

# GLOBAL NUTRITION PROGRAMME MONITORING

NutriDash 2020 Key Findings



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For the latest data, please visit: [www.unicefnutridash.org](http://www.unicefnutridash.org)

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# Global Nutrition Programme Monitoring

NutriDash 2020 Key Findings

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# ACKNOWLEDGEMENTS

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# ABOUT THIS REPORT

Global nutrition monitoring is at the heart of UNICEF's work to realize the right to nutrition for every child. The UNICEF NutriDash platform is central to these efforts, serving as an online annual data capture and reporting system for tracking the performance of both UNICEF and non-UNICEF-supported programmes worldwide.

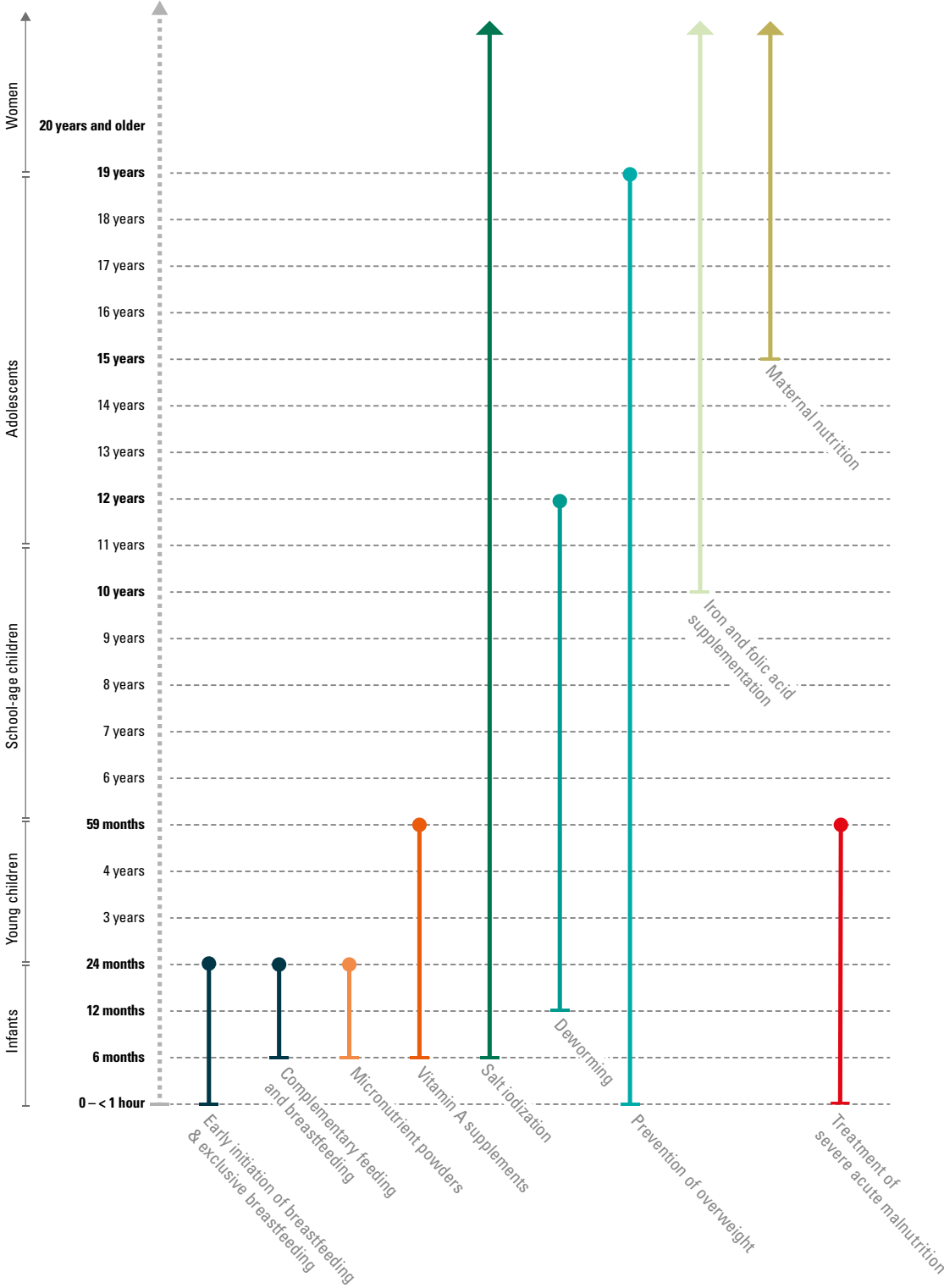
This NutriDash report provides a snapshot of global progress on the coverage of key interventions to prevent and treat malnutrition in 2020. Key findings are presented according to the six results outlined in the UNICEF Nutrition Strategy 2020–2030:

- 1) **Early childhood nutrition**
- 2) **Nutrition in middle childhood and adolescence**
- 3) **Maternal nutrition**
- 4) **Nutrition and care for children with wasting**
- 5) **Maternal and child nutrition in humanitarian action**
- 6) **Partnerships and governance for nutrition**

2020 was a year marked by critical challenges, including the ongoing triple burden of child malnutrition and the COVID-19 pandemic, which caused disruptions to essential services and constrained access to nutritious, safe and affordable foods.

The 2020 NutriDash findings illustrate how nutrition programmes performed in the face of these shocks – and how many of them worked to innovate, adapt and rise to the challenge.

# 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.



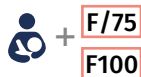
### Iron and folic acid Supplementation

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

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# EARLY CHILDHOOD NUTRITION

UNICEF advocates for and supports policies, strategies and programmes to prevent all forms of malnutrition in children under 5 years of age. UNICEF works to ensure that globally, infants, young children under 5 years of age and their families benefit from policies, strategies and programmes that ensure access to quality diets, services and practices that support optimal nutrition in early childhood with a focus on five essential programmatic priorities.

In 2020, an estimated, 243 million children under 5 years of age were reached with services for the prevention of stunting and other forms of malnutrition. These services included support to promotion of breastfeeding and appropriate complementary feeding through IYCF counselling for caregivers with children below 2 years, multiple micronutrient and vitamin A supplementation, deworming and services for the prevention of overweight and obesity in preschools.



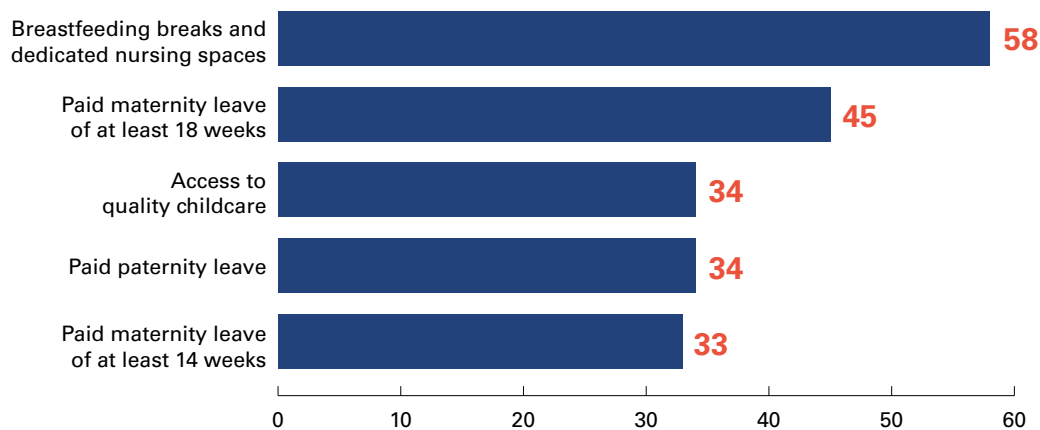
## Early childhood nutrition: programmatic priorities

- Breastfeeding practices in early childhood
- Complementary foods and feeding practices
- Feeding children aged 3–5 years
- Micronutrient supplementation and deworming
- Healthy food environments in early childhood

## Programme priority: Breastfeeding

In 2020, UNICEF supported 117 countries with technical and/or financial assistance for the protection, promotion and support of breastfeeding. Recognizing the pandemic's potential to undermine breastfeeding, 81 countries adopted WHO guidance on clinical management of COVID-19 and breastfeeding to

protect and promote breastfeeding in the context of COVID-19. To further promote breastfeeding, workplace policies to protect and promote breastfeeding were implemented in 88 countries. Most of these countries (58) included breastfeeding breaks and dedicated nursing spaces in their policies.



