Bountiful Children's Foundation Report

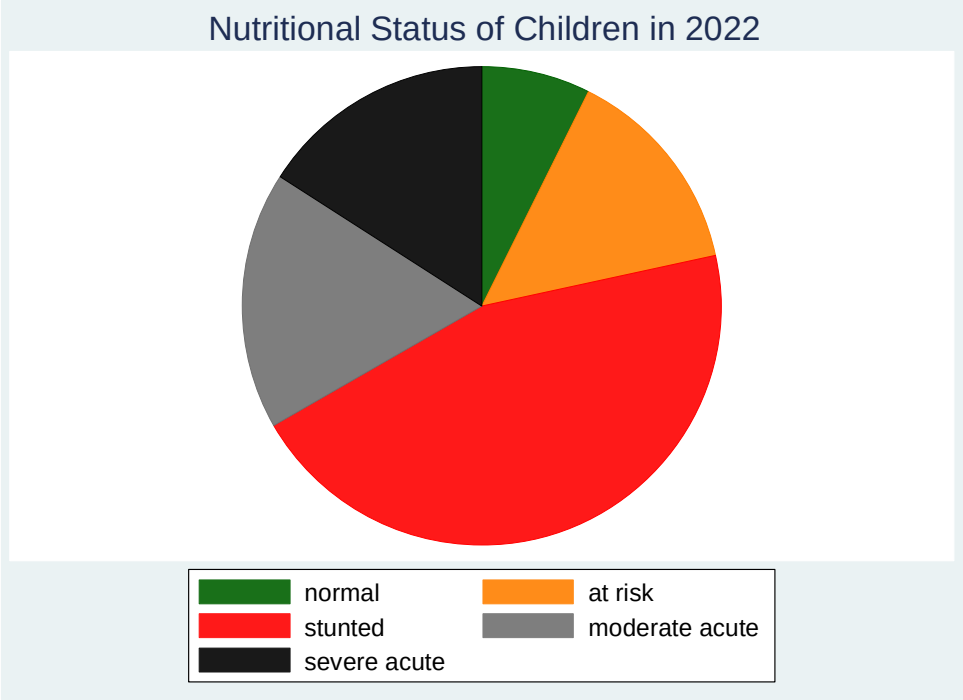
2022

As Covid restrictions have relaxed, Bountiful Children's Foundation has made great progress in several areas.

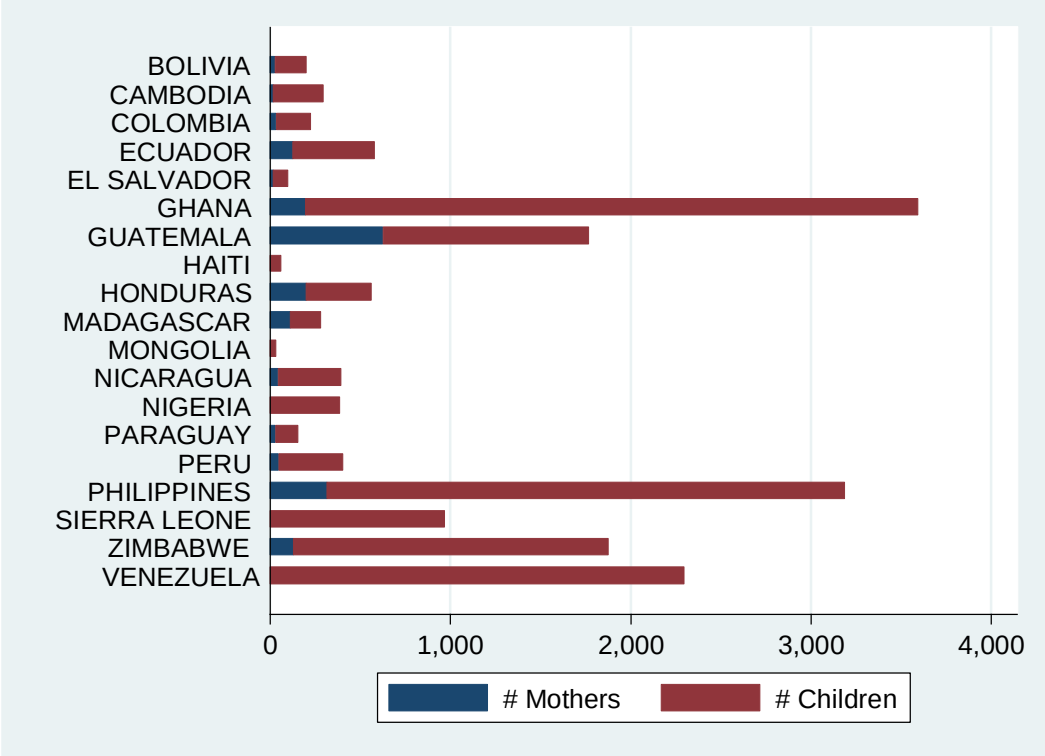
- We have been able to provide child-monitoring, supplement distribution, and health education in each of the countries where we work.
- We have expanded our outreach in some of the poorest areas by adding new communities in Ghana and Sierra Leone, opening a new program in Nigeria, and reopening Haiti.
- We have developed and tested home based lessons designed to empower families to improve home environments.
- Thorough a cooperative arrangement with the Church of Jesus Christ of Latter-day Saints, we are extending service throughout Guatemala. Under this arrangement, we assist local Church councils by monitoring child nutritional status, distributing supplements and providing health education. Local Church councils help families develop and implement nutrition plans and the Area Office purchases supplements. This program will be extended to other countries in Central America in the near future.
- We are initiating a program to assist families in assessing the nutritional status of children with MUAC tapes.

