ACKNOWLEDGEMENTS

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We are grateful to all UNICEF Nutrition staff, governments and partners at the country and regional level for their immense contributions and commitments to this global reporting initiative.

Additional thanks to the following organizations for their contributions: Action Against Hunger, Food For Peace, Home Fortification Technical Advisory Group, the Iodine Global Alliance for Improved Nutrition, Helen Keller international, Medicines Sans Frontières, Nutrition International, SPRING (Strengthening Partnerships, Results and Innovations in Nutrition Globally, sponsored by the United States Agency for International Development), U.S. Centers for Disease Control and Prevention, United States Agency for International Development, Global Affairs Canada, the World Food Programme and the World Health Organization.

We are grateful for the financial support provided by the Bill and Melinda Gates Foundation, the Centers for Disease Control and Prevention, and Food for Peace. We wish to especially recognize governments, specifically the state, regional and provincial ministries of health, and the staff of non-governmental organizations.
Global nutrition monitoring is a core component of UNICEF’s work to realize every child’s right to nutrition. UNICEF is committed to supporting countries in collecting, analysing and sharing the latest data and information on maternal and child nutrition to improve national policies, strategies and programmes.

The UNICEF NutriDash platform enables countries to monitor and report on the performance of nutrition programmes globally. The data paint a global picture of how many children are benefitting from essential nutrition interventions across the life cycle – in both humanitarian and development contexts – and how many remain out of reach. They highlight where we are on track, and where greater investments are needed to drive progress towards the targets of the 2030 Agenda for Sustainable Development and an end to all forms of malnutrition.

Overall, we are making progress. In 2018, more countries were implementing programmes to improve the quality and diversity of children’s diets. More caregivers were reached with counselling on infant and young child feeding practices and many countries strengthened their capacities to provide these services at the community level. On the other hand, the coverage of vitamin A supplementation – a life-saving intervention – has decreased in recent years, and greater efforts are needed to identify delivery mechanisms that reach every child in need with two doses each year.

The number of countries with programmes to improve the nutrition of school-age children, adolescents and women increased steadily in recent years. More countries implemented actions to improve school food and nutrition environments in 2018 than previously, and the number of countries providing nutrition counselling to pregnant and breastfeeding women also increased.

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.

The NutriDash data suggest that more countries are developing policies, strategies and programme that protect and promote maternal and child nutrition. Within key sectors outside of health, nutrition-responsive policies and strategies are also on the rise, particularly social protection programmes aimed at improving nutrition.

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.

Victor M. Aguayo
Associate Director, Nutrition, Programme Division
Key nutrition practices and interventions supported by UNICEF

- Early initiation of breastfeeding & exclusive breastfeeding
- Treatment of severe acute malnutrition
- Vitamin A supplements
- Prevention of overweight
- Deworming
- Complementary feeding and breastfeeding
- Micronutrient powders
- Salt iodization
- Iron and folic acid supplementation
- Maternal nutrition

Infants: 0 - 59 months
Young children: 6 months - 5 years
School-age children: 6 years - 10 years
Adolescents: 11 years - 15 years
Women: 16 years and older
This report outlines global progress on the coverage of key interventions to prevent and treat malnutrition. The data from this report were collected in 2018 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-age children and adolescents;
3) maternal nutrition;
4) care for children with severe acute malnutrition; and
5) maternal and child nutrition in humanitarian contexts.

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

About this report
EARLY CHILDHOOD NUTRITION

Preventing all forms of malnutrition in infants and young children

Global context
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, deworming, and prevent overweight. These services were provided to 306 million children in 2018.

Stunting affects about 21 per cent of children globally

Number and percentage of children under 5 who are stunted (%), by region and country, 2019
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.
Improving the quality of children’s diets

Almost all countries implemented programmes to protect, promote and support breastfeeding in 2018. Breastfeeding is the cornerstone of early childhood nutrition, and countries continued to scale-up programmes to protect, promote and support breastfeeding in 2018. The number of countries with such programmes increased from 109 in 2017 to 115 in 2018.