### Countries with policy actions in place at the workplace to protect and promote breastfeeding

Source: NutriDash 2020

**Infant and young child feeding (IYCF) counselling is a key intervention for improving breastfeeding and children's diets in early childhood.**

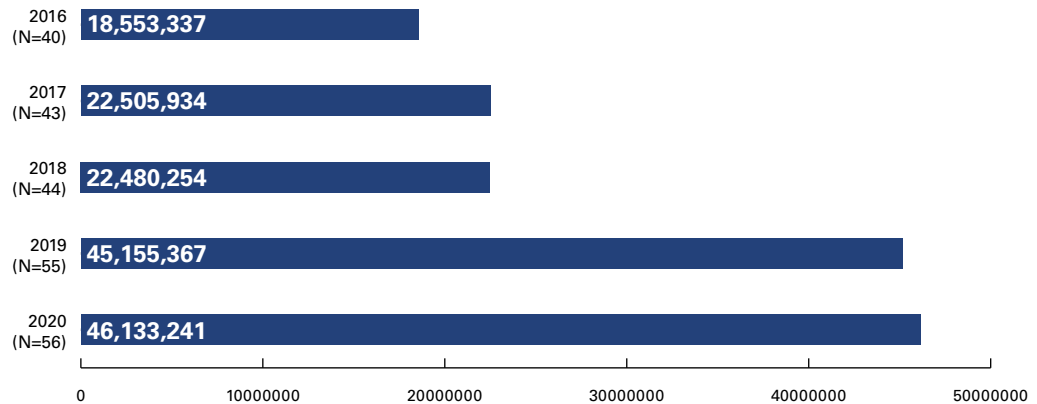
**In 2020, IYCF counselling was provided to 46.1 million caregivers worldwide – and these figures have continued to rise over time.**



## Programme priority: Complementary foods and feeding practices

In 2020, 62 countries had policies, strategies/plans and programmes to protect and promote age-appropriate complementary foods and feeding practices. 71 countries implemented programmes to improve the availability, access, affordability and use of diverse,

local nutritious foods at household level. 32 countries implemented programmes to increase the availability, access, affordability and use of fortified, commercially prepared complementary foods for young children.



### Trends in the number of primary caregivers receiving IYCF counselling, 2016–2020

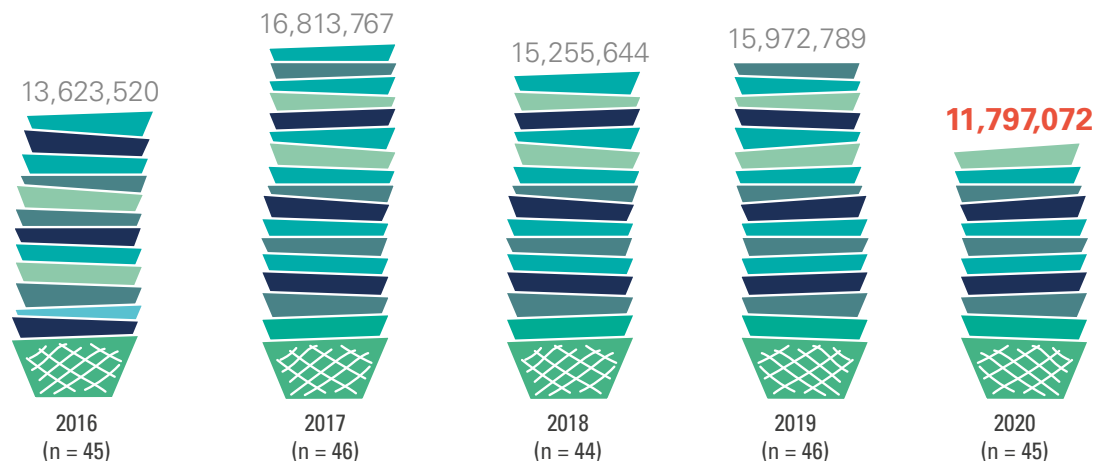
Source: NutriDash 2020

## Programme priority: Micronutrient supplementation and deworming

Micronutrient supplementation programmes were disrupted by the negative impacts of the COVID-19 pandemic, overall reaching less children with multiple micronutrient supplements, vitamin A supplementation and deworming in 2020 compared to previous years.

Globally, 10 million children received multiple micronutrient powders (MNPs) to improve the quality of their diets in 2020, lower than previous years. XX countries reported disruptions in MNP Programmes.\*

\* Source COVID -19 disruptions survey 2020

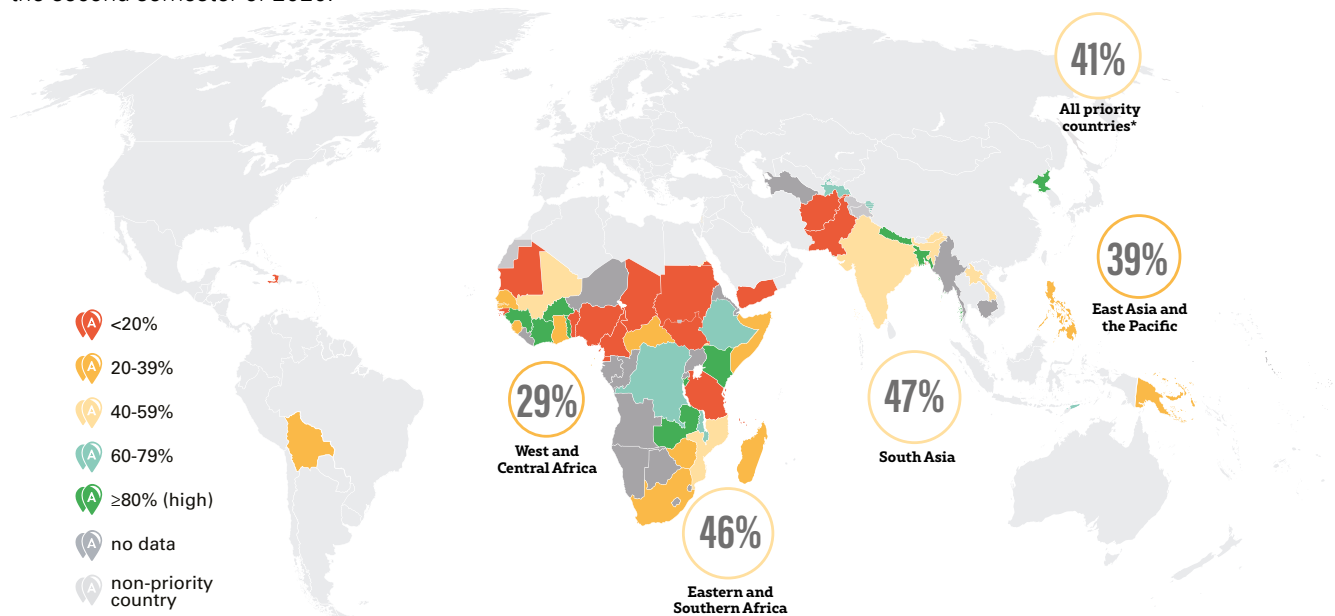


### Number of children aged 6–59 months reached with micronutrient powders, 2016–2020.

Source: NutriDash, 2020.

