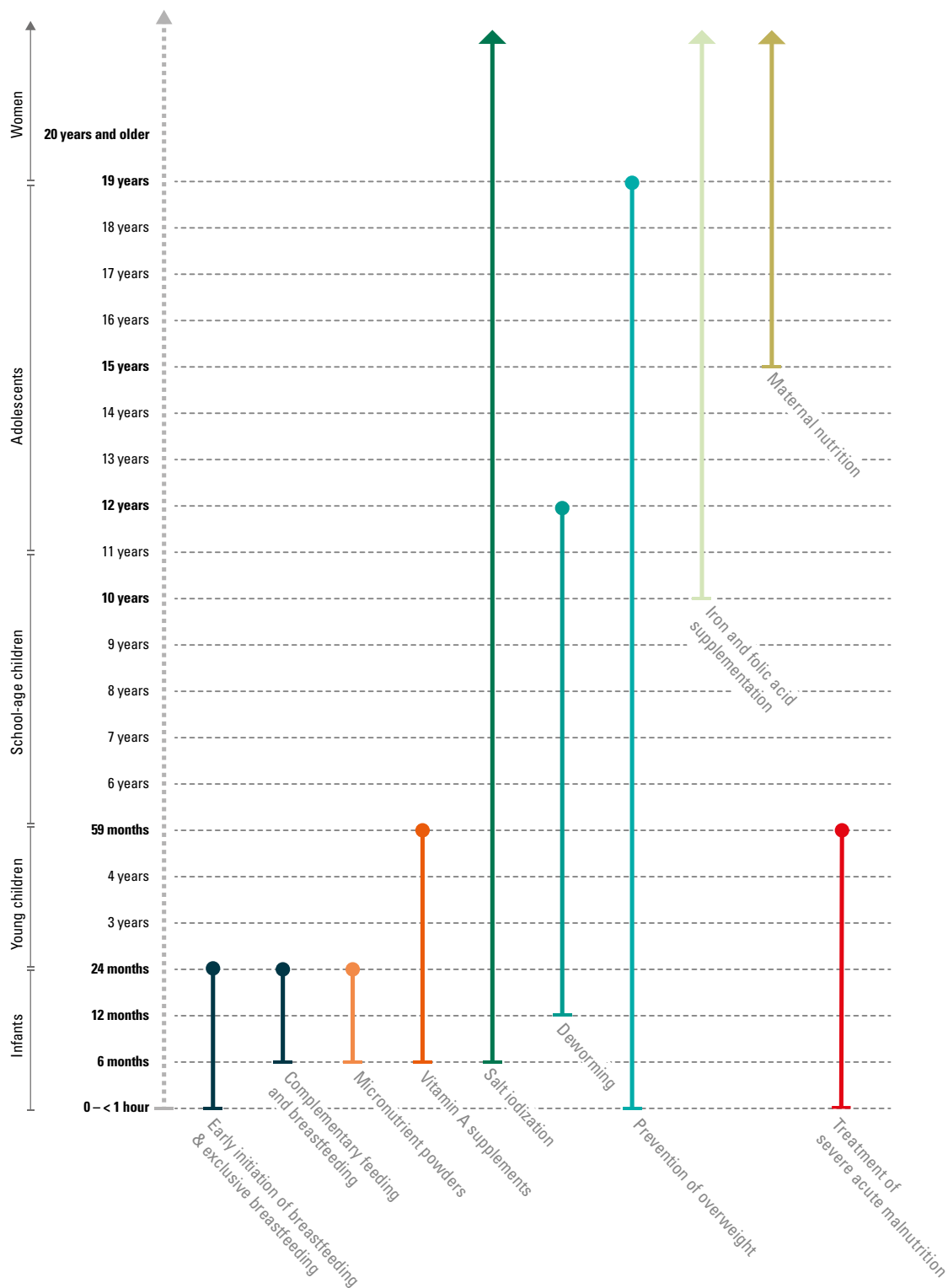
Governance structures were also strengthened in 2019, with more countries developing policies, strategies and programme to protect and promote maternal and child nutrition, and countries are increasingly leveraging a systems approach to achieving nutrition results.

We thank our UNICEF country and regional teams, governments and partners for their collective efforts to generate timely quality nutrition information. In reviewing this report, we invite you to join us in taking stock of our collective achievements, identifying where progress is stalled and recommitting to scale-up nutrition programmes that make good nutrition a reality for children and families everywhere.



Víctor M. Aguayo
Associate Director, Nutrition, Programme Division

Key nutrition practices and interventions supported by UNICEF





Early initiation of breastfeeding and exclusive breastfeeding

Exclusively feed breastmilk to infants from birth to 6 months



Complementary feeding and breastfeeding

Provide nutritionally adequate, age appropriate and safely prepared complementary foods starting at 6 months; continue breastfeeding until age 2 or longer; and provide food with love and care.



Home fortification with micronutrient powders (MNPs)

MNPs are recommended for children aged 6–23 months in settings where diets are poor and nutrient deficiencies are common. MNPs help meet children's nutrient needs and prevent anaemia and other micronutrient deficiencies.



Vitamin A supplementation

Reduce under-five-mortality by providing vitamin A supplementation to children 6–59 months every 4–6 months in high risk countries



Salt iodization

Iodine deficiency is the world's single greatest cause of preventable cognitive disability. It is especially damaging during the early stages of pregnancy and in early childhood. Salt iodization helps populations consume the required amount of iodine.



Prevention of overweight

Overweight in children 6–59 months is defined by weight-for-height above +2 SD (standard deviation) of the WHO Child Growth Standards median, while severe overweight, referred to as obesity, is +3 SD. In older children, aged 5–19 years, BMI for age is used with above 1 SD for overweight and above 2 SD for obesity.



Deworming

Deworming contributes to improving children's nutritional status. Worm infestation causes weight loss, poor growth and anaemia, leading to poor educational achievement. The treatment is given as a single dose in a pill form annually to children from 12 months to 12 years of age.



Iron and folic acid Supplementation

Iron folic acid (IFA) supplementation can significantly reduce the prevalence of nutritional anaemia among adolescents and women of reproductive age.



Maternal nutrition

Women's nutritional status before and during pregnancy is a critical factor in fetal health and child survival.



Treatment of severe acute malnutrition (SAM)

Severe acute malnutrition refers to children suffering from severe wasting that may or may not be accompanied by swelling of the body from fluid retention. Treatment for SAM includes ready-to-use therapeutic food (RUTF), that is fortified and nutrient rich.

About this report

This report outlines global progress on the coverage of key interventions to prevent and treat malnutrition. The data from this report were collected in 2019 via NutriDash, a UNICEF online annual data capture and reporting system for nutrition programme information from both UNICEF and non-UNICEF supported programmes. This report presents highlights of the findings, while a more detailed regional and country analysis of all data captured for different programmes can be found at www.unicefnutridash.org.

UNICEF prioritizes the prevention of malnutrition first, and treatment when prevention fails. UNICEF's programme areas follow this logic, addressing:

- 1) Early childhood nutrition;
- 2) Nutrition of school-aged children and adolescents;
- 3) Maternal nutrition; and
- 4) Treatment and care for children with severe acute malnutrition
- 5) Maternal and child nutrition in humanitarian contexts

This report presents key findings under these areas, describing the policy environment, programme reach and trends.

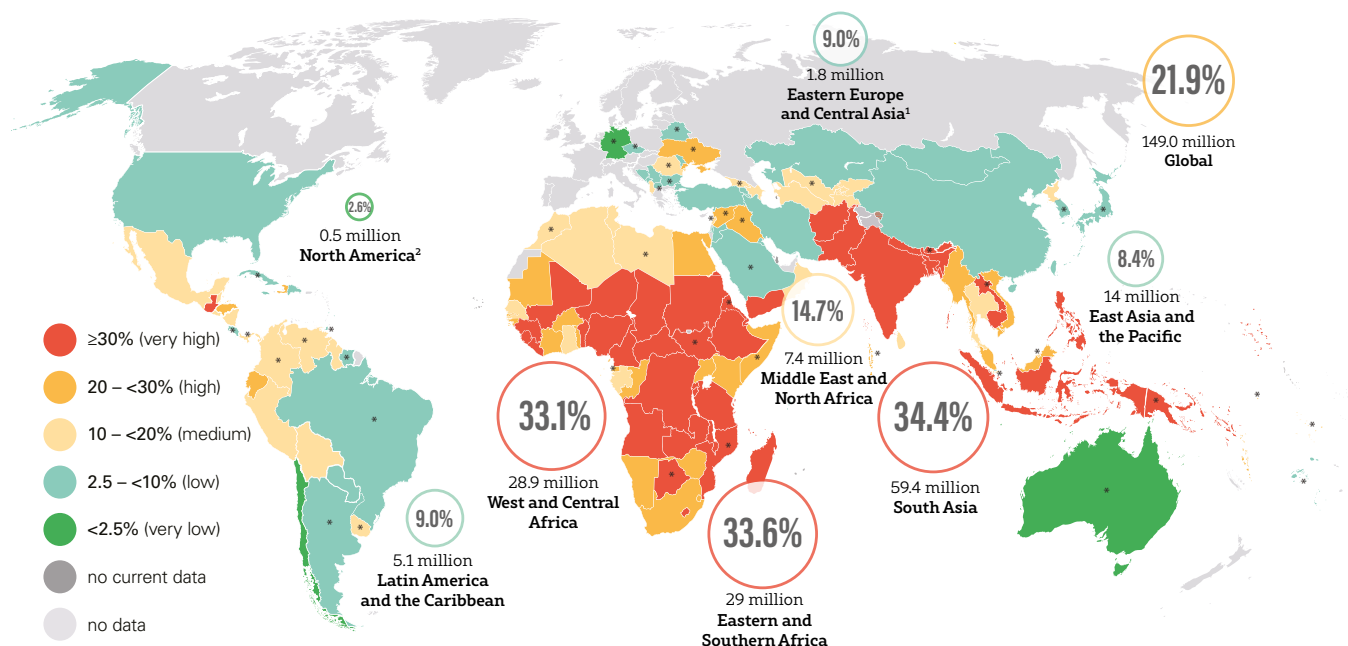


EARLY CHILDHOOD NUTRITION

Preventing all forms of malnutrition in infants and young children

The prevention of all forms of malnutrition – including stunting, wasting, micronutrient deficiencies, and overweight – is critical to ensuring children's growth, cognitive development and future learning potential. At least one in three children under 5 is undernourished or overweight, and at least half suffer from micronutrient deficiencies. While stunting has continued to decline in recent years, more than 21 per cent of children globally are still affected. About 7 per cent of children are suffering from wasting globally, while

around 6 per cent are affected by overweight. Early childhood nutrition programmes focus on preventing malnutrition during the critical period of growth and development from birth until approximately 5 years of age. This includes interventions to improve breastfeeding and the quality of young children's diets, provide micronutrient supplementation and deworming, and prevent overweight. In 2019, 317 million children were reached with these services to prevent stunting and other forms of malnutrition.



Stunting affects about 21.3 per cent of children globally

Number and percentage of children under 5 who are stunted (%), by region and country, 2018

Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2019 edition. Note: Country Data are the most recent available estimates between 2012 and 2018; exceptions where older data (2000–2011) are shown are denoted with an asterisk (*) and where only data prior to 2000 are available the dark grey color denoting no recent data is used. 1.*Eastern Europe and Central Asia sub-region does not include Russian Federation due to missing data; consecutive low population coverage for the 2018 estimate (interpret with caution). 2. The North America average is based on United States data only.



Stunting refers to a child who is too short for his or her age. These children can suffer severe irreversible physical and cognitive damage that accompanies stunted growth. The devastating effects of stunting can last a lifetime and even affect the next generation.



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Improving breastfeeding and the quality of children's diets

Almost all countries implemented programmes to protect, promote and support breastfeeding in 2019. Breastfeeding is the cornerstone of early childhood nutrition, and countries continued to scale up programmes

to protect, promote and support breastfeeding in 2019. The number of countries with such programmes increased steadily, from 115 in 2018 to 125 in 2019.



More countries focused on programmes to improve the diversity of young children's diets in 2019

From the age of 6 months, children's access to a diverse range of nutritious foods – including animal-source foods, vegetables and fruit – is central to the prevention of stunting and other forms of malnutrition. The number of countries with complementary feeding programmes increased from 116 in 2018 to 120 in 2019. In addition, the number of countries with programmes

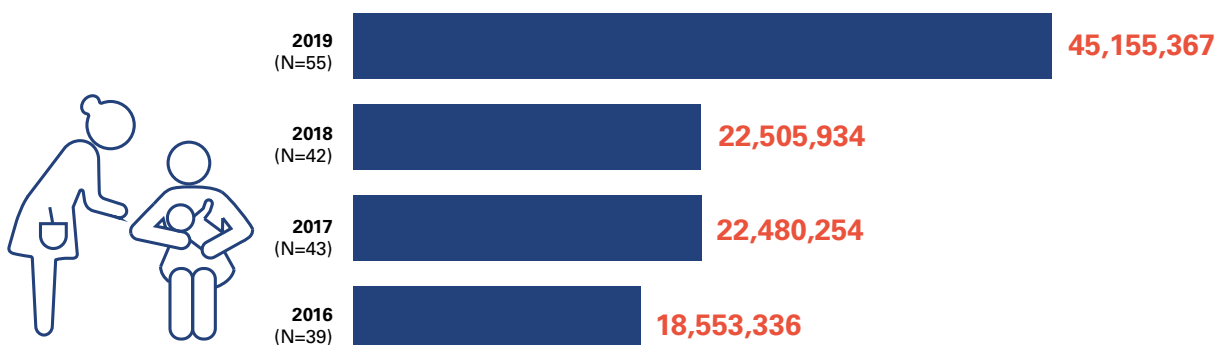
to promote adequate dietary diversity for young children increased from 104 in 2017, to 111 in 2018. Countries that contributed to this increase include Bosnia and Herzegovina, Brazil, Cape Verde, Equatorial Guinea, Eswatini, Gabon, Georgia, Oman, State of Palestine, Thailand, Ukraine, and Venezuela.



Providing counselling and support to improve feeding practices

Counselling and support provided to caregivers through health facilities and communities are critical services for improving infant and young child feeding (IYCF) practices. The number of primary caregivers benefitting from these services rose dramatically over the last year, from 24 million caregivers

in 2018 to 45.2 million in 2019. Countries contributing to this increase included Pakistan (with nearly 10 million additional caregivers reached), as well as Bangladesh, Kenya and Yemen. In addition, Afghanistan, Mozambique and Zambia reported on this indicator in 2019 for the first time.