About 306 million children were reached with services to prevent malnutrition in 2018
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 105 in 2017 to 116 in 2018. 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. Some of the countries that reported implementing these programmes in 2018 include Bosnia and Herzegovina, Brazil, Cape Verde, Equatorial Guinea, Eswatini, Gabon, Georgia, Oman, State of Palestine, Thailand, Ukraine, and Venezuela.

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 has risen steadily in recent years, from 18.5 million caregivers in 2016 to more than 24 million caregivers by 2018.

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, 2016–2018

Source: NutriDash 2018
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 were provided as part of the pre-service curriculum for medical doctors in 68 countries, compared with 66 in 2017. The two additional countries that reported in 2018 are: Barbados and Federated States of Micronesia.

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 2018, the package was used in 81 countries.

Training for non-health sector community workers can leverage a broader network of support to improve IYCF knowledge and practices. Thirty-three countries trained community workers from other sectors on IYCF in 2018, including those working in agriculture, water and sanitation, education and social protection.

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

Country adaptation of the UNICEF’s community counselling training package

Source: NutriDash 2018.
The Ten Steps to Successful Breastfeeding were implemented in 92 countries

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 reporting implementing the Ten Steps in maternity facilities increased dramatically in recent years, from 55 in 2016, to 64 in 2017, to 92 in 2018.

The Baby-friendly Hospital Initiative (BFHI) helps strengthen the capacity of health facilities to support breastfeeding. The number of countries implementing the Baby-friendly Hospital Initiative increased from 42 countries in 2016 to 61 in 2018.

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. Between 2015 and 2018, the number of children receiving micronutrient powders increased steadily, from about 10 million to 18 million children. The top five countries with the highest number of children supplemented are: China, Guatemala, Mexico, and Peru.

Overall, 61 countries included the provision of micronutrient powders as part of their nutrition programmes, compared with 56 in 2017. Some of the countries that contributed to the increase are: China, Mexico, and Pakistan.

Globally, 18 million children benefitted from micronutrient powders in 2018


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 2018, a 2 per cent decline from the previous year. Shifts in the delivery platforms for vitamin A supplementation in many countries have resulted in declines in coverage – a trend that is leaving too many children unprotected from vitamin A-related mortality.

In 2018, about 244.68 million children were covered with two doses of VAS. 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.

Two out of five children did not receive the life-saving benefits of VAS

Vitamin A supplementation two-dose coverage, by country and region, 2018

Source: NutriDash 2018. *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.

More countries delivered vitamin A in 2018 – but fewer children were reached

Trends in number of children 6–59 months fully protected with vitamin A supplements, 2016–2018

Source: Administrative data and NutriDash, 2018.
Countries implemented a range of interventions to prevent overweight in preschool children. Forty-five countries implemented interventions for the prevention of overweight in children under 5 in 2018. UNICEF supported programmes to prevent overweight in preschools in 19 countries.

As part of these programmes, countries provided nutrition education, developed supportive policies, and improved nutrition standards.

Number of countries implementing various interventions to prevent overweight in preschool children, 2018

Source: NutriDash, 2018
Global context

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 ages 15–19 years are affected by anaemia, increasing their risk of disease and disability, and limiting their opportunities to learn and develop.

About 154 million women of reproductive age are too thin and about 500 million suffer from micronutrient deficiencies,\(^1\) threatening their well-being and contributing to low birthweight in their children.

In 2018, there was a marked increase in the number of countries implementing programmes to improve the nutrition of school-age children and adolescents, 81 countries across seven regions had such programmes, compared with 60 the previous year.

Some of the additional countries that reported in 2018 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.