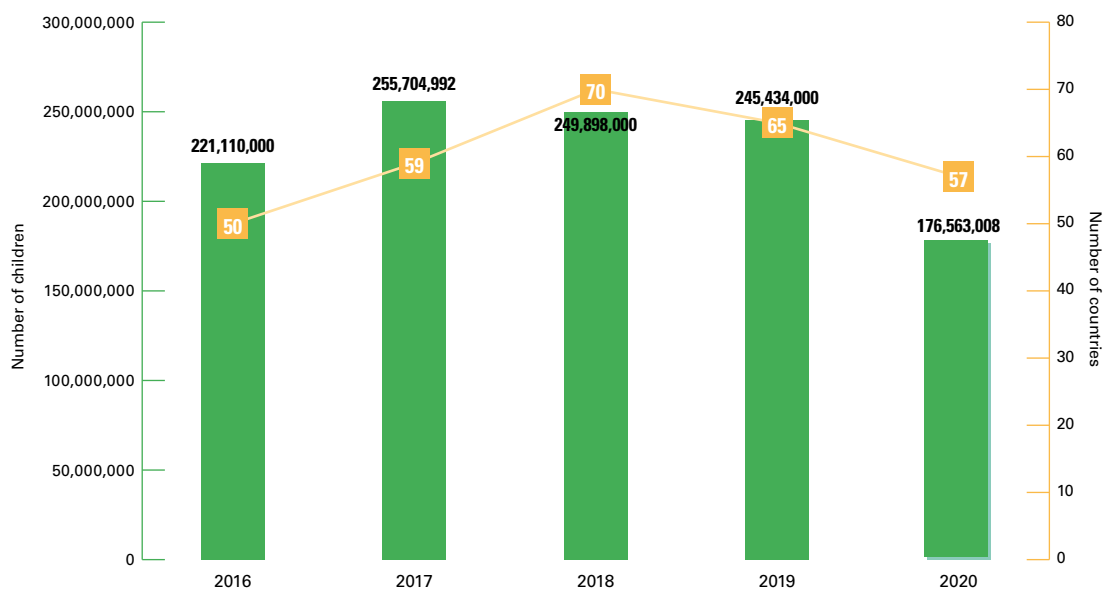
In 2020, vitamin A supplementation programmes were delivered in 64 priority countries, reaching 66% of children (141 million) with two vitamin A doses. This was lower than previous years. 233 million children were reached with only one dose of vitamin A supplementation, mainly delivered in the second semester of 2020.

97 million children 6–59 months were reached with deworming prophylaxis from 37 countries, similarly to other services, the number of children reached in 2020 was lower compared to previous years.



### Percentage of children aged 6–59 months that received two high-dose vitamin A supplements in 2020

Source: NutriDash 2020. \*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.



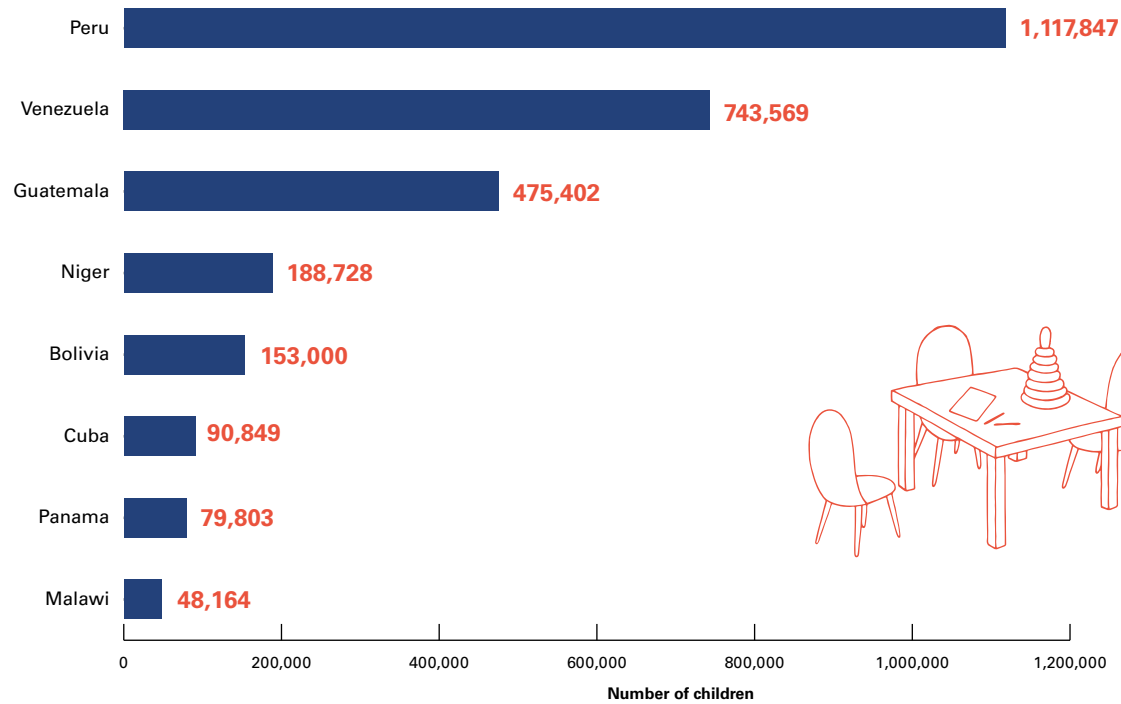
### Trend graph on number of children reached

Source: Administrative data and NutriDash, 2020.

## Programme priority: Healthy food environments in early childhood

51 countries implemented nutrition programmes in pre-schools: 90% of the children reached in 2020 were in Latin America.

In 2020, more than 688,700 children aged 6–59 months were reached with services for the prevention of overweight.



### Number of children aged 3–5 years attending pre-schools implementing nutrition programmes, 2020

Source: NutriDash 2020

# NUTRITION OF SCHOOL-AGED CHILDREN AND ADOLESCENTS

School-age children and adolescents and their families should benefit from gender-responsive policies, strategies and programmes that support optimal nutrition in middle childhood and adolescence. School age-children and adolescents benefit from diets, services and practices that support optimal nutrition, growth and development and prevent malnutrition in middle childhood.

In 2020, UNICEF supported 82 countries with technical and/or financial assistance for interventions to improve the nutrition of middle school children and adolescents. In 2020 nutrition interventions delivered through school platforms were gravely affected by the closure of schools as part of measures to manage the COVID-19 pandemic.



## **Nutrition in middle childhood and adolescence: programmatic priorities**

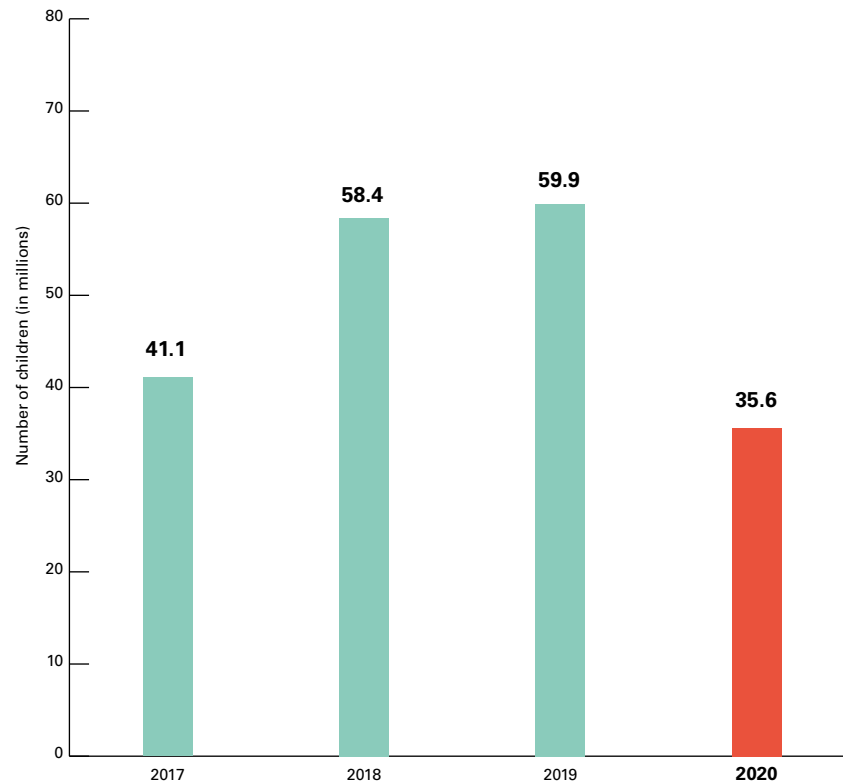
- Nutritious foods, in schools and beyond
- Healthy food environments, in schools and beyond
- Micronutrient supplementation and deworming
- Nutrition education in school curricula
- Healthy dietary practices for school-age children and adolescents