More caregivers are being reached with IYCF counselling and support each year

Number of primary caregivers who received IYCF counselling through facilities and community platforms, 2016–2019

Source: NutriDash 2019

Developing capacity to improve child feeding practices

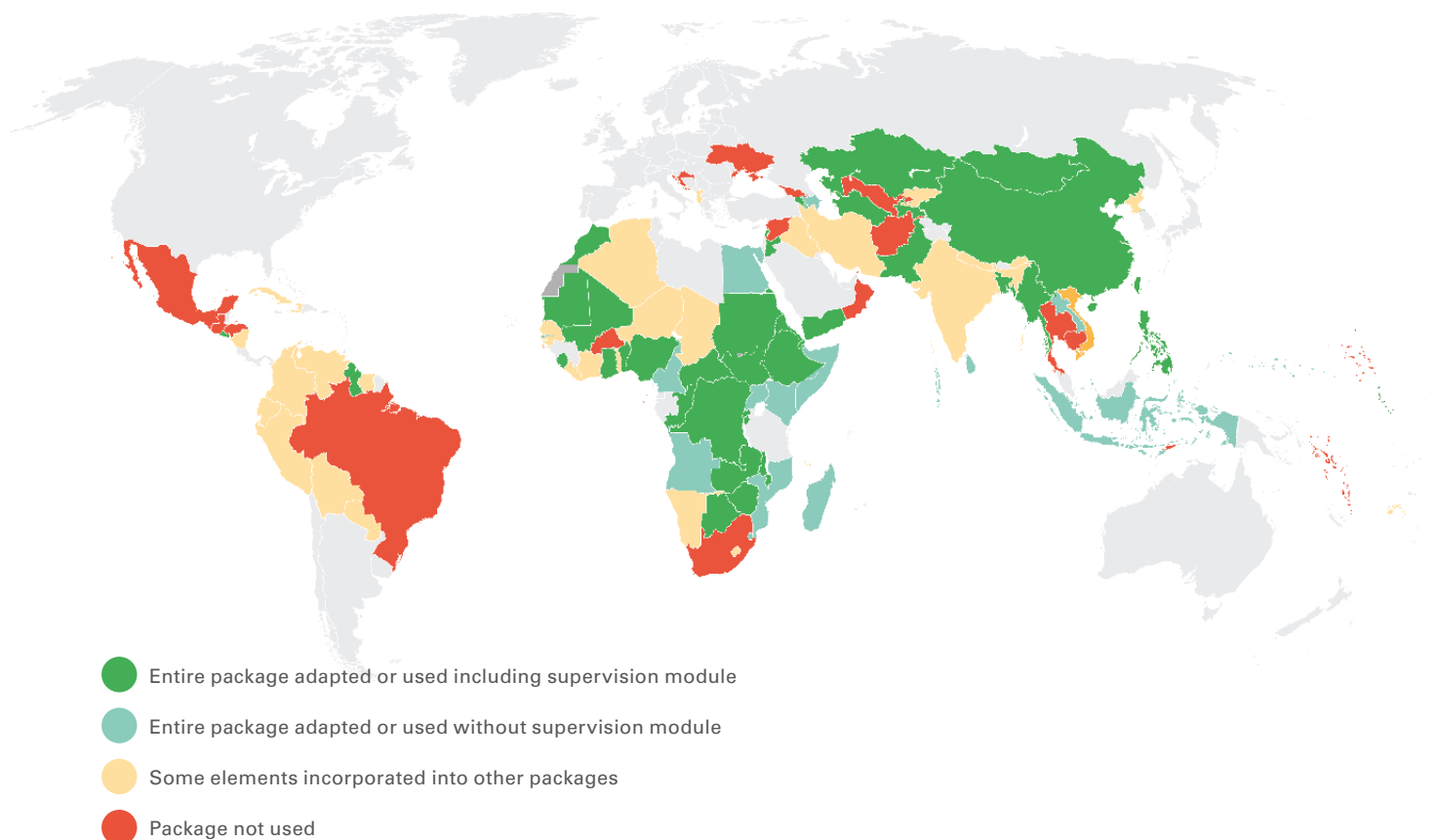
Adequate training is essential to improving counselling services in both health facilities and communities.

Within health facilities, IYCF counselling and support was provided as part of the pre-service curriculum for medical doctors in 82 countries, compared with 68 in 2018.

Within communities, the UNICEF IYCF community counselling training package is an important tool for building the capacities of community health workers to provide IYCF counselling. In 2019,

the package was used in 90 countries, an increase from 81 countries in 2018.

Training for non-health sector community workers can leverage a broader network of support to improve IYCF knowledge and practices. Twenty-seven countries trained community workers from other sectors on infant and young child feeding in 2019, including those working in agriculture, education, social protection and water and sanitation.



The IYCF training package for community-based health workers was used in 81 countries

Country adaptation of the UNICEF's community counselling training package, 2019

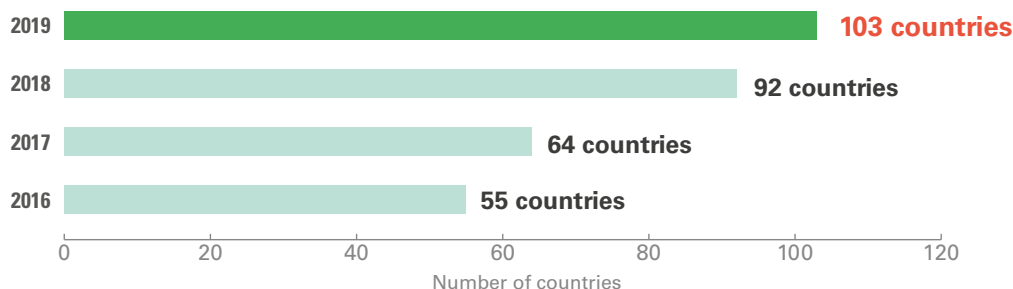
Source: NutriDash 2019

The number of countries implementing the *Ten Steps to Successful Breastfeeding* increased to 103 countries in 2019

Baby-friendly hospitals that follow the Ten Steps to Successful Breastfeeding give mothers the skills and support to successfully initiate and continue breastfeeding.

The number of countries implementing the *Ten Steps* in maternity facilities

increased dramatically in recent years, from 64 in 2017, to 92 in 2018, to 103 in 2019. The *Baby-friendly Hospital Initiative* helps strengthen the capacity of health facilities to support breastfeeding.



Number of countries implementing the *Ten Steps to Successful Breastfeeding* in maternity facilities

Source: NutriDash 2019

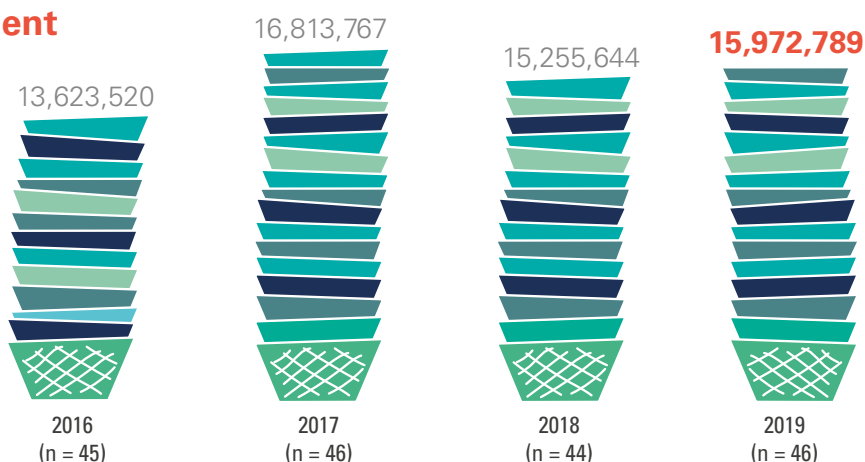
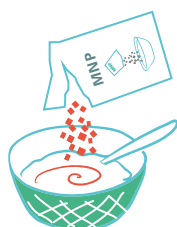
* <https://www.who.int/activities/promoting-baby-friendly-hospitals/ten-steps-to-successful-breastfeeding>

Enhancing the nutrient content of children's diets with micronutrient powders

Micronutrient powders can be added to homemade foods to improve the nutrient quality of children's diets. After years of steady increases, the number of children receiving micronutrient powders declined to 15.9 million in 2019, compared with about 18 million children in 2018. This figure was impacted by declines in the number

of children reached in Bangladesh, Myanmar and Peru, while Mexico and Mozambique did not report programmes. Overall, 58 countries included the provision of micronutrient powders as part of their nutrition programmes in 2019, compared with 61 in 2018.

Globally, 15.9 million children benefitted from micronutrient powders in 2019



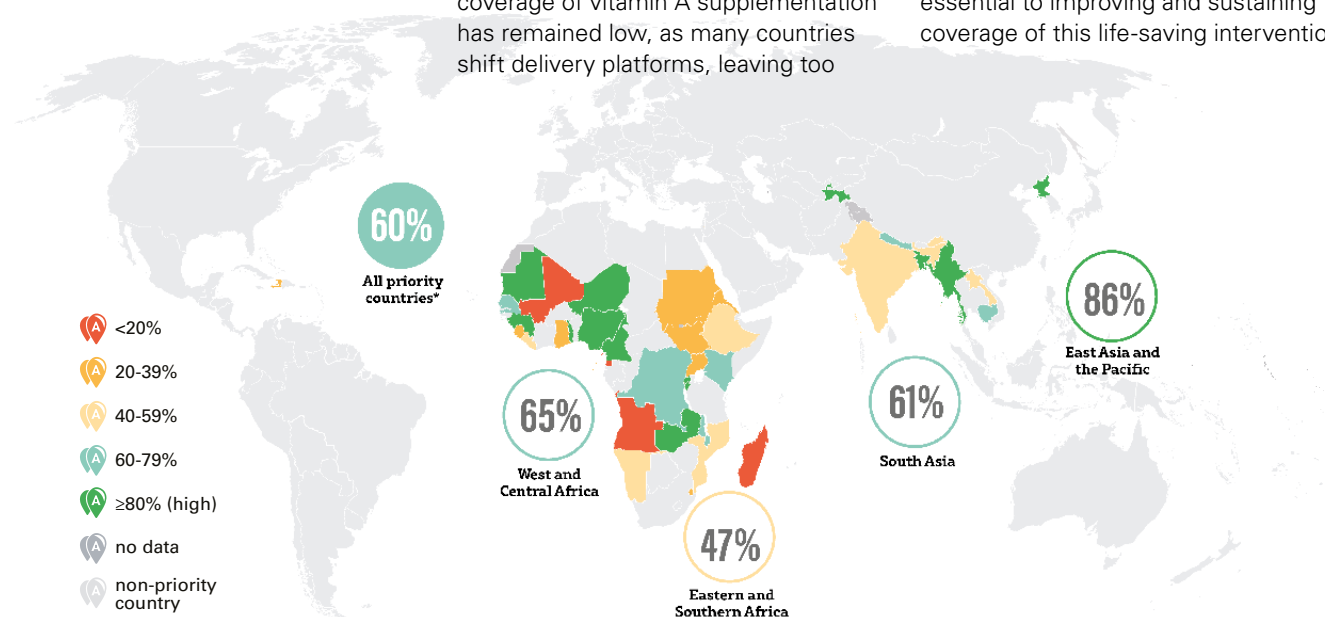
Number of children aged 6–59 months reached with micronutrient powders, 2016–2019.

Source: NutriDash, 2019.

Addressing the challenge of sustainable vitamin A supplementation

Globally, 60 per cent of children age 6–59 months in priority countries were reached with vitamin A supplementation in 2019, the same proportion as the previous year. The number of countries implementing such programmes increased from 93 in 2018 to 95 in 2019; however, the coverage of vitamin A supplementation has remained low, as many countries shift delivery platforms, leaving too

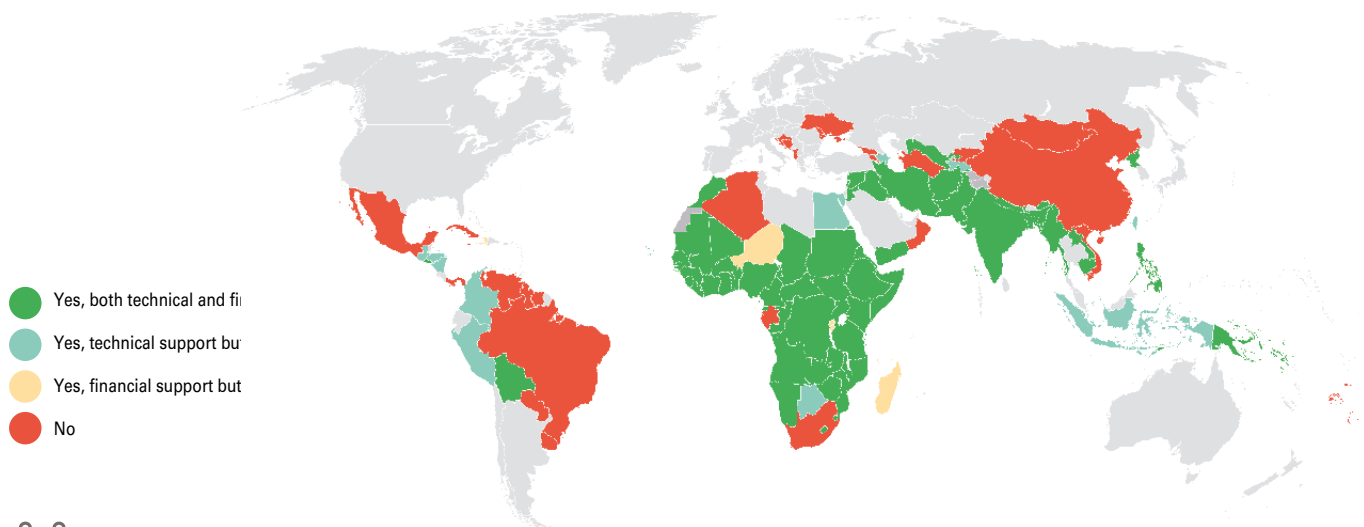
many children unprotected from vitamin A-related mortality. At least 250 million children received two doses of vitamin A supplementation in 2019, an increase from 244.68 million in 2018. Continuous efforts to strengthen routine vitamin A supplementation and other health and nutrition services to children are essential to improving and sustaining coverage of this life-saving intervention.



Vitamin A supplementation coverage remained steady in 2019 at 60 per cent

Vitamin A supplementation two-dose coverage, by country and region, 2019

Source: NutriDash 2019. *Priority countries refers to 64 countries with mortality rates of >40/1000 or a vitamin A deficiency prevalence of >10% for children under five years old.