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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. Globally, the most commonly implemented school-based nutrition interventions included physical education in the school curriculum (70 countries), the provision of meals through school feeding programmes (58 countries), and nutrition education in the school curriculum (50 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 2018

<table>
<thead>
<tr>
<th>Program</th>
<th>Continues</th>
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<th>New in 2018</th>
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<tbody>
<tr>
<td>Iron supplementation to boys 5 to 9 years of age</td>
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<td>9</td>
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<tr>
<td>Iron supplementation to girls 5 to 9 years of age</td>
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<tr>
<td>Iron supplementation to boys 10 to 19 years of age</td>
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<td>10</td>
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<tr>
<td>Iron supplementation to girls 10 to 19 years of age</td>
<td></td>
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<td>27</td>
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<tr>
<td>Ban on vending machines in schools</td>
<td>5</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Regulation of marketing of food and non-alcoholic beverages to children in the school setting</td>
<td>9</td>
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<td>15</td>
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<tr>
<td>Standards or rules for foods and beverages available in schools</td>
<td>16</td>
<td>5</td>
<td>19</td>
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<tr>
<td>Deworming</td>
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<td>18</td>
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<tr>
<td>Safe drinking water available free of charge in schools</td>
<td>23</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Nutrition education included in school curriculum</td>
<td>24</td>
<td>4</td>
<td>22</td>
</tr>
<tr>
<td>Provision of school meals/school feeding programme</td>
<td>33</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>Physical education in school curriculum</td>
<td>36</td>
<td></td>
<td>34</td>
</tr>
</tbody>
</table>

School-based nutrition interventions for school-age children and adolescents (5-19 years) Source: NutriDash, 2018

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

Source: NutriDash, 2018
Good nutrition is essential to the health and well-being of pregnant mothers and their growing babies. The 2016 WHO recommendations on antenatal care for a positive pregnancy experience recommend counselling on healthy diets and vitamin and nutrient supplementation to keep mothers and babies healthy throughout pregnancy and beyond.

More countries were providing these key services to pregnant women in 2018 than ever before. In 2018, the number of countries providing nutrition counselling to pregnant and breastfeeding women increased to 109 countries, from 107 the previous year. The countries that contributed to this increase are: Algeria, Brazil, Equatorial Guinea, Kosovo, Mozambique and Venezuela.

Nutrition counselling for pregnant and breastfeeding women was provided in 109 countries

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

Source: NutriDash, 2018
Iron supplementation was provided to pregnant women in 95 countries. Moreover, the number of countries providing iron supplementation to pregnant women increased from 69 in 2017 to 95 in 2018. The countries that contributed to this increase are: 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.

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 2018, the WHO recommendations on antenatal care for a positive pregnancy experience were adopted as part of a strategy or plan of action in 62 countries, compared with 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. Thirty-eight 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.
62 countries had a policy, strategy or plan based on WHO antenatal care recommendations

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, 2018

38 countries had a policy, strategy or plan including maternal multiple micronutrient supplementation

Countries with programmes for nutrition counselling and promotion for pregnant and lactating women
Source: NutriDash, 2018
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. Measures to improve food systems were implemented in 58 countries in 2018. In countries where UNICEF supported this work, the most common measure was advancing integrated multisectoral coordination of agriculture and other sectors to support healthier diets and nutrition for children.

58 countries worked on implementation of measures in food systems

UNICEF support in countries working on implementation of measures in food systems, 2018

Source: NutriDash, 2018
UNICEF is supporting countries to implement a range of measures to make food systems fit for children

Number of countries where UNICEF supported specific measures on food systems in 2018

Source: NutriDash, 2018
Conducting large-scale food fortification

Large-scale food fortification is a proven intervention for sustainably controlling micronutrient deficiencies. Twenty-two countries reported having legislation for the mandatory fortification of edible oil with at least one micronutrient in 2018, while 17 countries had clear rules and operating procedures for external quality control by national authorities.

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 2018, salt iodization was mandatory by law in 84 countries, compared with 81 in 2017. The countries that contributed to the increase are: Bolivia, Algeria, and Brazil.