## Programme priority: Micronutrient supplementation and deworming

In 2020 less schools provided iron supplementation to adolescent girls and boys through schools. Overall less countries reported implementing iron supplementation for girls and boys to 2019. In 2020, an estimated 35 million adolescents were reached with services for the prevention of

anemia and other forms of malnutrition, a significant drop compared to 2019 when an estimated 64.8 million adolescents were reached, highlighting the impact of the COVID-19 pandemic on nutrition services through schools.



### Number of girls and boys reached with services for the prevention of anemia and other forms of malnutrition 2017–2020

Source: NutriDash, 2020

# MATERNAL NUTRITION

UNICEF advocates for and supports gender-responsive policies, strategies and programmes to prevent malnutrition in women during pregnancy and breastfeeding. Women should benefit from services and practices that support optimal nutrition during pregnancy and breastfeeding.



## **Maternal nutrition: programmatic priorities**

- Women's nutrition before pregnancy
- Women's nutrition during pregnancy
- Women's nutrition while breastfeeding
- Nutrition of adolescent mothers and other nutritionally at-risk women
- Innovations for maternal nutrition

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## Programme priority: Nutrition before pregnancy

Programmes that aim to improve the nutritional status of women overall are essential for women's health. These interventions may include social protection programmes that improve women's nutrition; and supporting the scale-up of salt iodization programmes and the fortification of wheat flour, rice, cooking oil and/or other context-specific forms of large-scale food fortification.

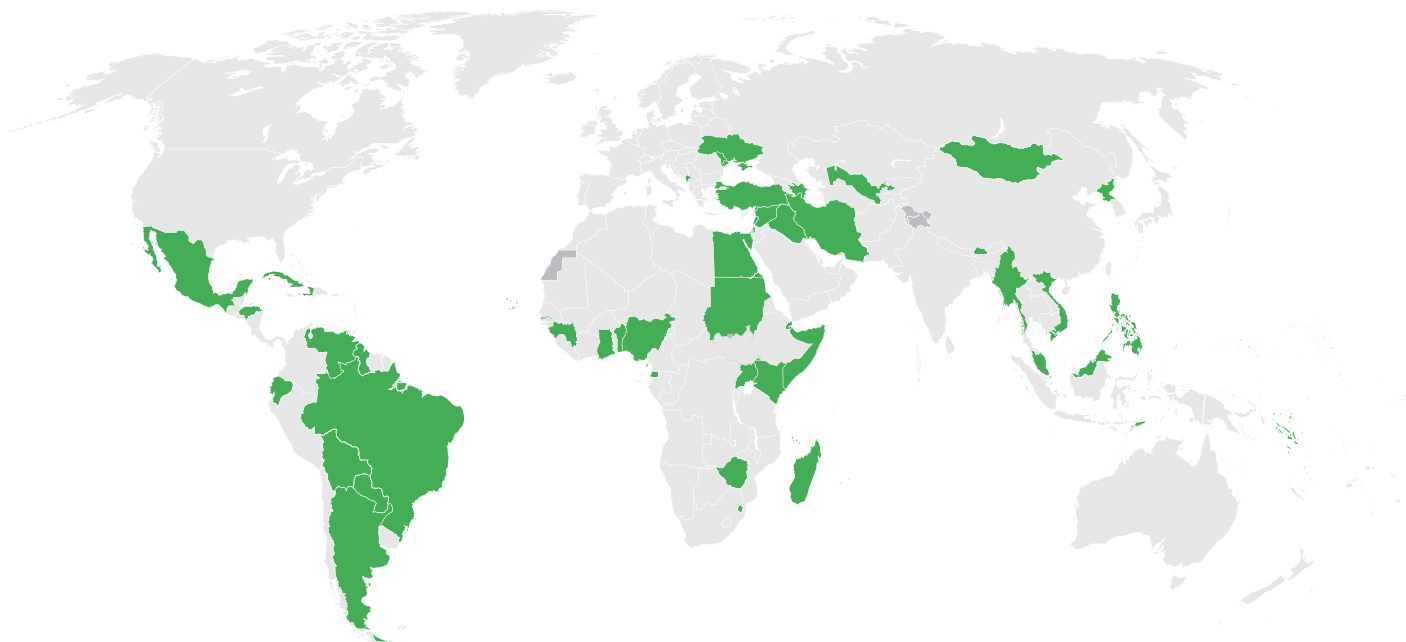
In 2020, 62 countries reported to have social protection programmes specifically aimed at improving nutrition, with 33 countries targeting pregnant and lactating women. 93 countries had a policy, strategy or plan to implement salt iodization, with less countries with policies/strategies or plans for micronutrient fortification using wheat (55 countries) and edible oils (33 countries).

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## Programme priority: Nutrition during pregnancy

95 countries had programmes that provided preventative iron supplementation for pregnant women – and in 83 countries, this was provided free-of-charge. 89 countries included preventative iron supplementation as part of their essential medicines list. 40 countries delivered iron supplementation for pregnant women through community platforms.

In 49 countries, national policy frameworks include the use of preventive multiple micronutrient supplementation during pregnancy. 114 countries had nutrition counselling programmes for pregnant women. 80 countries adopted and updated policy documents based on WHO recommendations on antenatal care for a positive pregnancy experience.



**Countries with a national policy document, strategy or plan of action that includes the preventive use of multiple micronutrient supplementation in national public health system.**

Source: NutriDash, 2020

# NUTRITION AND CARE FOR CHILDREN WITH WASTING

UNICEF advocates for and supports policies, strategies and programmes for the early detection and treatment of wasting in early childhood. Timely and effective detection and treatment for children with wasting in all contexts, is particularly critical for children under 2 years of age who are most vulnerable to the life-threatening consequences of wasting. UNICEF's strives to ensure that children and their families benefit from policies, strategies and programmes for the early detection and treatment of wasting in early childhood. In addition, children also benefit from facility- and community-based services for the early detection and treatment of wasting.



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## **Programmatic priorities: Nutrition and care for children with wasting**

- Evidence-informed policies and programmes for children with wasting
- Facility- and community-based health worker capacities
- Scale-up of early detection and treatment services for children with wasting
- Integration of nutrition supplies into national health systems
- Sustainable and cost-effective production of ready-to-use therapeutic foods (RUTF)

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**Programme priority:  
Evidence informed  
policies and  
programmes**