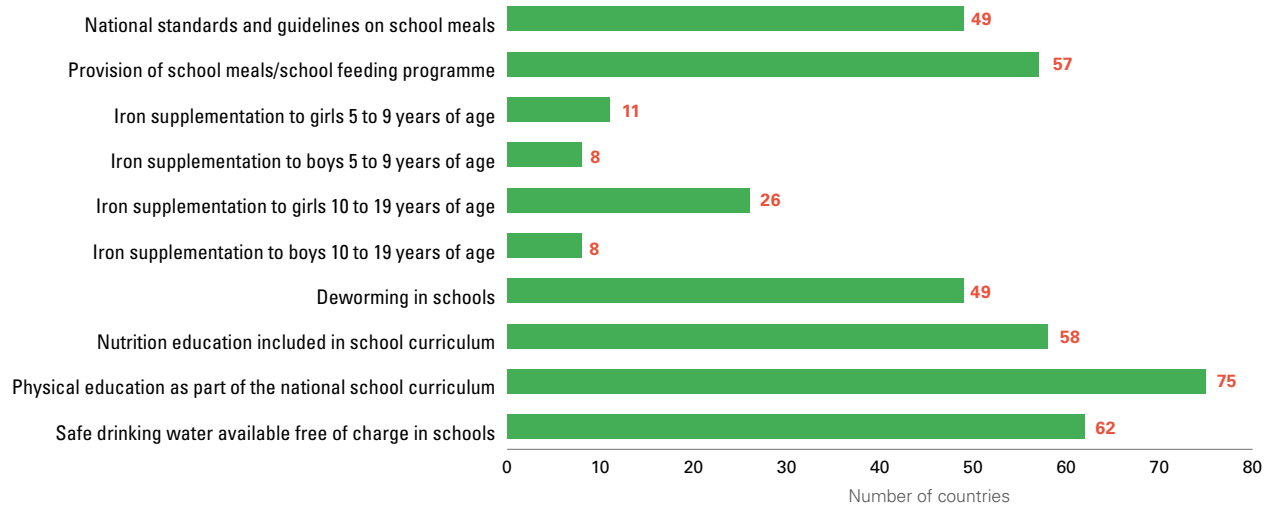
The number of countries receiving support from UNICEF on Vitamin A increased

Support from UNICEF in countries working on vitamin A supplementation, 2019

Source: Administrative data and NutriDash, 2019.

Scaling up programmes to address child overweight

In 2019, 40 countries implemented nutrition programmes in pre-schools, reaching an estimated 2.9 million children aged 3–5 years – more than 90 per cent of them in Latin America and the Caribbean. Examples of such interventions included nutrition education; nutrition policies or guidelines; and pre-school nutrition standards.

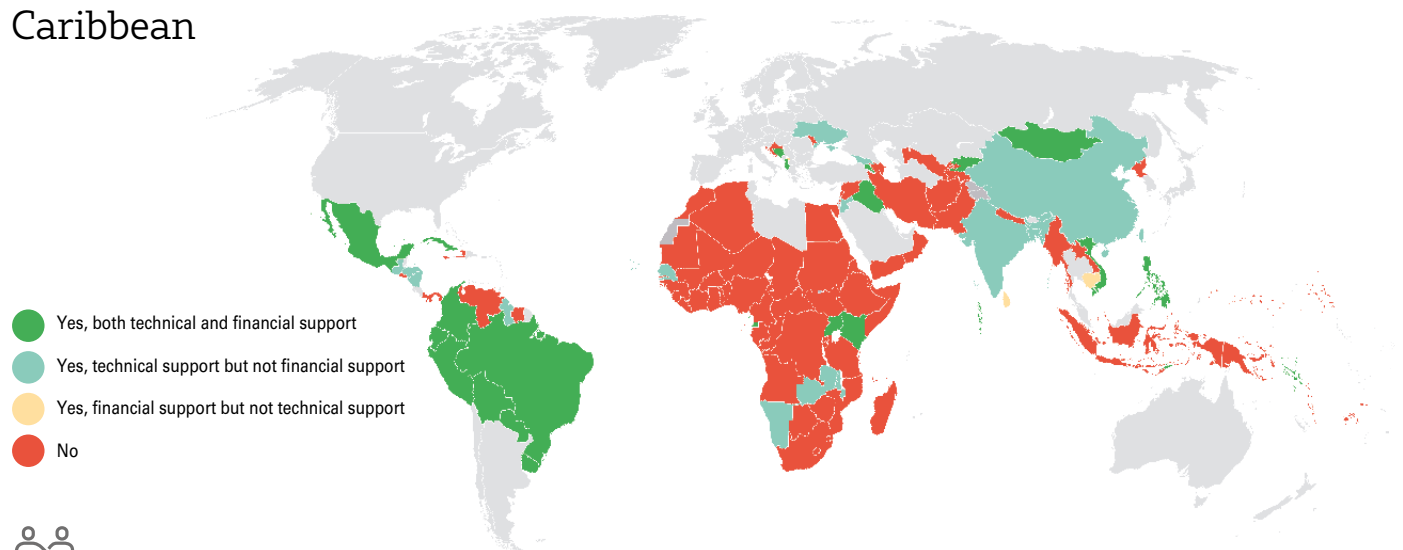


Number of countries implementing nutrition programmes in pre-schools

Source: Administrative data and NutriDash, 2019.

Most programmes for the prevention of child overweight are in East Asia and the Pacific and Latin America and the Caribbean

Fifty-one countries implemented interventions for the prevention of overweight in children under 5 in 2019, an increase from 45 the previous year. Most of these countries were in East Asia and the Pacific and Latin America.



Countries with interventions to prevent childhood overweight, 2019

Source: NutriDash, 2019



NUTRITION OF SCHOOL-AGED CHILDREN AND ADOLESCENTS

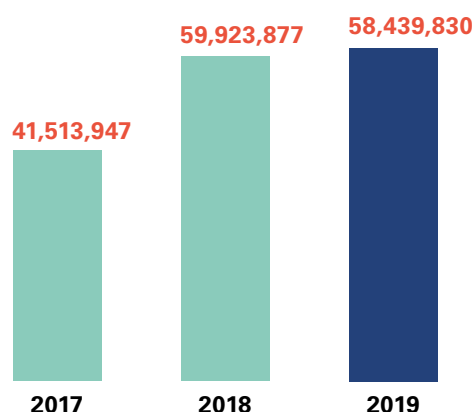
Preventing malnutrition and fostering healthy habits for life

School-age children, adolescents and women around the world face multiple forms of malnutrition, such as undernutrition, overweight and micronutrient deficiencies. Data from UNICEF programme countries indicate that nearly half of girls age 15–19 years are affected by anaemia, increasing their risk of disease and disability, and limiting their opportunities to learn and develop.

The number of countries implementing programmes to improve the nutrition of school-age children and adolescents has risen steadily in recent years: 88 countries had such programmes in 2019, compared with 81 in 2018.

New countries that reported in 2019 include: Afghanistan, Armenia, Azerbaijan, Bangladesh, Brazil, Burkina Faso, Djibouti, Ecuador, Egypt, Federated States of Micronesia, Fiji, the Gambia, Guatemala, India, Iraq, Jordan, Kazakhstan, Kosovo, Moldova, Mongolia, Mozambique, the Niger, Nigeria, Paraguay, Philippines, Republic of the Congo, Rwanda, Sierra Leone, Sri Lanka, the Sudan, Turkmenistan, Yemen and Zimbabwe.

59.9 million adolescents were reached with services for the prevention of anaemia and other forms of malnutrition



Source: SMQ (Louise to share complete name)

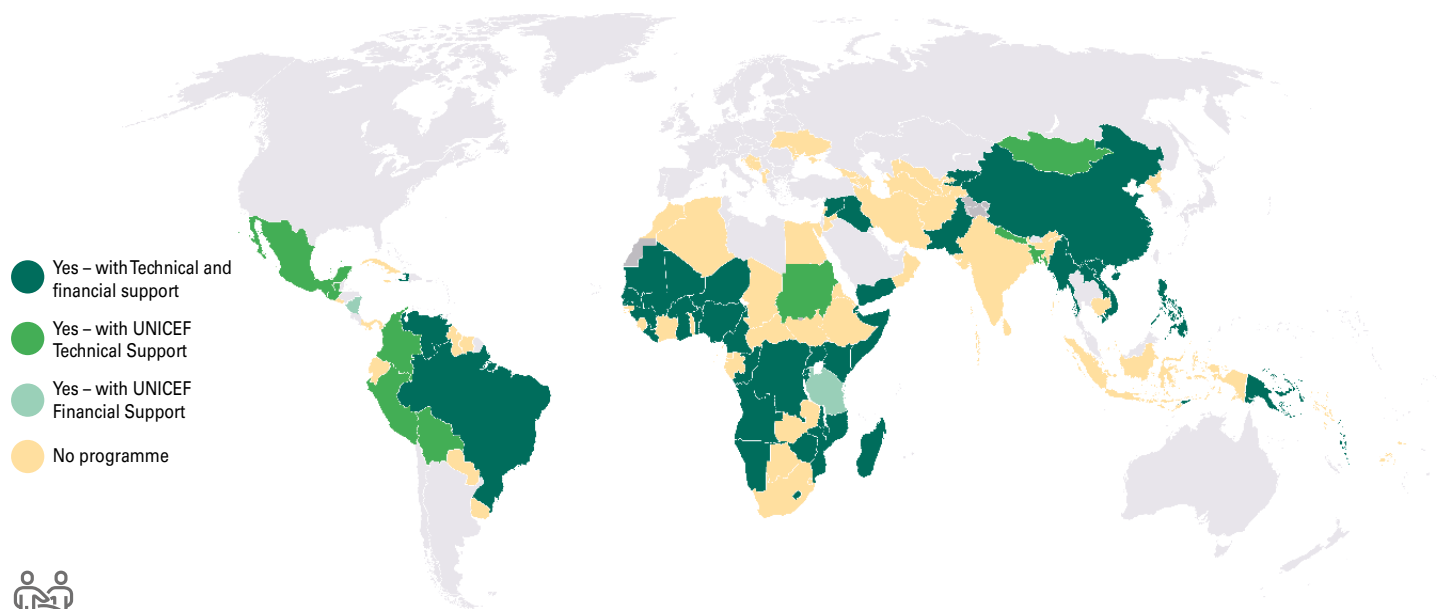


Improving the school food and nutrition environment

The school is an important platform for delivering key nutrition interventions and education to improve the diets and healthy eating habits of school-age children and adolescents. Globally, the most commonly implemented school-based nutrition interventions included physical education in the school curriculum (75 countries), the provision of free and safe drinking-water in schools (62 countries); and nutrition education in the school curriculum (58 countries).

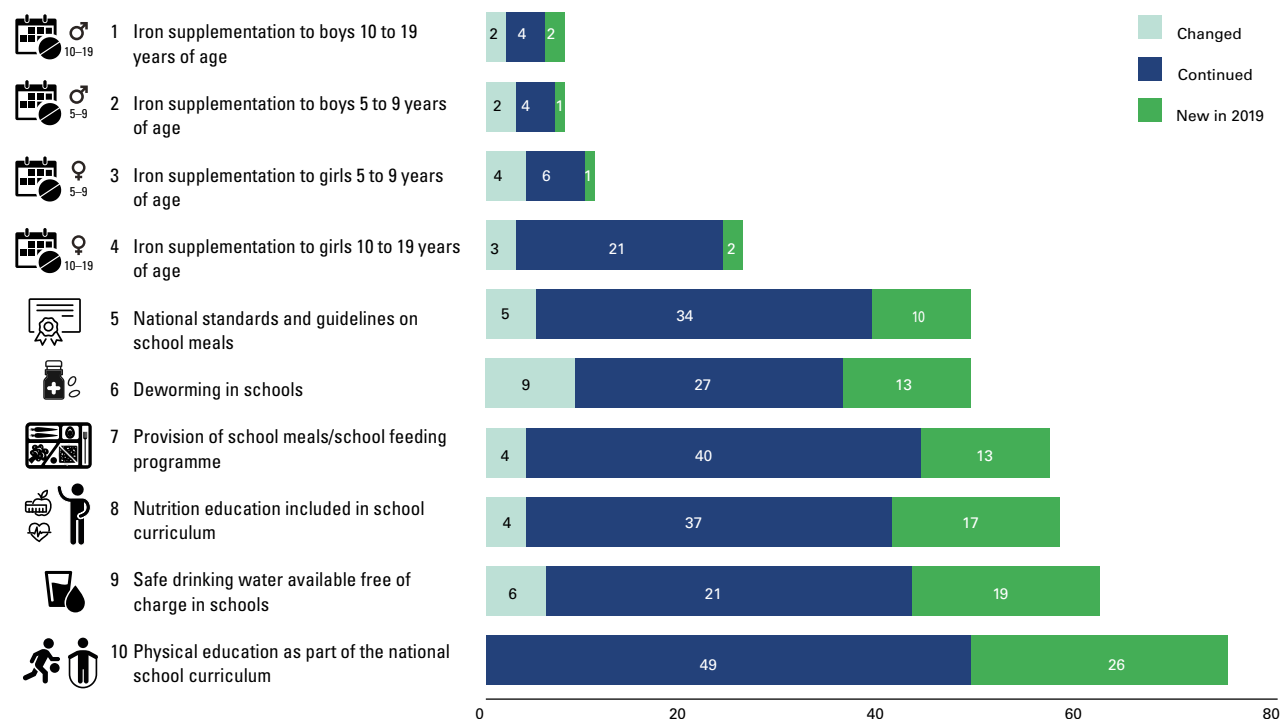
While schools are an effective platform that should be leveraged wherever possible, many of the most vulnerable children and adolescents do not attend school, and it is therefore critical that other delivery platforms – such as community and social groups, the health system, digital media – be used to reach them.