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 slightly, from 65 countries in 2017 to 58 countries in 2018.
Delivering treatment to children under 5 when prevention falls short

**Global context**

Globally, 49.5 million children are wasted, meaning they are too thin for their height. Sixteen 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.
Providing life-saving treatment to children with SAM

The number of children with SAM being admitted for treatment continued to rise in 2018, with 5.22 million children treated compared with 4.37 million in 2017. Most of the children accessing treatment lived in Africa. The quality of care for children with SAM also increased, with 89 percent of children recovering in 2018 compared with 88 percent in 2017.

Despite these important increases in treatment services, far too many children in need of care are being left behind. In South Asia, for example, only 3.5 per cent of children in need are being treated. Even in West and Central Africa, the region with the greatest numbers of children treated, only about 52 per cent of children in need are receiving care.

Despite an increase in admissions, too many children with SAM are not accessing treatment

Percent of children reached with treatment versus those in need, by region, 2013–2018

Source: NutriDash, 2018
Many countries made significant advancements in strengthening the enabling environment for the treatment of children with SAM. For example, treatment was provided free-of-charge in most countries, and ready-to-use therapeutic foods were included on the essential medicines lists of 43 countries, compared with 35 in 2017. Some of the countries that contributed to the increase are: Eswatini, Gabon, Liberia, Malawi, Sao Tome and Principe, and Zimbabwe.

In 2018, more countries provided key components of comprehensive care for children with SAM, including: early detection and screening at community level; treatment of moderate acute malnutrition; outpatient treatment; and inpatient treatment.

In 66 countries, community health workers were actively involved in the treatment and care of children with SAM. For example, 62 of these countries provided screening and referral using mid-upper-arm circumference (MUAC) measurements, compared with 30 the previous year. The countries that contributed to the increase are: Afghanistan, Angola, Bangladesh, Bosnia and Herzegovina, Brazil, Burkina Faso, Chad, China, Comoros, Democratic Republic of Congo, Democratic People’s Republic of Korea, Djibouti, Ecuador, Ethiopia, Jordan, Mali, Nigeria, Papua New Guinea, Somalia, Uganda, Yemen, and Zimbabwe.

Strengthening policies and systems for better treatment and care

More countries implemented comprehensive treatment and care in 2018 than in previous years

Number of countries with components of SAM management implemented, 2017 and 2018

Source: NutriDash, 2018
Prioritizing nutrition before, during and after crisis

**Global context**

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.

In 2018, more than half of the children, adolescents and women benefitting from nutrition programmes 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.

48 countries responded to a nutrition emergency in 2018

Countries that responded to a nutrition emergency, 2018

Source: NutriDash 2018
Emergencies are challenging settings for feeding and caring for infants and young children. Sixty-eight countries implemented programmes to support appropriate IYCF practices during humanitarian situations in 2018, compared with 67 the previous year. Overall, the number of caregivers reached with IYCF counselling during emergencies rose to 17.4 million in 2018, from 16.1 million in 2017. Of all caregivers who received IYCF counselling in 2018, about 73 percent lived in countries in humanitarian crisis.

Almost all countries facing humanitarian crises provided IYCF counselling in 2018

Infant and young child feeding activities implemented as part of humanitarian response in 2018

Source: NutriDash 2018

The number of mothers being reached with IYCF counselling during emergencies increased three-fold since 2014

Source: NutriDash 2018
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 2018.

In humanitarian situations, the number of children with SAM admitted for treatment increased from 3.77 million in 2017 to more than 4.28 million in 2018. Out of the 45 countries with a UNICEF Humanitarian Action appeal, 34 countries accounted for 89 per cent of the total treatment admissions.

Number of children admitted to SAM treatment programmes in countries where UNICEF had a Humanitarian Action for Children appeal in 2018

Source: NutriDash, 2018
THE ENABLING ENVIRONMENT FOR GOOD NUTRITION

Building the policy frameworks for good nutrition

Global context

Governance, partnerships, knowledge generation and information sharing support an enabling environment for nutrition. They help signal government commitment and support national frameworks for improving maternal and child nutrition. In 2018, nutrition was articulated as a high priority on the national agendas of 94 countries.