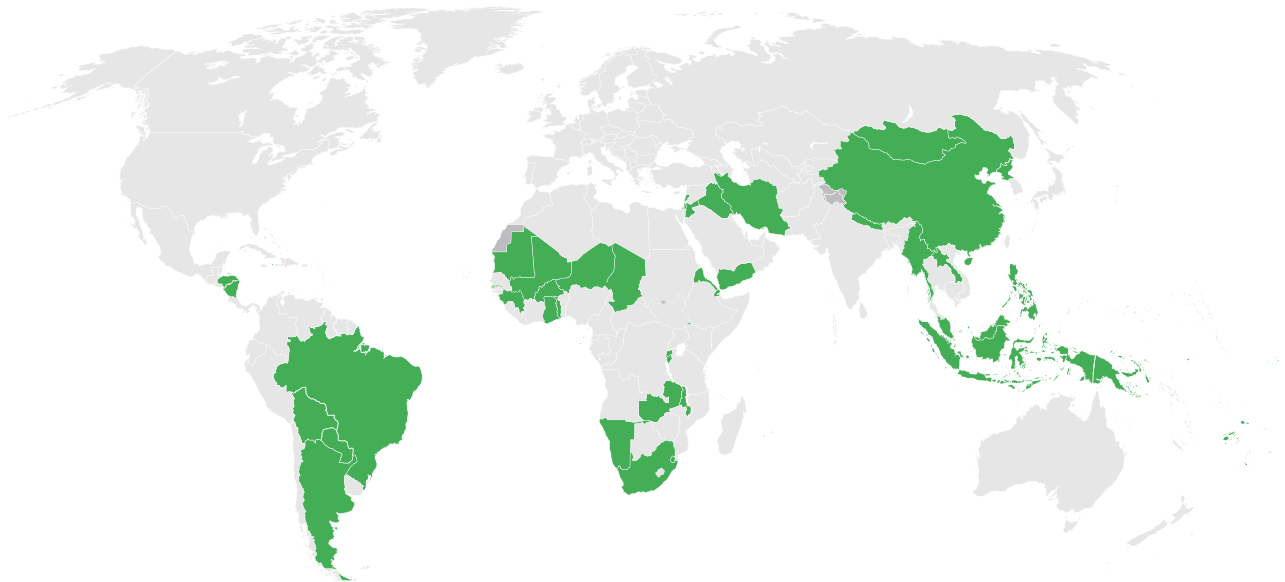
UNICEF's key priority is to scale up efforts to protect children from undernutrition in early childhood. When efforts to prevent undernutrition fail, early detection and treatment of child wasting is critical children's survival,

growth, and development. 82 countries had a policy, strategy or plan of action for the care of children with severe wasting in 2020. Treatment services for severe wasting were provided free-of-charge in 86 countries.

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**Programme priority:  
Facility- and  
community-based  
health worker  
capacities**

66 countries have community health workers involved in SAM care services. 39 countries had a pre-service national curriculum (for doctors and nurses) for the community-based integrated management of severe wasting in 2020.



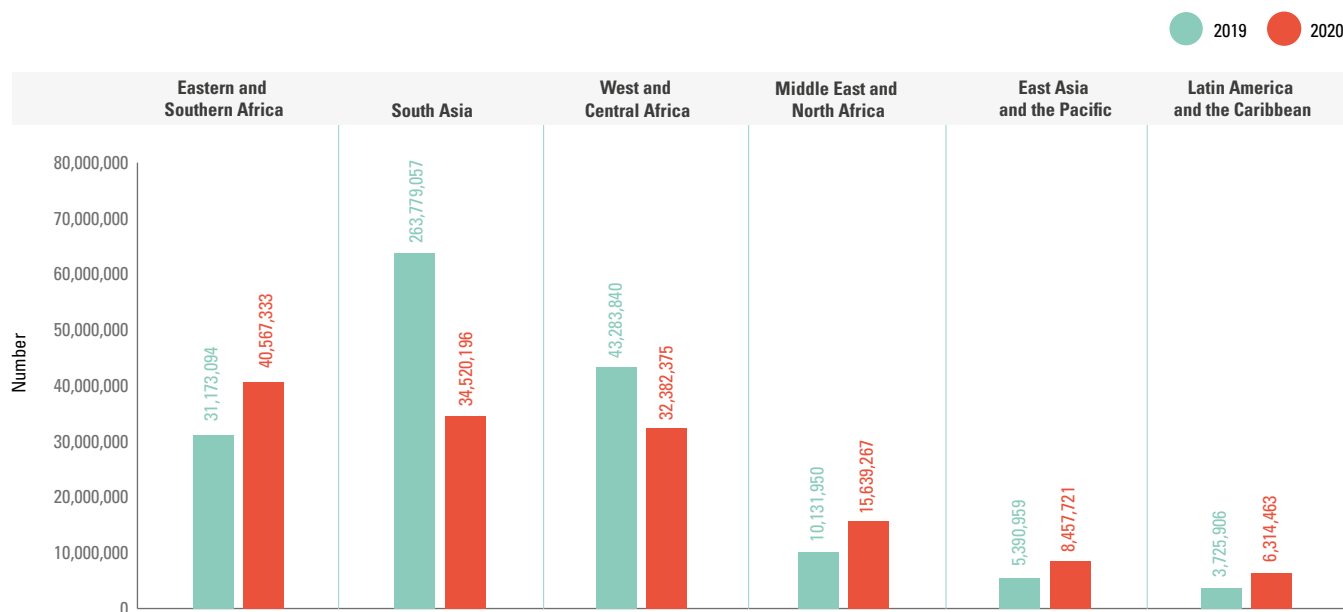
**Countries with pre-service national curriculum for community-based integrated management of severe wasting for health professionals, 2020**

Source: NutriDash 2020

## Programme priority: Scale-up of early detection and treatment services for children with wasting

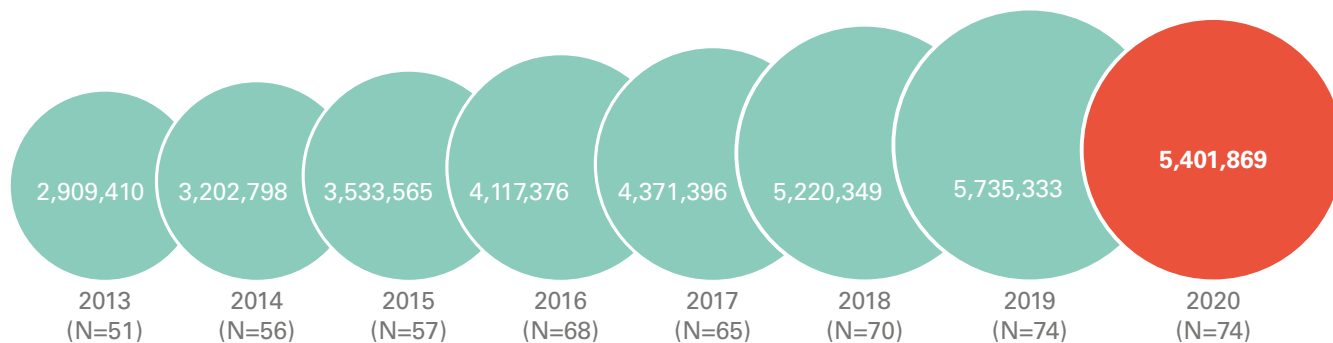
Screening activities for children under five years, at the health facility or through community platforms are essential for the early detection and treatment for children with wasting. In 2020, an estimated 137.8 million children were screened for wasting – a decline from 157.4 million children in 2019.

In 2020, an estimated 5,401,869 children were admitted for wasting treatment compared with 5,735,333 in 2019. The drop in coverage was mainly due to the disruption in services related to the impacts of the COVID-19 pandemic.