More countries provided nutrition interventions through schools in 2019



Delivery of nutrition interventions or nutrition education in schools (excluding school feeding) for school-age children (5-19 years)

Source: NutriDash, 2019



Nutrition education, physical education and free and safe drinking-water were the most common nutrition interventions in schools

School-based nutrition interventions for school-age children and adolescents (5-19 years)

Source: NutriDash, 2019



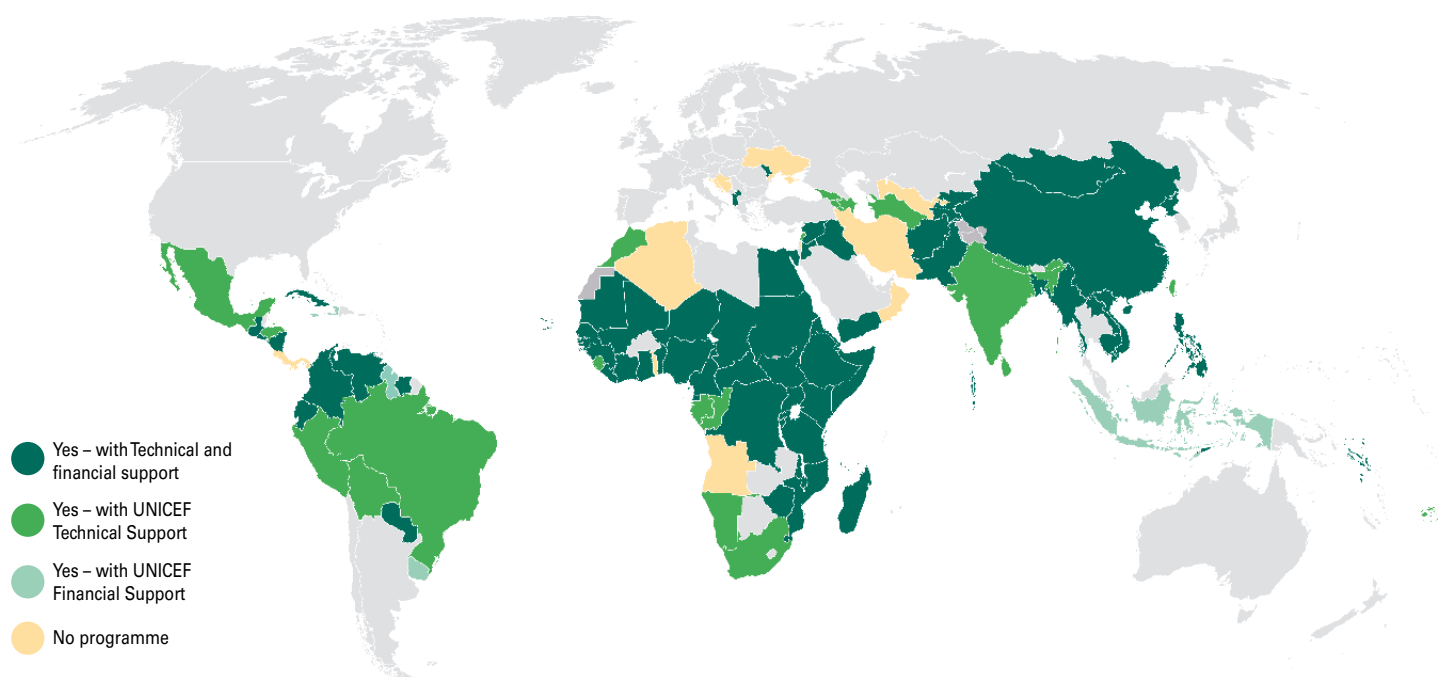
MATERNAL NUTRITION

Delivering services to prevent malnutrition in mothers and babies

Good nutrition is essential to the health and well-being of pregnant mothers and their growing babies. Yet, today, about 154 million women of reproductive age are too thin and about 500 million suffer from micronutrient deficiencies, threatening their well-being and contributing to low birthweight in their children.

To prevent malnutrition and keep mothers and babies healthy during pregnancy and beyond, the 2016 WHO recommendations on antenatal

care for a positive pregnancy experience recommend counselling on healthy diets and vitamin and nutrient supplementation. In 2019, the number of countries providing nutrition counselling to pregnant and breastfeeding women increased to 119 countries, from 109 the previous year. The countries that contributed to this increase are: Brazil, Algeria, Equatorial Guinea, Kosovo, Mozambique and Venezuela.



Nutrition counselling for pregnant and breastfeeding women was provided in 119 countries

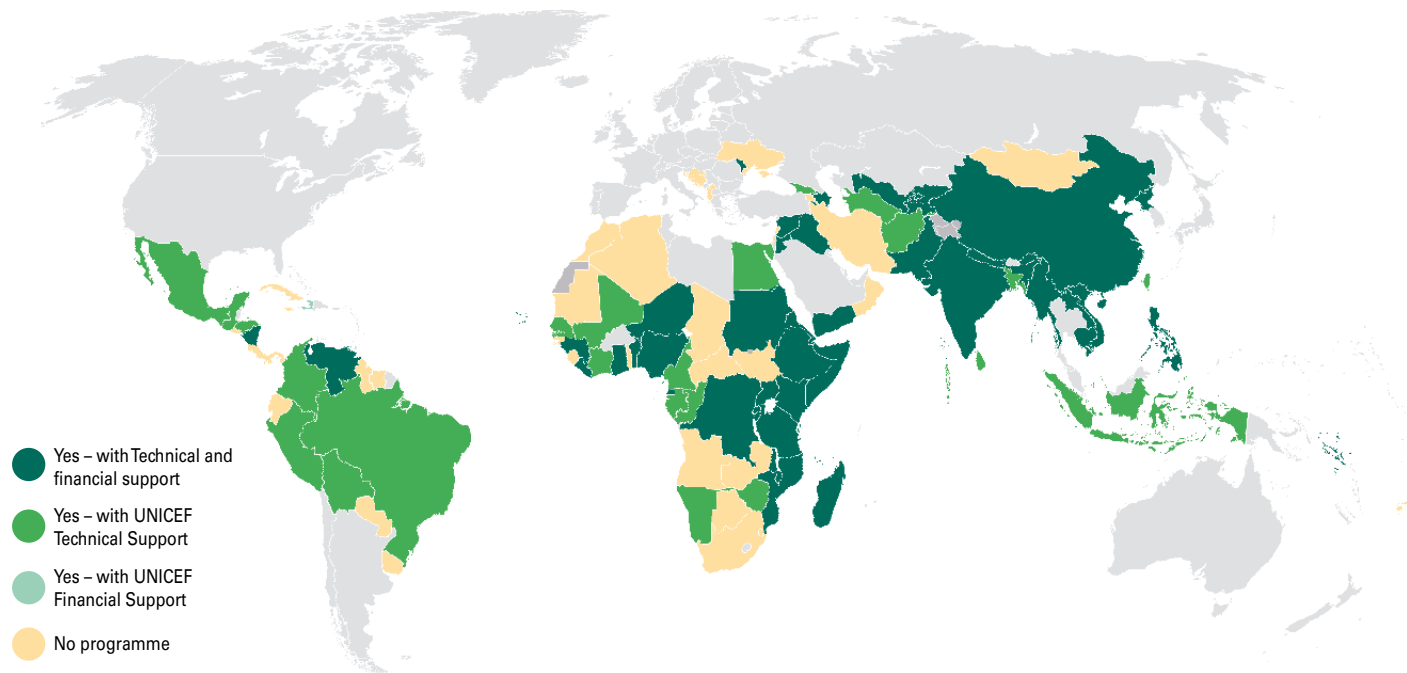
Delivery of nutrition interventions or nutrition education in schools (excluding school feeding) for school-age children (5–19 years)

Source: NutriDash, 2019

Iron supplementation was provided to pregnant women in 103 countries in 2019

The number of countries providing preventive iron supplementation to pregnant women also increased, from 95 countries in 2018 to 103 countries in 2019. Countries contributing to this increase include: Azerbaijan, Benin, Bhutan, Brazil, Cambodia, Cote d'Ivoire,

Ecuador, Equatorial Guinea, Ethiopia, the Gambia, Ghana, Guyana, Iraq, Kyrgyzstan, Malawi, Maldives, Mexico, Moldova, Myanmar, Nicaragua, Nigeria, Peru, Sao Tome and Principe, Somalia, Sri Lanka, Turkmenistan, Uzbekistan, Venezuela, and Viet Nam.



Countries that have provided preventive iron supplementation to pregnant women

Source: NutriDash, 2019

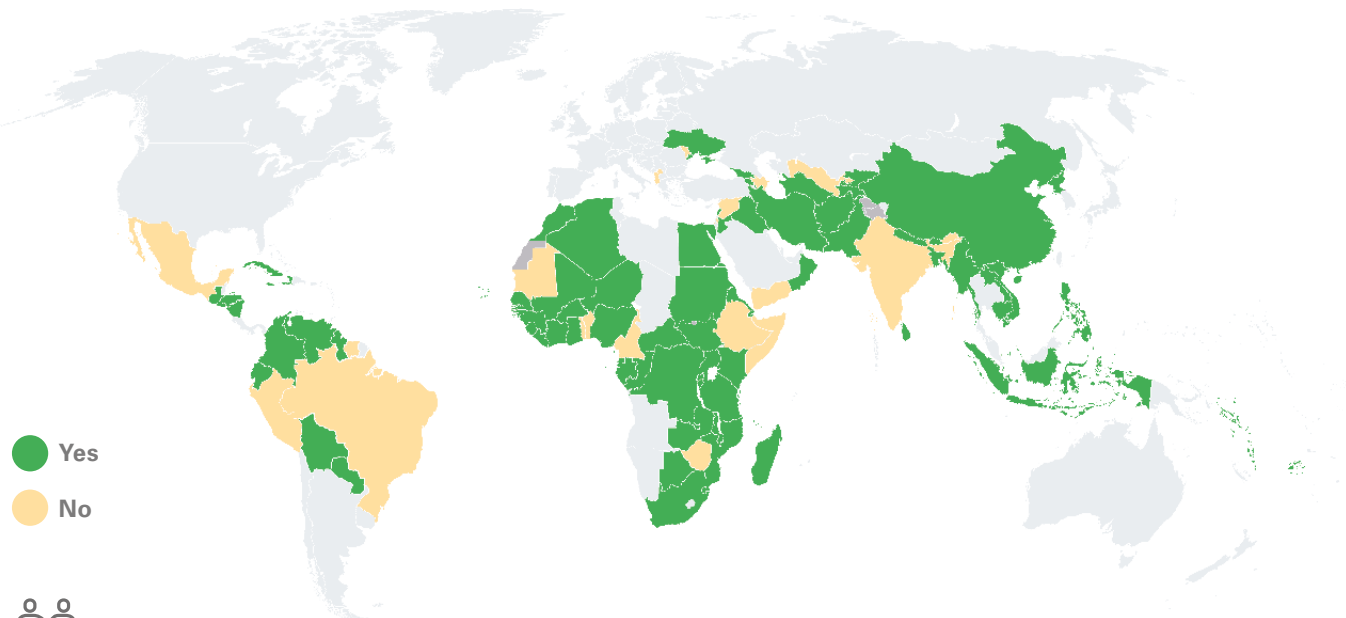
Strengthening the enabling environment for maternal nutrition

National policies, strategies and legislation for maternal nutrition signal government commitment to and investment in improving women's nutrition. In 2019, the *WHO recommendations on antenatal care for a positive pregnancy experience* were adopted as part of a strategy or plan of action in 80 countries, compared with 62 in 2018 and only 20 in 2017.

Evidence suggests that multiple micronutrient supplementation during pregnancy can improve maternal nutrition and reduce low birthweight in settings with high prevalence of

nutritional deficiencies. Eighty-seven countries had a national policy, strategy or plan that allowed for the use of multiple micronutrient supplementation for women in the national public health system, compared with only 38 the previous year.

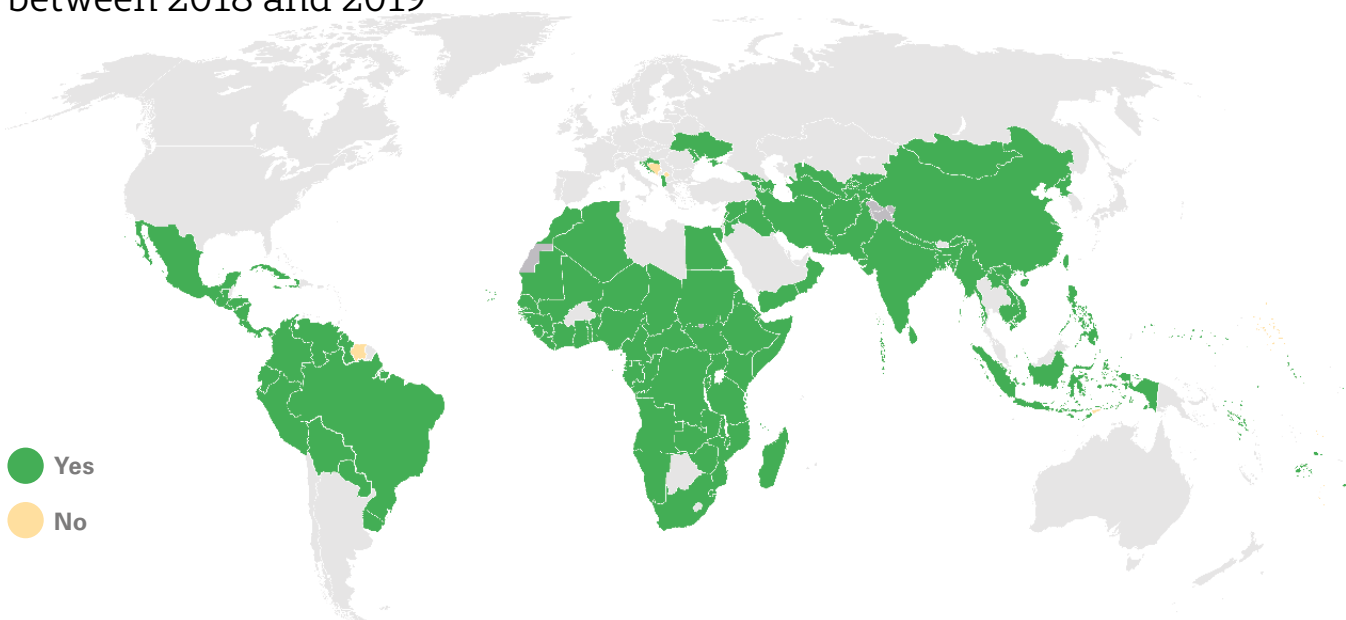
The number of countries with a policy, strategy or plan based on WHO antenatal care recommendations increased four-fold in only two years



Countries that have implemented a national process to evaluate the implications of the 2016 WHO recommendations on antenatal care for a positive pregnancy experience

Source: NutriDash, 2019

The number of countries with a policy, strategy or plan including maternal multiple micronutrient supplementation more than doubled between 2018 and 2019



Countries with programmes for nutrition counselling and promotion for pregnant and lactating women