National policies, strategies and plans of action are protecting children’s right to nutrition in all contexts. Eighty-seven countries had comprehensive nutrition policies, strategies in 2018. Of these, 57 countries had comprehensive policies for the prevention of stunting and other forms of nutrition; and 81 had comprehensive policies for the nutrition of school-age children, adolescents and pregnant women.

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

Nutrition areas included in a policy, strategy or plan of action

- 12 – 15 nutrition areas
- 8 – 11 nutrition areas
- 4 – 7 nutrition areas
- 1 – 3 nutrition areas

Countries with a comprehensive policy, strategy or plan of action for nutrition interventions, 2018

Source: NutriDash, 2018
Leveraging multisectoral nutrition action

Many countries are leveraging opportunities to develop nutrition-responsive policies and strategies across other sectors, such as agriculture, education, social protection, and water and sanitation, among others. For example, 90 countries had nutrition-responsive agriculture policies and 84 countries had nutrition-responsive education policies.

Nutrition-responsive social protection programmes are critical to improving access to and affordability of nutritious and safe foods for vulnerable families. In 2018, 75 countries conducted school feeding programmes, compared with 65 in 2017, and 56 countries provided nutrition-responsive cash transfers, compared with 49 in 2017.

More countries had nutrition-responsive gender, labour and economic development policies in 2018

Sectors outside the health sector that developed nutrition-sensitive policies and strategies in 2017 and 2018

Source: NutriDash, 2018

More countries had school feeding and nutrition-responsive cash transfer programmes in 2018

Countries implementing social protection programmes specifically aimed at improving nutrition in 2017 and 2018

Source: NutriDash, 2018
Nutrition data, monitoring and evaluation systems are critical for tracking progress on national and global indicators and ensuring that nutrition programmes reach children in need. At least one nutrition indicator was integrated within the national information systems of 106 countries in 2018.

A number of countries also improved their coordination mechanisms for nutrition in 2018. For example, the number of countries with multisectoral nutrition coordination mechanisms rose from 75 in 2017 to 77 in 2018.

96 countries had a nutrition coordination mechanism in 2018, compared with 90 in 2017.

Number of countries per type of nutrition coordination mechanism, 2018

Source: NutriDash, 2018
CONCLUSION AND WAY FORWARD

Better data for a world without malnutrition

The data compiled in NutriDash provide a snapshot of the performance of maternal and child nutrition programmes globally. They help us track the coverage of evidence-based interventions that prevent all forms of malnutrition and ensure treatment when efforts to prevent malnutrition fall short.

With a decade left to achieve the Sustainable Development Goals, the role of global nutrition monitoring has never been more important. The data collected through NutriDash will be critical to UNICEF and its global and national partners in closing gaps, refining strategies, and charting a path towards ending malnutrition for every mother and child.

The quality and availability of NutriDash data continue to improve as countries strengthen their data collection and monitoring systems.

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 their information systems.

Many countries still face important monitoring challenges. Some lack methods for collecting data for certain modules, and in many countries, nutrition indicators are still only integrated to a limited extent in national information systems. UNICEF will continue to support governments in strengthening the quality of routine nutrition programme data and using it to prioritize actions to end all forms of malnutrition by 2030 and beyond.
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:

<table>
<thead>
<tr>
<th>Module</th>
<th>Number of respondent countries</th>
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<tbody>
<tr>
<td>General Information</td>
<td>115</td>
</tr>
<tr>
<td>Infant and Young Child Feeding</td>
<td>111</td>
</tr>
<tr>
<td>Micronutrient Powders</td>
<td>70</td>
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<tr>
<td>Vitamin A Supplementation</td>
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<tr>
<td>School age and Adolescents</td>
<td>57</td>
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<tr>
<td>Salt Iodization</td>
<td>87</td>
</tr>
<tr>
<td>Severe Acute Malnutrition</td>
<td>79</td>
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</tbody>
</table>

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, 2018

Source: NutriDash 2018.

Countries reporting to NutriDash by region in 2018

**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

**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)