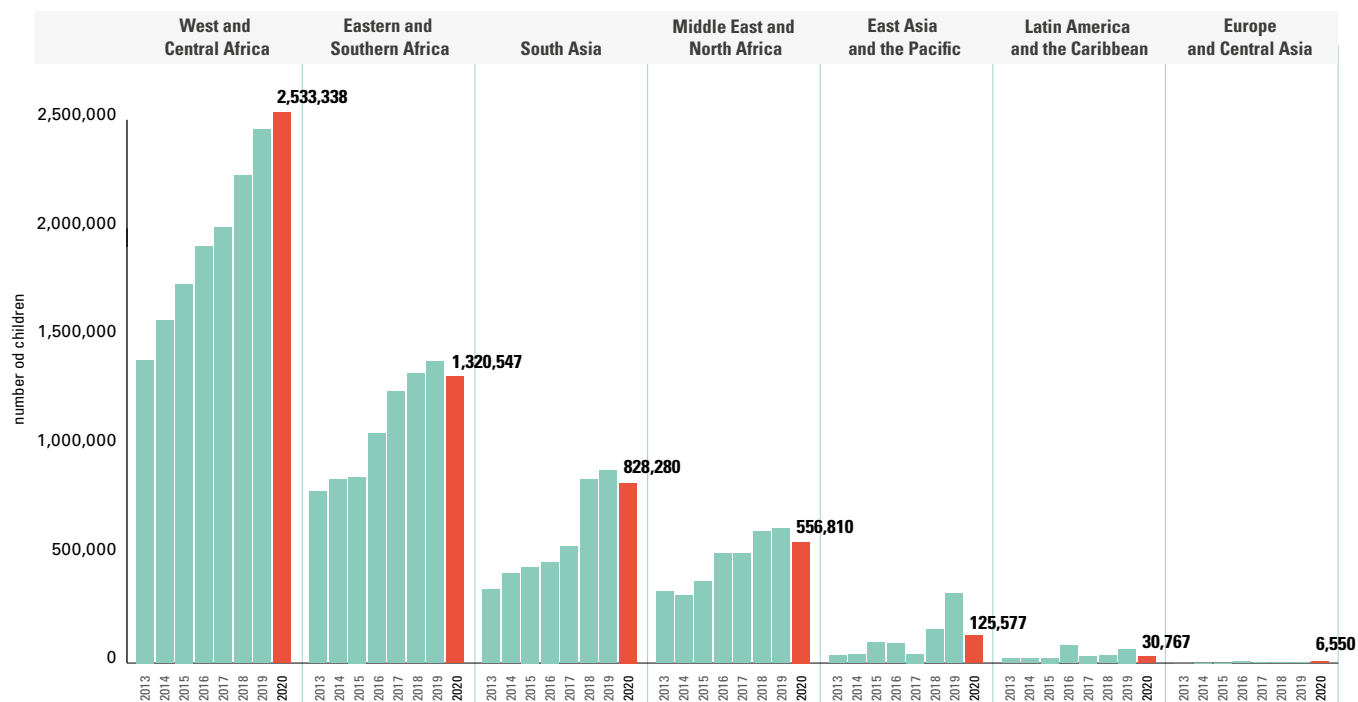
### Number of children screened for wasting, by region, 2019 and 2020

Source: NutriDash, 2020



### Total number of children admitted for wasting treatment, global, 2013–2020

Source: NutriDash 2020



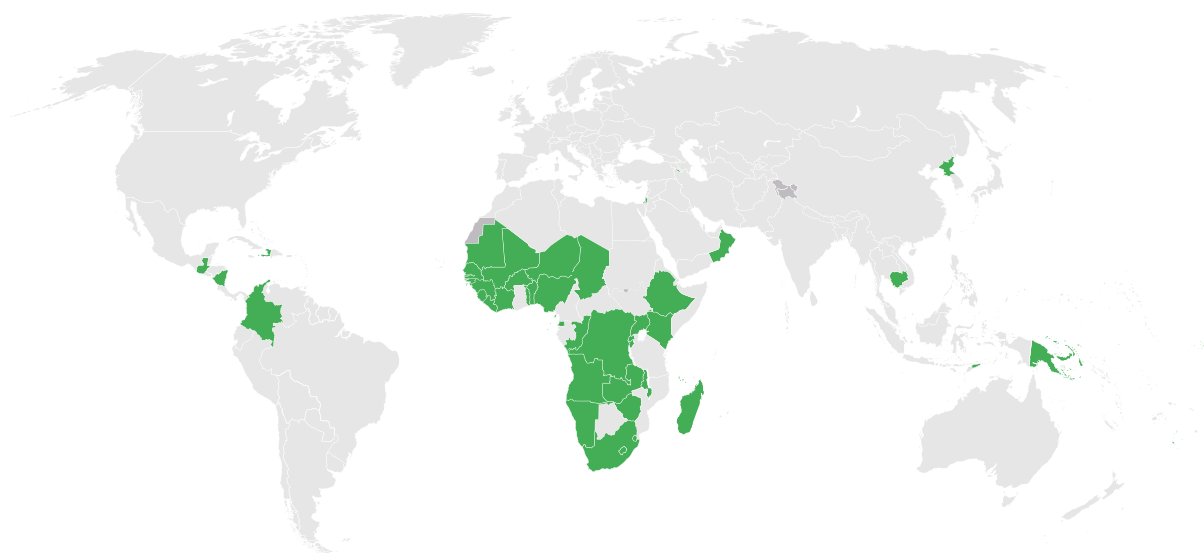
**West and Central Africa continued to treat the most children with wasting – reaching the highest number of admissions of any region over the past eight years**

Regional trends in the number of children admitted for the treatment of wasting in 2020.

Source: NutriDash, 2020

**Programme priority:  
Integration of nutrition  
supplies into health  
systems**

40 countries had RUTF on the essential medicines list to strengthen integrated care for children with wasting. In 86 countries, treatment of severe wasting was free of charge.



**Countries with RUTF on the essential medicines list, 2020**

Source: NutriDash 2020

# MATERNAL AND CHILD NUTRITION IN HUMANITARIAN ACTION

UNICEF advocates for and supports policies, strategies and programmes to protect and fulfil the nutrition rights of children and women affected by humanitarian crises. UNICEF strives to ensure that children, adolescents and women affected by humanitarian crises benefit from diets, services and practices that protect, promote and support optimal nutrition. UNICEF's response to humanitarian crises is aligned with its Core Commitments for Children in Humanitarian Action and its commitments as Cluster Lead Agency for Nutrition.

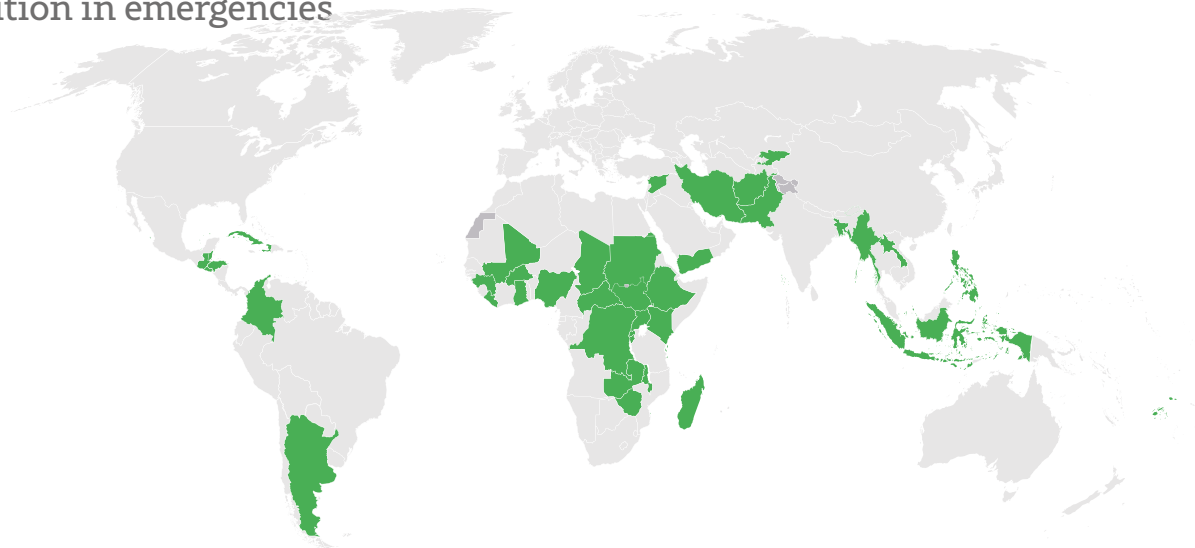


## **Programming priorities: Maternal and child nutrition in humanitarian action**

- Coordination for nutrition in emergencies
- Technical support for nutrition in emergencies
- Systems and capacities for nutrition in emergencies
- Information systems for nutrition in emergencies
- Delivery of essential nutrition interventions in emergencies