Source: NutriDash, 2019

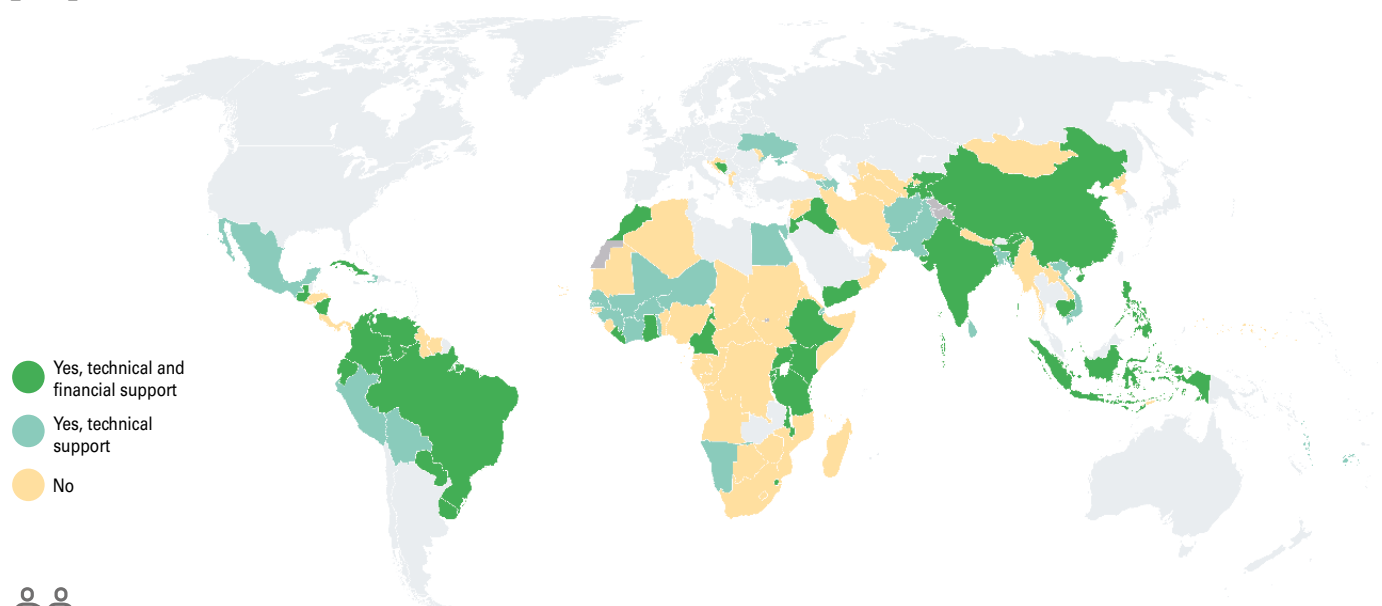


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FOOD SYSTEMS

Creating healthy food environments where children eat, learn, play, live or meet

Food systems determine whether nutritious foods are available, affordable and sustainable; they also help shape the food environments in which children and adolescents live. The number of countries implementing measures to improve food systems rose to 63 in 2019, from 58 in 2018.



63 countries worked on implementation of measures in food systems

UNICEF support in countries working on implementation of measures in food systems, 2019

Source: NutriDash, 2019

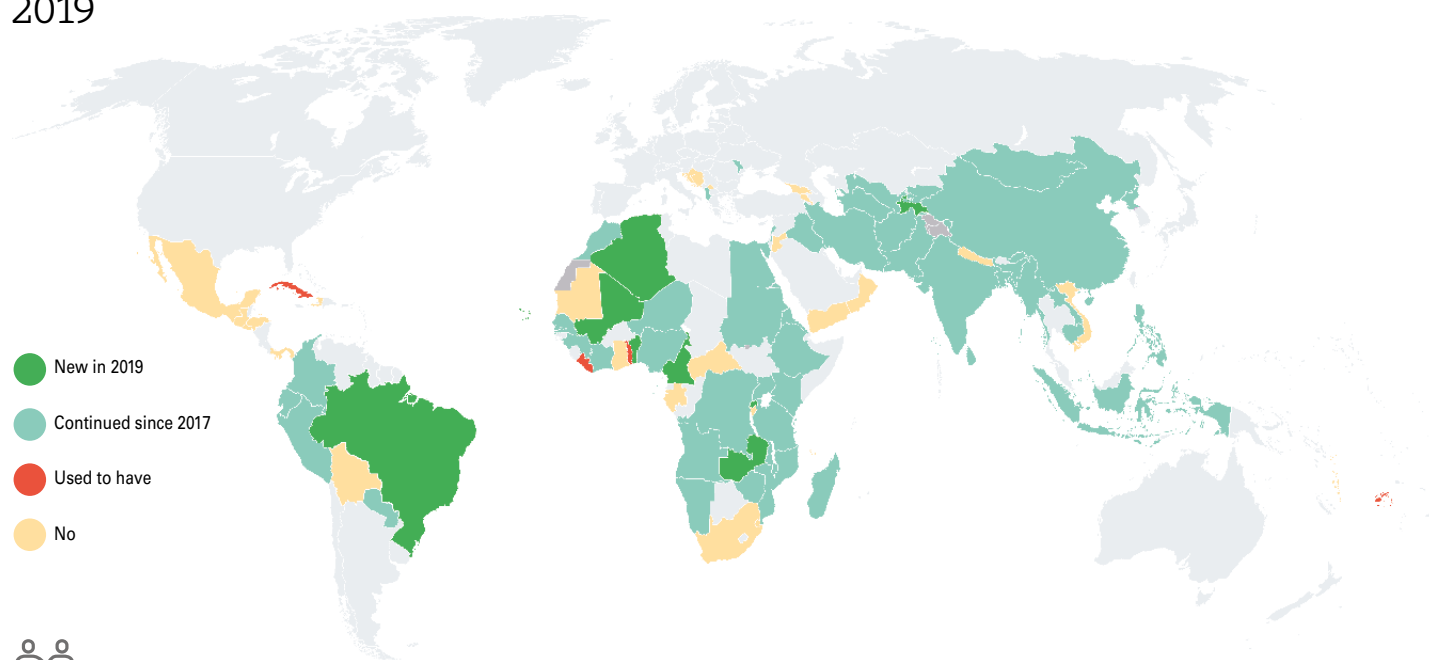
Conducting large-scale food fortification

Large-scale food fortification – a proven intervention for sustainably controlling micronutrient deficiencies – is on the rise globally. Forty-one countries had programmes for the fortification of edible oil in 2019 (from 31 in 2018), while 69 countries reporting having wheat flour fortification programmes in 2019 (from 62 in 2018).

For legislation to be most effective, an active coordination body convening all stakeholders is critical. The number of countries with an effective national coordination body for IDD control declined significantly, from 58 countries in 2018 to only 37 countries in 2019.

The most common form of food fortification – salt iodization – is a critical strategy for eliminating iodine deficiency disorders (IDD) and protecting brain development and should be mandated by national legislation. In both 2018 and 2019, salt iodization was mandatory by law in 84 countries.

37 countries had an effective coordination body for IDD control in 2019



Countries with an effective coordination body for the elimination of iodine deficiency disorders (N=56)

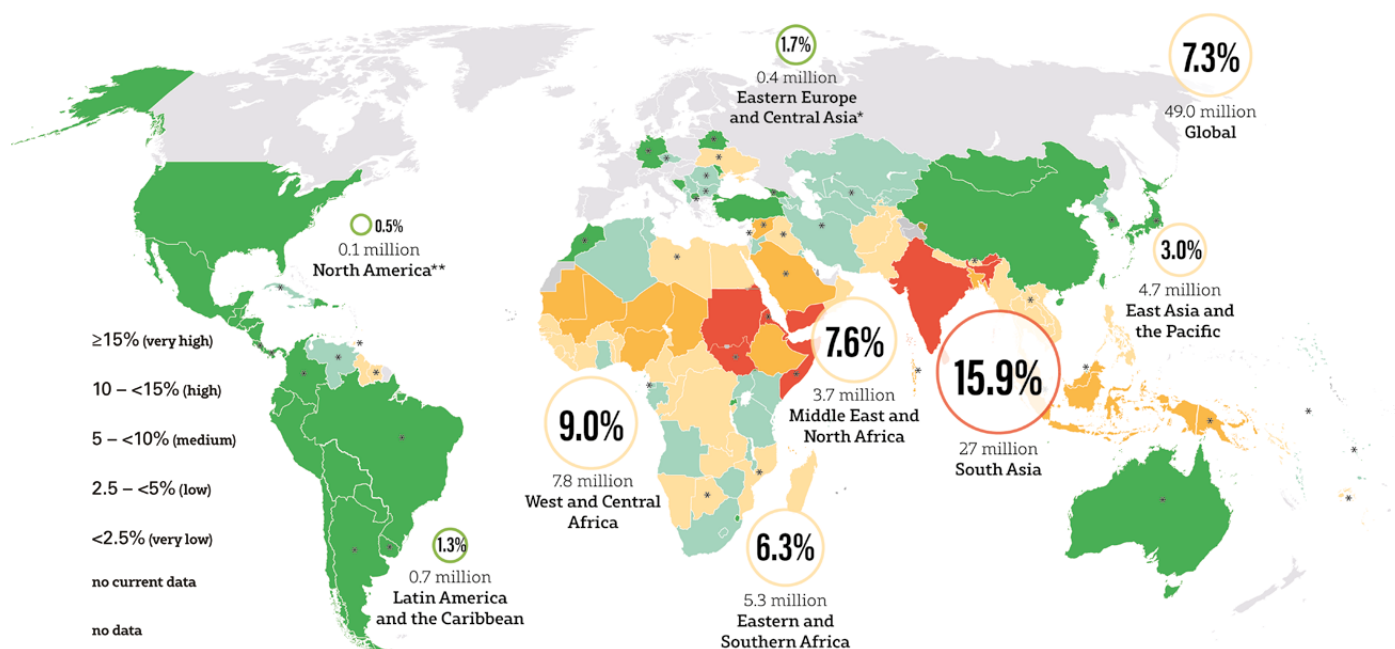
Source: NutriDash, 2019



CARE FOR CHILDREN WITH SEVERE ACUTE MALNUTRITION

Delivering treatment to children under 5 when prevention falls short

Globally, 47 million children are wasted, meaning they are too thin for their height. More than 14 million of these children are severely wasted. Children suffering from severe wasting – the most common form of severe acute malnutrition (SAM) – face an increased risk of death and require urgent life-saving treatment to survive and thrive.



Wasting affects more than 7 per cent of children globally

Number and percentage of wasted children under 5, by country and UNICEF region, 2018

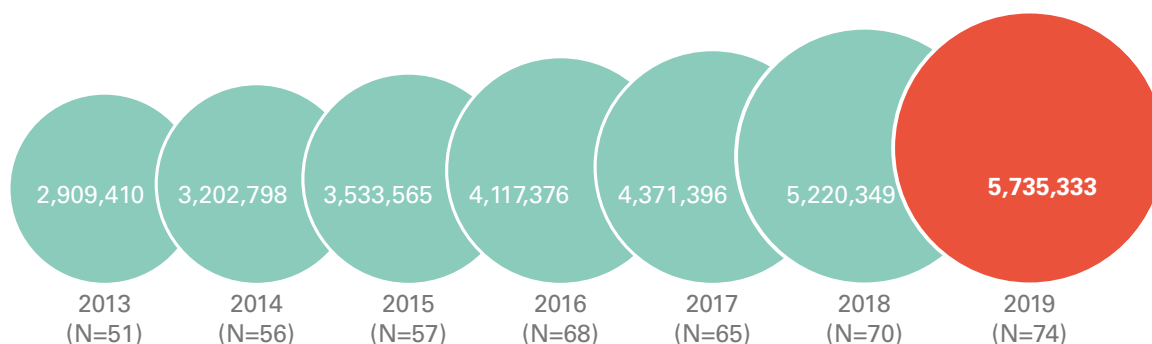
Source: UNICEF, WHO, World Bank Group Joint Child Malnutrition Estimates, 2019 edition. Note: Country data are the most recent available estimate between 2011 and 2018; exceptions where older data (2000–2010) are shown are denoted with an asterisk(*) and where only data prior to 2000 are available the dark grey color denoting no recent data is used. 1. Eastern Europe and Central Asia does not include Russian Federation due to missing data; consecutive low population coverage for the 2018 estimate (interpret with caution). There is no estimate available for the Europe and Central Asia region or the Western Europe sub-region, due to insufficient population coverage. 2. North America regional average based on United States data only.



Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death.

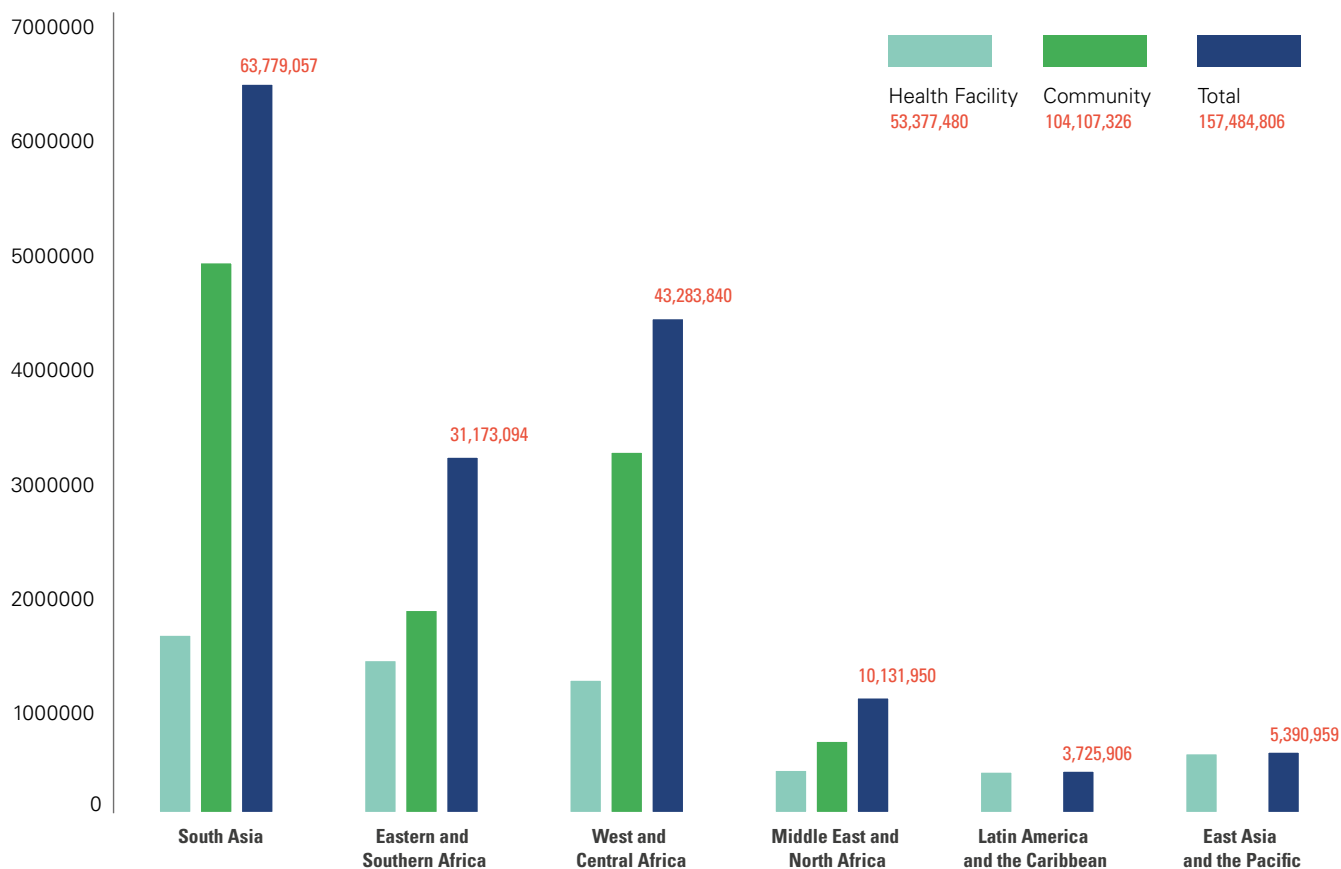
Detecting severe wasting

An estimated 157 million children under 5 were screened for wasting in 2019. Of these, more than 53 million were screened in health facilities, while more than 104 million were screened within the community. Most children screened – 63.7 million – lived in South Asia.



Total number of children admitted to SAM treatment, global, 2013–2019

Source: NutriDash 2019



Number of children screened for wasting, by region, 2019

Source: NutriDash, 2019



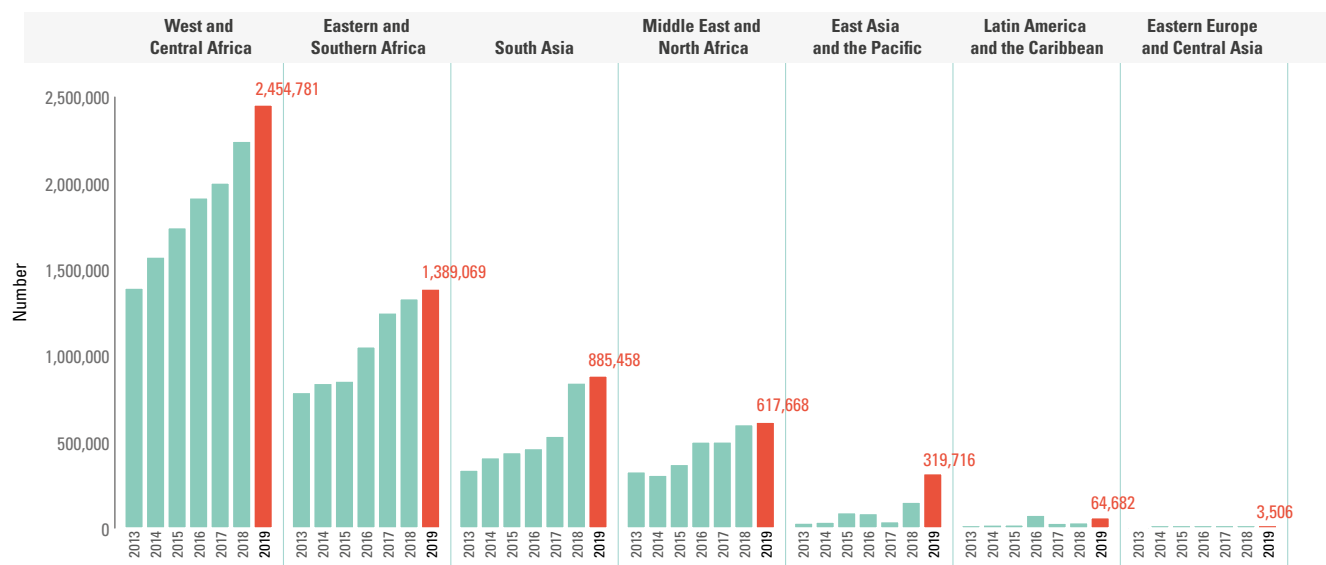
Providing life-saving treatment to children with SAM

The number of children with SAM being admitted for treatment continued to rise in 2019, with 5.7 million children treated compared with 5.2 in 2018. Most of the children accessing treatment lived in Africa. The quality of care for children with SAM remained stable in 2019, with 88 percent of children recovering – well within global standards of care.

Despite these important increases in treatment services, far too many children

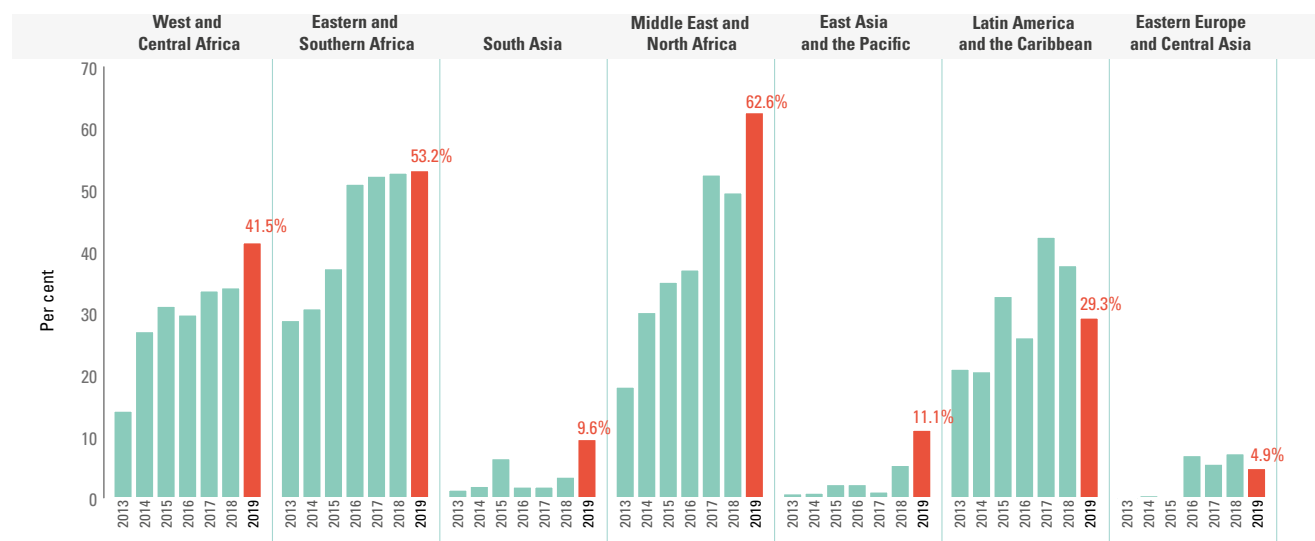
in need of care are being left behind. In Europe and Central Asia, for example, less than 5 percent of children in need are being treated, and in South Asia, the region with the greatest burden, only 9.5 percent of children in need are accessing care.

Even in West and Central Africa, the region with the greatest numbers of children treated, only about 41 percent of children with SAM are receiving the treatment they need.



More children with wasting were admitted for life-saving treatment in 2019

Number of children admitted for wasting, by region, 2019



Despite an increase in admissions, far too many children in need are not accessing treatment

Percent of children reached with treatment versus those in need, by region, 2013–2019

Source for graphs on this page: NutriDash, 2019

Strengthening policies and systems for better treatment and care

Many countries made significant advancements in strengthening the enabling environment for the treatment of children with SAM in 2019. For example, treatment was provided free-of-charge in 93 countries, and ready-to-use therapeutic foods were included on the essential medicines lists of 43 countries.

Many countries provided comprehensive care for children with SAM in 2019, including early

detection and screening at community level; treatment of moderate acute malnutrition; outpatient treatment; and inpatient treatment. In 69 countries, community health workers were actively involved in the treatment and care of children with SAM, compared with 66 in 2018. The majority of countries (90) target their SAM programmes to children aged 6–59 months, while 79 countries also target children aged 0–6 months.



Inpatient treatment of SAM with complications



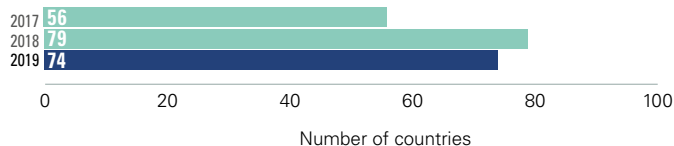
Outpatient treatment of SAM without complications



Treatment of moderate acute malnutrition



Early detection at community level – screening and referral



Comprehensive treatment and care for SAM has improved over the last two years

Number of countries with components of SAM management implemented, 2017–2019

Source: NutriDash, 2019

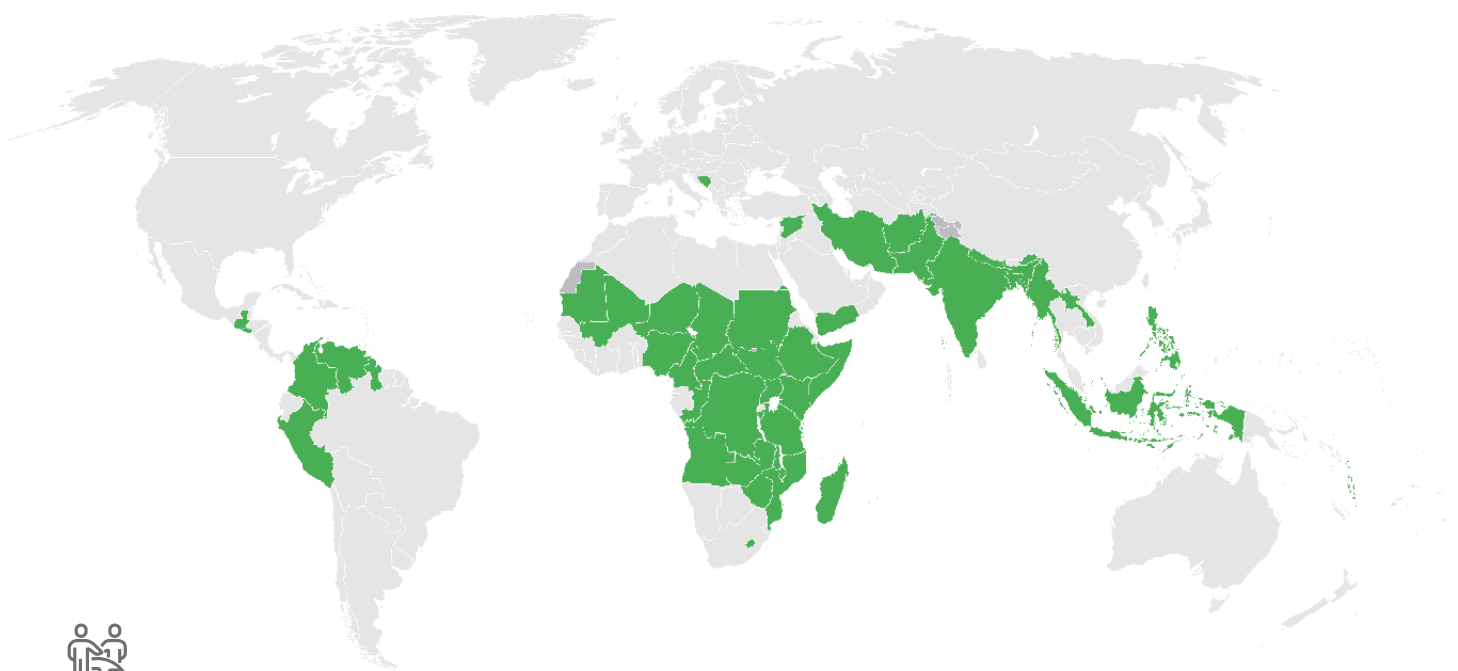


MATERNAL AND CHILD NUTRITION IN HUMANITARIAN CONTEXTS

Prioritizing nutrition before, during and after crisis

The nutritional needs of children, adolescents and women must be central to emergency preparedness and response. Guided by its Core Commitments to Children in Humanitarian Action, UNICEF and partners provide technical and programmatic leadership and work closely with governments and partners to ensure that children and women affected by humanitarian crises can access nutrition services in a timely manner. More than half of the children, adolescents and women benefitting from nutrition programmes in 2019 were living in an emergency context.

During humanitarian crises, the same preventive nutrition interventions are critical to prevent malnutrition in children, adolescents and women. When efforts to prevent malnutrition fall short during humanitarian crises, children with life-threatening forms of malnutrition need timely detection, treatment and care. Forty-three countries responded to a nutrition emergency in 2019, a decline from 48 the previous year.