Programme priority:  
Technical support for  
nutrition in emergencies



**UNICEF provided technical support to 58 countries facing nutrition emergencies in 2020**

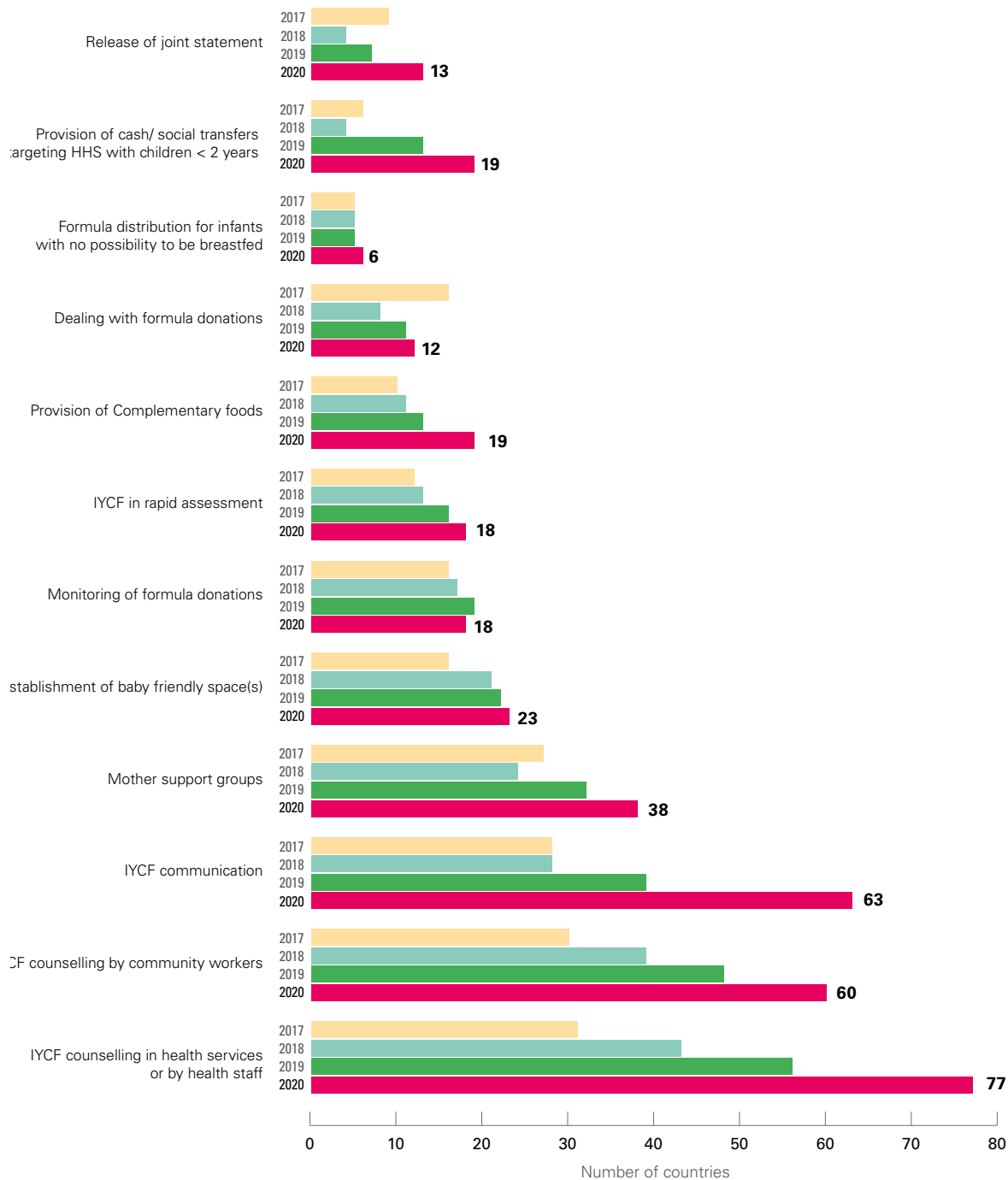
Countries with an emergency that included costs for cluster/sector coordination activities, 2020

Source: NutriDash 2020



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## Programme priority: Delivery of essential nutrition interventions in emergencies



### More countries delivered IYCF counselling during humanitarian crises in 2020 than ever before

Countries that implemented programmes to support appropriate IYCF practices in humanitarian contexts 2017-2020.

Source: NutriDash, 2020

# PARTNERSHIPS AND GOVERNANCE FOR NUTRITION

UNICEF's governance work for maternal and child nutrition involves strengthening five pillars – partnerships, data, knowledge, advocacy and financing.

## Our intended results:

- Governance for maternal and child nutrition is strengthened through strategic partnerships, data, knowledge, advocacy and financing.
- Children, adolescents and women benefit from improved governance for nutrition at national, regional and global levels.

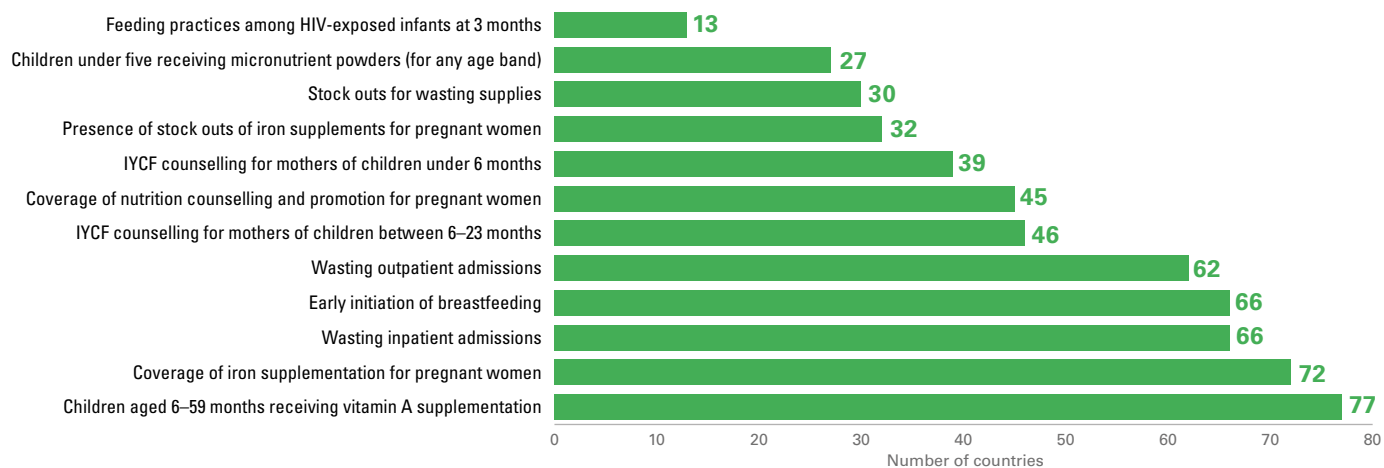


## Programmatic priorities: Partnerships and governance for nutrition

- Partnerships for maternal and child nutrition
- Data for maternal and child nutrition
- Knowledge for maternal and child nutrition
- Advocacy for maternal and child nutrition
- Resources and financing for maternal and child nutrition