43 countries that responded to a nutrition emergency in 2019

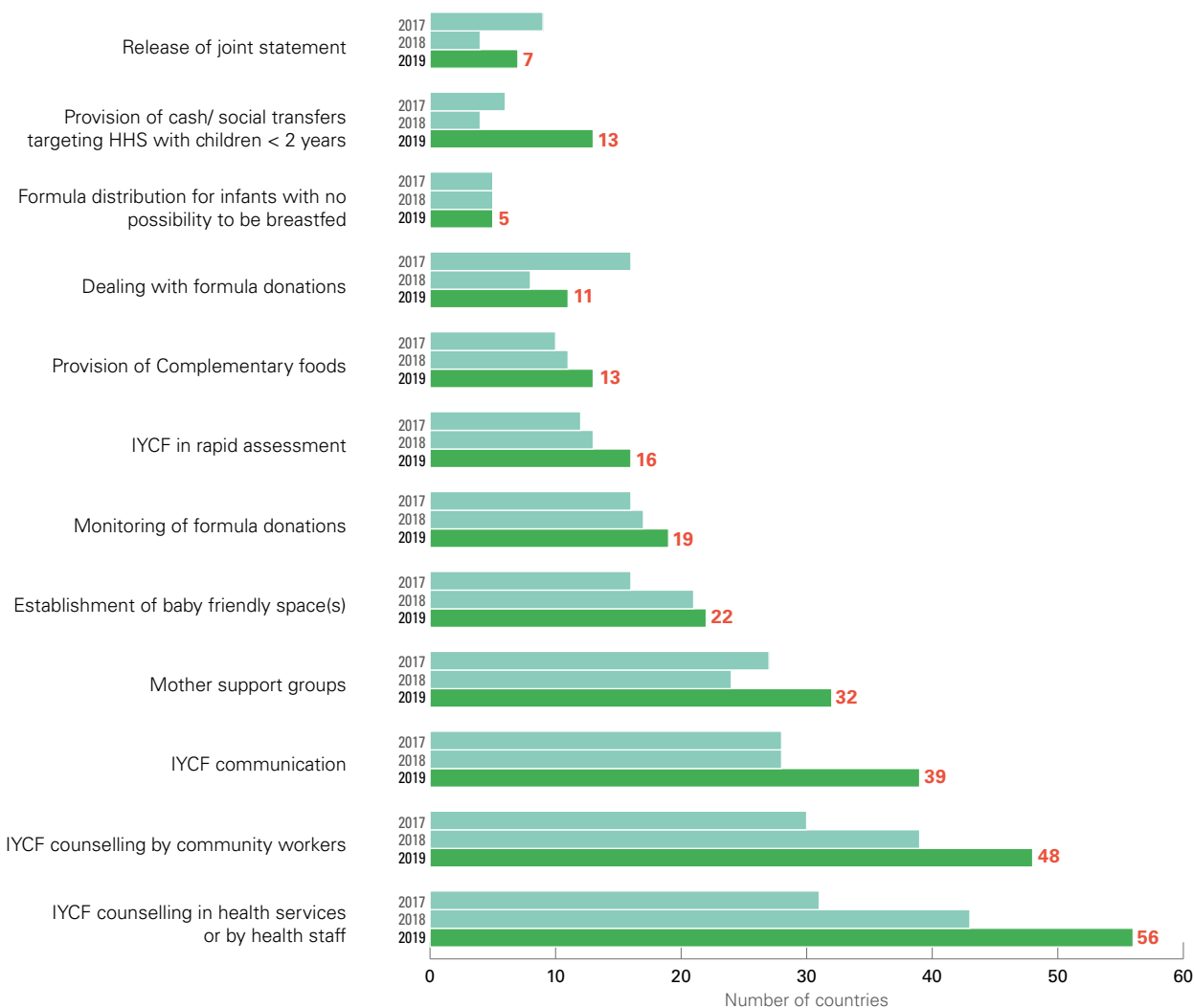
Countries that responded to a nutrition emergency, 2019

Source: NutriDash 2019

Improving IYCF practices during emergencies

Emergencies are challenging settings for feeding and caring for infants and young children. The number of countries implementing programmes to support appropriate infant and young child feeding (IYCF) practices during humanitarian situations rose from 68 in 2018 to 80 in 2019. The most common IYCF interventions in humanitarian situations included counselling provided by health workers (56 countries) and community workers (48 countries).

The number of caregivers reached with IYCF counselling during emergencies has risen steadily in recent years, and nearly doubled between 2018 and 2019 – rising from 17.4 million in 2018 to 34.7 million. Of all caregivers reached with IYCF counselling in 2019, about 73 percent lived in countries in humanitarian crisis.

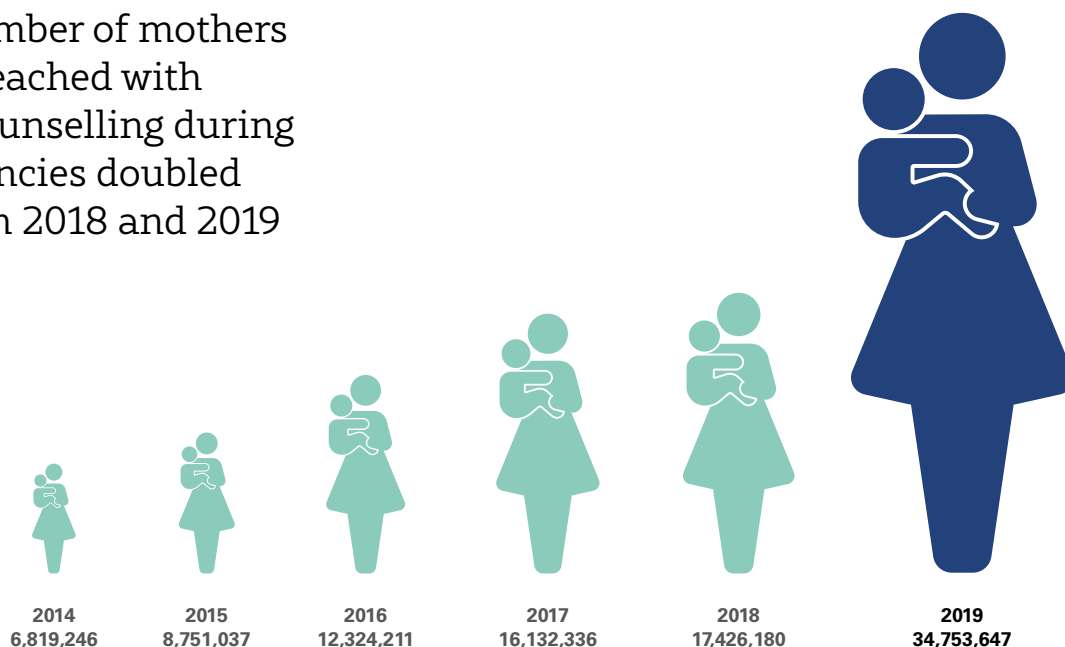


Almost all countries facing humanitarian crises provided IYCF counselling in 2019

Infant and young child feeding activities implemented as part of humanitarian response in 2019

Source: NutriDash 2019

The number of mothers being reached with IYCF counselling during emergencies doubled between 2018 and 2019



Number of caregivers counselled on IYCF in humanitarian situations in 2019

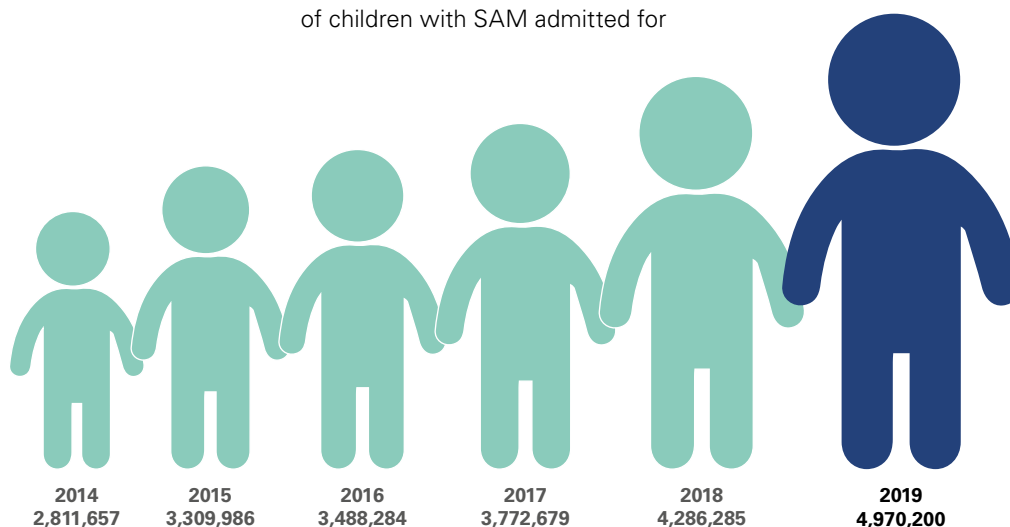
Source: NutriDash 2019

Delivering treatment and care during emergencies

The provision of urgent treatment and care to children with SAM is central to humanitarian response. Countries in humanitarian crisis accounted for 89 per cent of children accessing SAM treatment globally in 2019.

treatment increased from 4.28 million in 2018 to more than 4.9 million children in 2019. Out of the 43 countries with a UNICEF Humanitarian Action appeal, 34 countries accounted for 89 per cent of the total treatment admissions.

In humanitarian situations, the number of children with SAM admitted for



The number of children with SAM admitted for treatment in humanitarian settings increased to 4.9 million in 2019

Number of children with SAM admitted for treatment among countries with a UNICEF Humanitarian Action appeal

Source: NutriDash, 2019



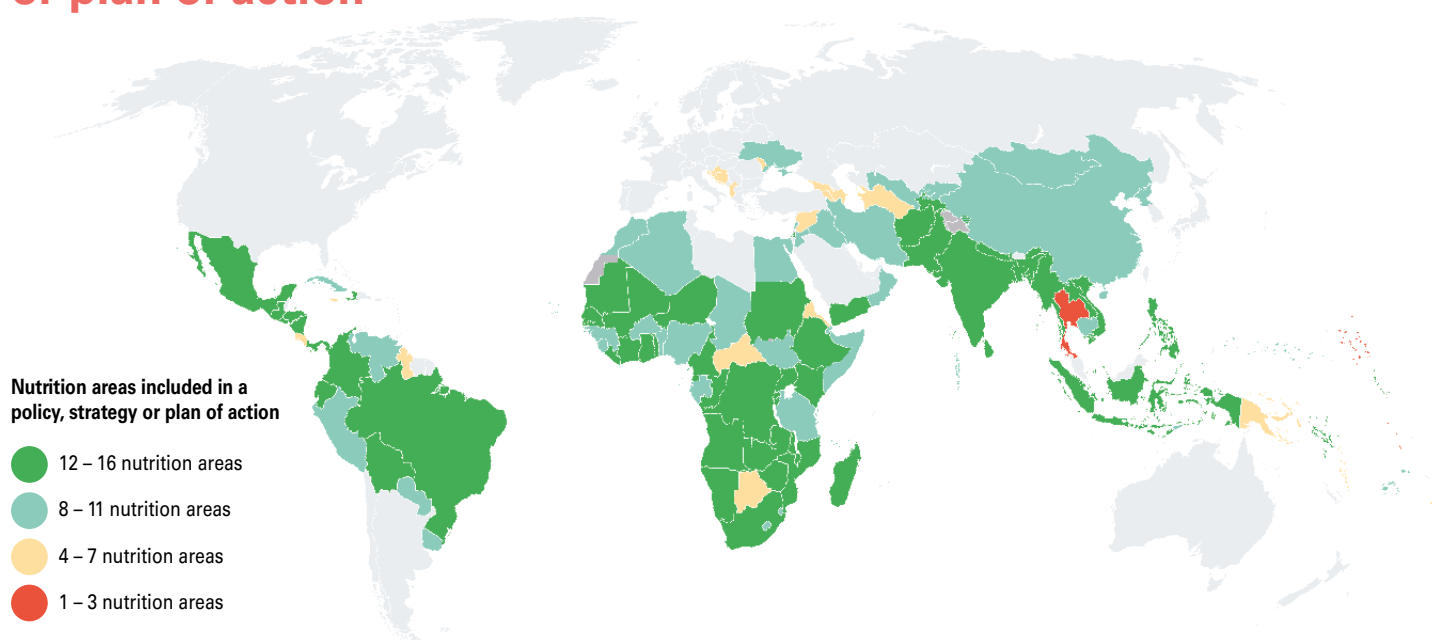
GOVERNANCE AND SYSTEMS FOR NUTRITION

Building an enabling environment for nutrition

Strong national governance structures, including nutrition policies and plans, monitoring frameworks, information systems and financing provide an important foundation that allows good nutrition to take hold. Together, these governance structures signal national commitment and ownership over improving maternal and child nutrition. In 2019, nutrition was articulated as a high priority on the national agendas of 103 countries, compared with 94 the previous year.

National policies, strategies and plans of action are protecting children's right to nutrition in all contexts. In 2019, 127 countries had comprehensive nutrition policies, strategies in place (including more than 12 key interventions), compared with 87 in 2018. Monitoring nutrition action is critical to ensuring accountability of these national frameworks, and for tracking progress on national and global indicators. In 2019, there were 106 countries with at least one nutrition indicator in their national information system.

More than half of countries have a comprehensive nutrition policy, strategy or plan of action



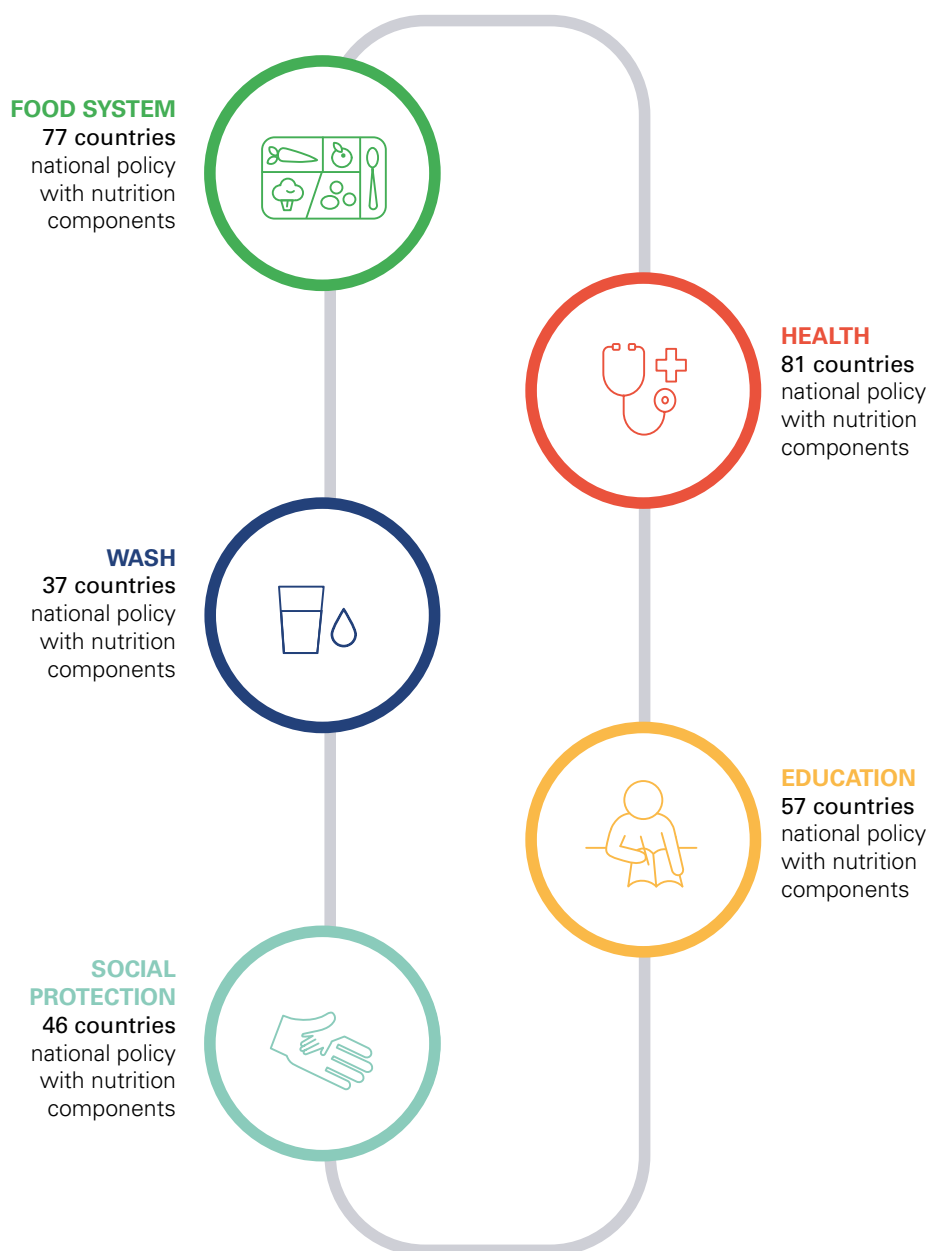
Countries with a comprehensive policy, strategy or plan of action for nutrition interventions, 2019

Source: NutriDash, 2019

Leveraging a systems approach to nutrition

Many countries are increasingly leveraging a systems approach to make key systems – such as the food, health, water and sanitation, education and social protection systems – more accountable for improving maternal and child nutrition. For example, nutrition components are included in the food systems policy of 77 countries, in the health systems policies of 81 countries, and in the social protection

system policies in 46 countries. The focus on a systems approach has also strengthened joint programming efforts in countries. In 2019, 37 countries implemented joint programmes to improve access to safe complementary foods and water, and a clean household for children, while 57 countries provided nutrition services through schools through nutrition-responsive policies and plans.