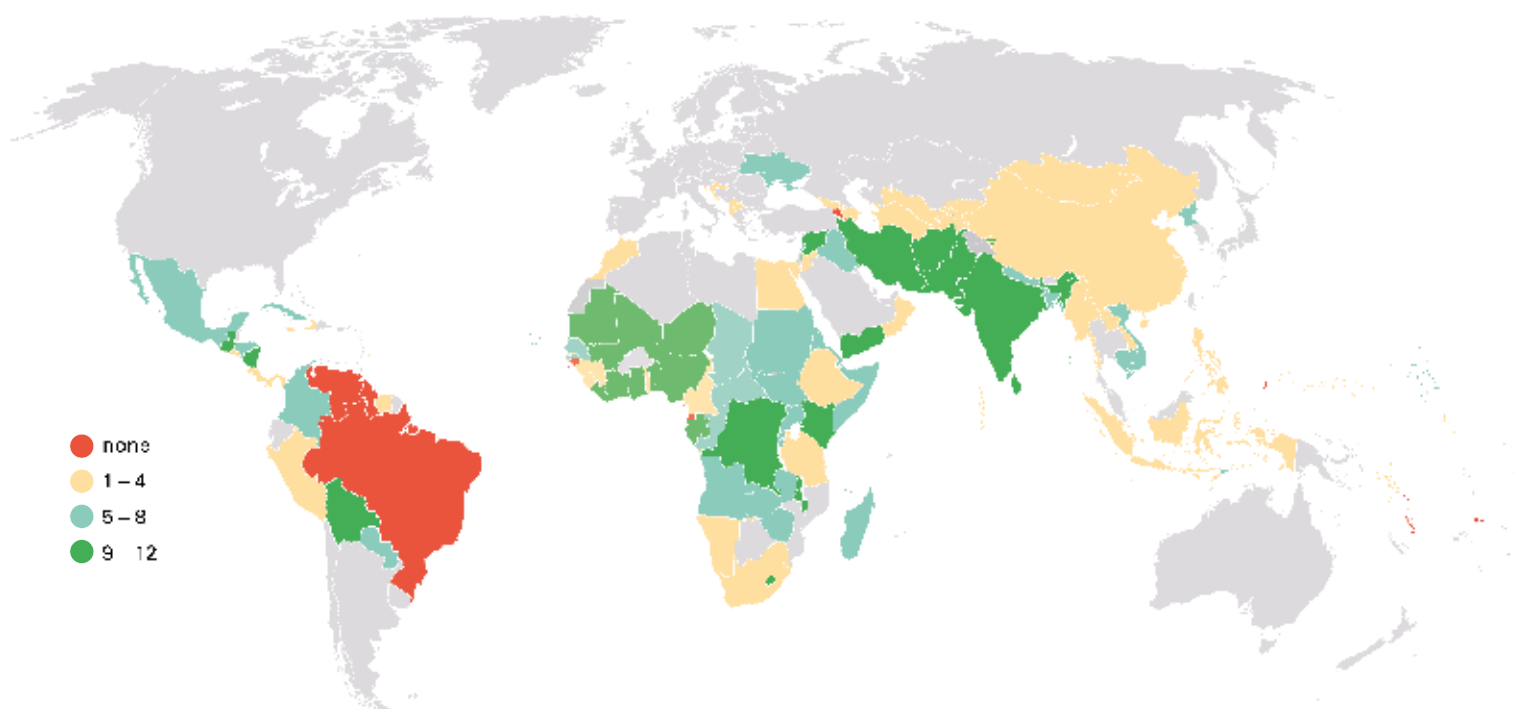
## Programme priority: Data for maternal and child nutrition

Indicators for key interventions – such as vitamin A supplementation, iron supplementation, initiation of breastfeeding and admissions for treatment of wasting – were monitored in at least 60 countries globally in 2020



## Number of of countries monitoring nutrition indicators in national information systems in 2020

Source: NutriDash 2020



## 22 countries are monitoring 9–12 nutrition indicators, while 38 countries are monitoring 4 or fewer indicators

Number of nutrition indicators monitored in national information systems, 2020

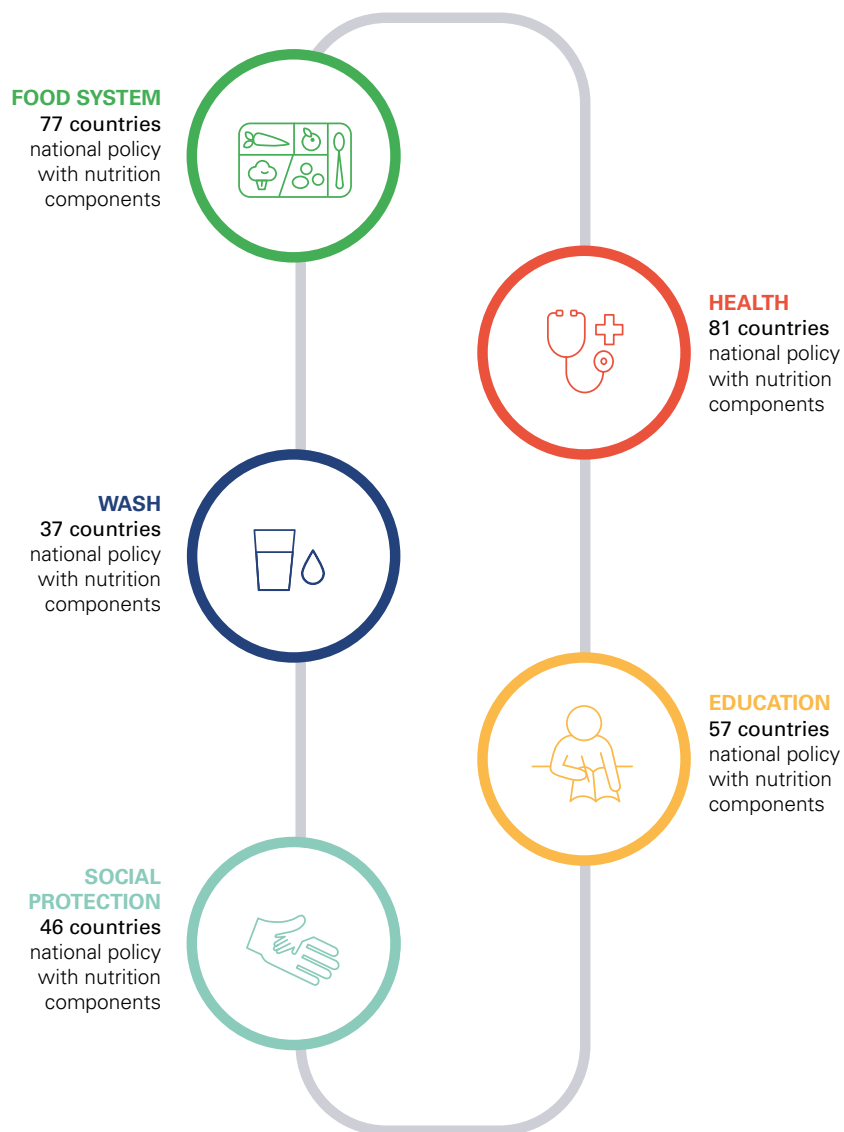
Source: NutriDash 2020

# A SYSTEMS APPROACH TO NUTRITION

UNICEF nutrition programming is grounded in a systems approach to improving nutrition outcomes across five systems – food, health, water and sanitation, education, and social protection.

As part of this work, UNICEF supports national governments to integrate nutrition objectives within the policies and strategies of these five key systems, with an aim to make them better equipped and more accountable for tackling malnutrition in all its forms.

## Countries with nutrition components integrated within the policies of five systems



# DATA TO DRIVE PROGRESS ON THE PATH TO 2030

With a decade left to achieve the Sustainable Development Goals, the role of global nutrition monitoring has never been more important. The data compiled in NutriDash shed light on the achievements of maternal and child nutrition programmes globally – and the gaps that are holding back progress in ending malnutrition for every mother and child.

UNICEF continues its work to support national governments and counterparts in strengthening nutrition data collection and monitoring systems. Each year, as more governments include nutrition data in their routine information systems, we move closer to securing a well-nourished future for children, their families and communities.

# 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 2021. UNICEF country offices responded directly to the online NutriDash questionnaire. A total of 121 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	121
Infant and Young Child Feeding	116
Micronutrient Powders	57
Vitamin A Supplementation	91
School age and Adolescents	97
Salt Iodization	96
Severe Acute Malnutrition	94

## Data Cleaning and Validation

The data cleaning and validation processes were carried out between September 2021 to early January 2022 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.

## Countries reporting to NutriDash by region in 2020

### **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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