More countries are leveraging a systems approach to drive nutrition action

Nutrition-responsive social protection programmes are critical to improving access to and affordability of nutritious and safe foods for vulnerable families. In 2019, the number of countries implementing nutrition-responsive social protection programmes declined: 50 countries conducted school feeding programmes in 2019 (from 61 in 2018) and 37 countries provided nutrition-responsive cash transfers (from 56 in 2018).



FOOD SYSTEM

23 countries

have measures to use front-of-pack food labelling policies to improve consumer choices



HEALTH

89 countries

implemented health programmes with the specific aim to improve nutrition



WASH

37 countries

have joint programming to promote improved access and safe use of complementary foods, water and clean household environment for children



EDUCATION

40 countries

have provision of nutrition services in schools is mandated in the education sector national policy, strategy or plan

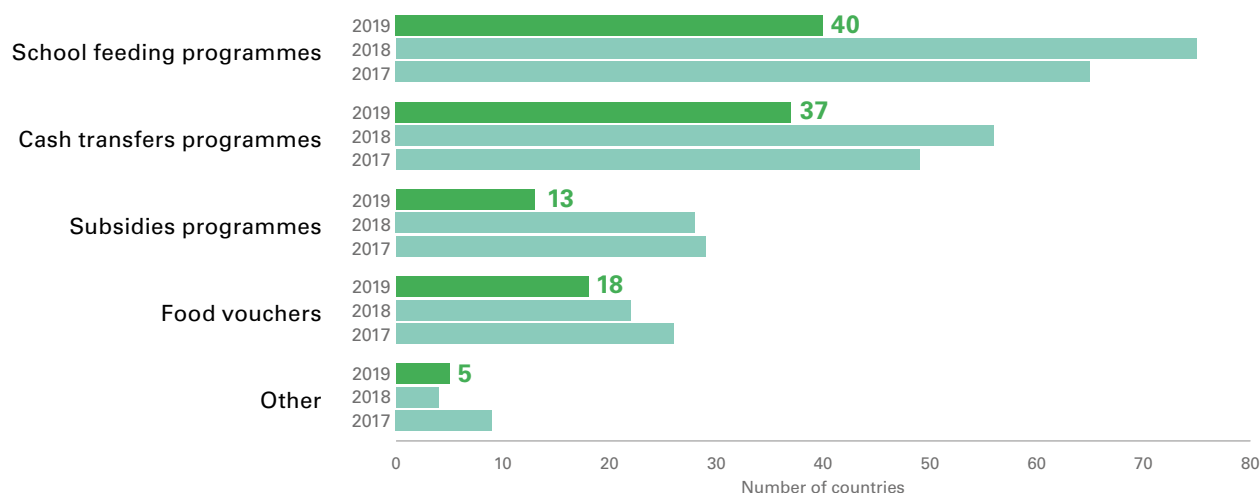


SOCIAL PROTECTION

50 countries

implemented social protection programmes which specifically aimed to improve nutrition. The most common are cash transfers and school feeding programmes

Fewer countries implemented nutrition-responsive social protection programmes in 2019



Countries implementing social protection programmes specifically aimed at improving nutrition in 2017–2019

Source: NutriDash, 2019



CONCLUSION AND WAY FORWARD

Nutrition monitoring for a well-nourished world

The data compiled in NutriDash help track of the coverage of evidence-based interventions to prevent all forms of malnutrition and ensure treatment when prevention falls short. With a decade left to achieve the Sustainable Development Goals, the leading role of NutriDash in global nutrition monitoring has never been more important.

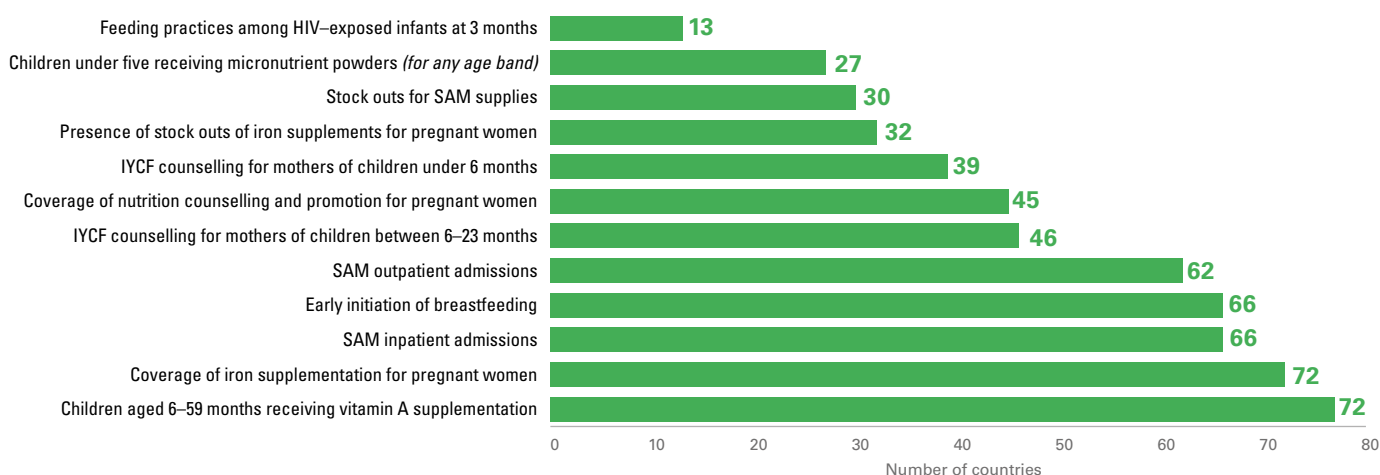
NutriDash data guide UNICEF and its global and national partners in addressing programmatic gaps, refining strategies to improve coverage, and charting a path towards ending malnutrition for every mother and child. They provide the evidence needed to inform technical guidance and help guide the timely and efficient delivery of nutrition supplies to children in need.

The availability and quality of data available in NutriDash depends on national information systems. UNICEF

will continue to work with national counterparts to strengthen nutrition data collection and monitoring.

Each year, more governments are including nutrition data in their routine information systems, and the process of harmonizing data collection on key indicators provides countries with a critical opportunity to improve the quality of these data.

UNICEF has worked to refine the NutriDash reporting process each year, and is moving closer to collecting only the indicators that will be used to improve programming. As this work moves forward, UNICEF will work to support countries and partners with more focused analysis and better dissemination of NutriDash data, ensuring it is used to prioritize actions for ending all forms of malnutrition by 2030 and beyond.



Number of countries monitoring nutrition indicators in national information systems in 2019

Source: NutriDash, 2019

Notes on the Data

Data Collection

The data collection process of nutrition programme information via the NutriDash data management tool was conducted between July and September 2018. UNICEF country offices responded directly to the online NutriDash questionnaire. A total of 104 countries responded to at least one of the modules, and the response rate by each module is shown in the table below:

Module	Number of respondent countries
General Information	115
Infant and Young Child Feeding	111
Micronutrient Powders	70
Vitamin A Supplementation	88
School age and Adolescents	57
Salt Iodization	87
Severe Acute Malnutrition	79

Data Cleaning and Validation

The data cleaning and validation processes were carried out between September 2018 to early January 2019 the same criteria for reviewing quality of data was used for every questionnaire. Data were verified to identify inconsistencies, duplications and gaps. It also included homologation of units and categories and validation of all skips between questions. Finally, updates and corrections sent by countries after the data collection period ended were included. All along this process, UNICEF headquarters and regional colleagues were in constant communication with country contacts for clarification and validation of possible changes in data.

Data Limitations

The NutriDash findings should be interpreted in the light of the limitations of the data:

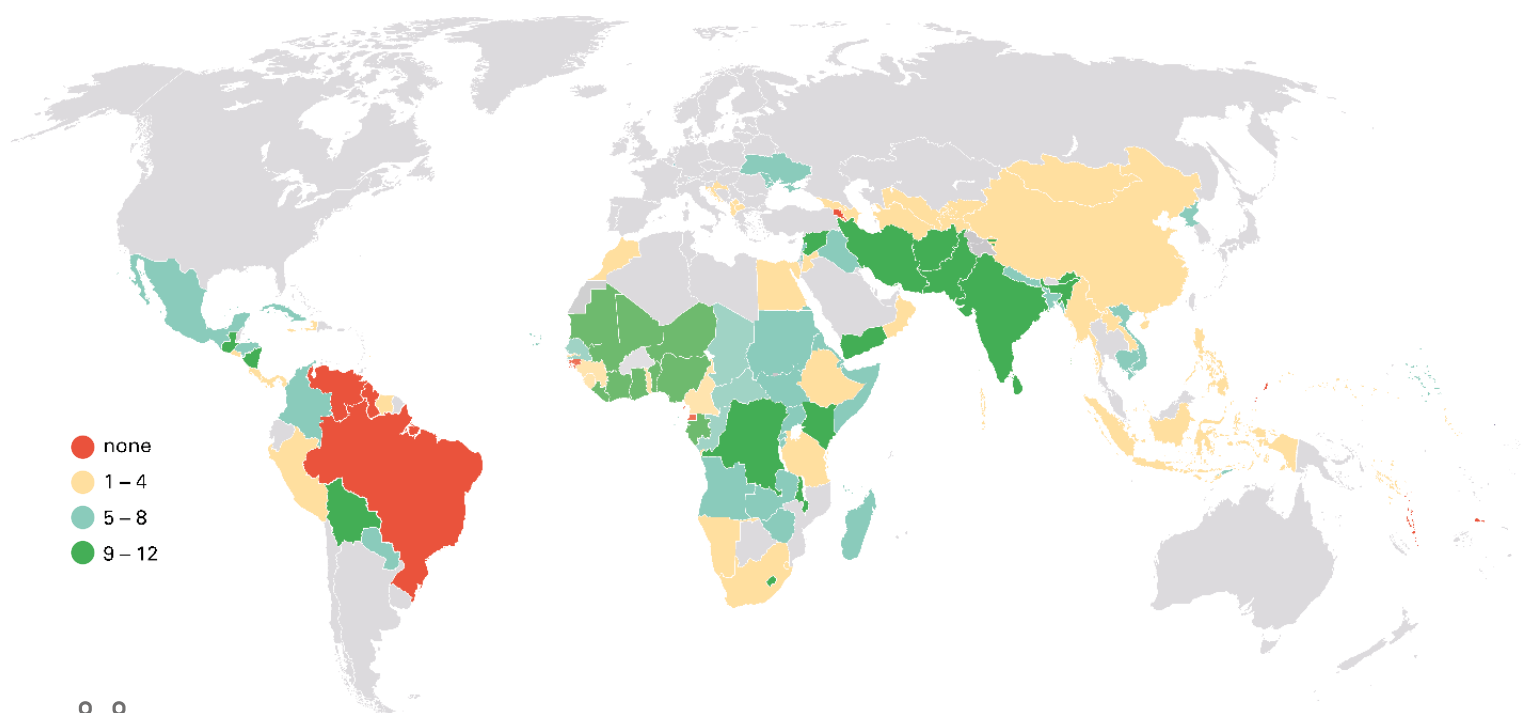
(1) Quality of the data:

Although there is a marked improvement in the quality of the data reported in NutriDash, and countries continue to make efforts to improve the national reporting systems for nutrition programmes, the quality of the data collected through routine monitoring systems still needs improvement to reduce errors and ensure accurate reporting. Indicator results with outliers were excluded from the report.

(2) Low response rate for certain modules

In some of the countries, the mechanisms to collect indicators for certain modules are not fully established, therefore some modules were not answered by the country where data were not available. The data collection process relies on the nutrition information systems established in country to monitor nutrition programmes. Therefore, the strength and reliability of the data of this report are dependent on the data collection process at country level.

UNICEF will continue to work closely with governments and partners to improve monitoring systems in country, by (1) advocating for inclusion of key nutrition indicators in health management information systems and (2) improving the quality and reliability of the information collected and used to report on programmes.



Number of nutrition programme indicators included in national information systems, by country, 2019

Source: NutriDash 2019.

Countries reporting to NutriDash by region in 2019

Eastern and Southern Africa

Angola, Botswana, Burundi, Comoros, Eritrea; Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, Republic of South Sudan, Swaziland, United Republic of Tanzania, Uganda, Zambia, Zimbabwe

West and Central Africa

Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, Togo

Middle East and North Africa

Djibouti, Egypt, Iraq, Jordan, Lebanon, Morocco, Oman, State of Palestine, Sudan, Syrian Arab Republic, Tunisia, Yemen

South Asia

Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka

East Asia and the Pacific

Cambodia, China, Fiji, Indonesia, Kiribati, Democratic People's Republic of Korea, Lao People's Democratic Republic, Mongolia, Myanmar, Papua New Guinea, Philippines, Solomon islands, Thailand, Timor-Leste, Vanuatu, Viet Nam

Latin America and the Caribbean

Argentina, Barbados, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Suriname, Venezuela (Bolivarian Republic of), Uruguay,

Eastern Europe and Central Asia

Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Croatia, Georgia, Kazakhstan, Kosovo*, Kyrgyzstan, Republic of Moldova, North Macedonia, Serbia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan

*All references to Kosovo in this [e.g., publication/report/letter/list] should be understood to be in the context of United Nations Security Council resolution 1244 (1999)

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