Children and Families Served

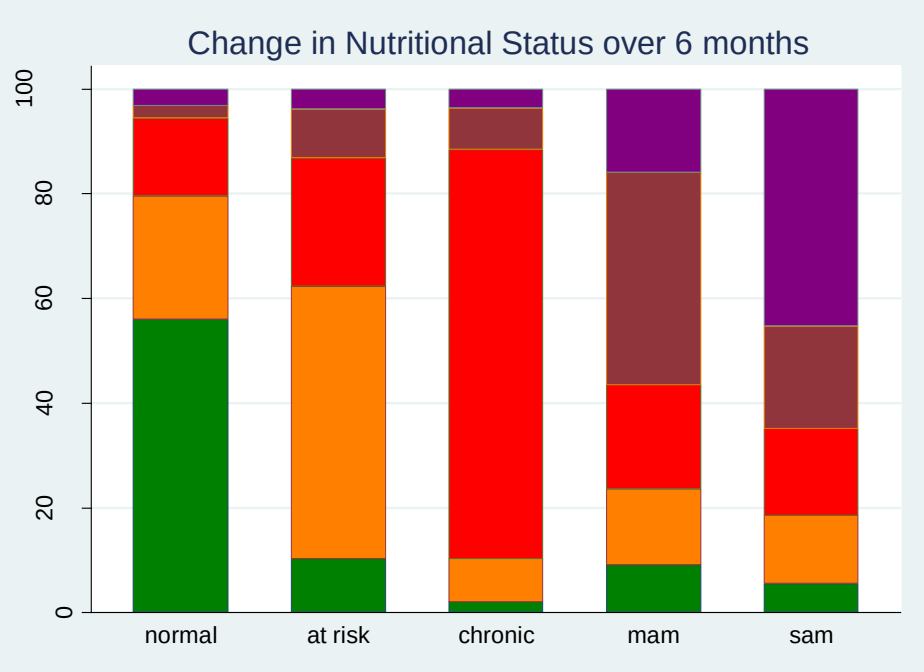
Pre-pandemic, we reached a peak of evaluating nearly 20,000 children in 2018. By 2020, this declined to 12,000 children. In 2022, we will evaluate approximately 25,000 children. Sadly, the number of children who are malnourished is on the rise from 8,720 in 2018 to about 19,000 in 2022. This increase is attributable to rising rates of malnutrition and expansion in communities with higher rates of malnutrition.



We currently provide supplements to about 17,000 participants (1930 pregnant and lactating mothers, and 15,055 children). This graph shows the number by country.



We give health education and nutritional supplements to children who are chronically malnourished (shown in red), who are diagnosed with moderate acute malnutrition (MAM shown in maroon), or who have severe acute malnutrition (SAM shown in purple). This graph shows the status of children at the first screening and their status 6 months later. The children we help are showing improvement. A majority of children with normal height and weight (shown in green) remain normal, but some decline to be at risk, and a few become malnourished. Hence, we encourage all children to be evaluated every six months. Children at risk (shown in orange) also tend to be stable, but about one third decline into malnutrition. Children with chronic malnutrition tend to remain chronic. This condition is referred to as stunting and is difficult to reverse. Fortunately, these children generally do not get worse once they are in our program. Over forty percent of the children with moderate malnutrition recover, but a small percentage get worse. Similarly, acute malnutrition improves among over half of the children, but a substantial percentage do not. We continue to treat acute malnutrition until children recover (up to age five).



Improving education

Most coordinators have completed an online course to enhance their knowledge of material covered in the health lessons. They report having greater confidence in their ability to teach and increased understanding of the material.

Education classes are often given during the period when we are weighing and measuring children. We have observed that it is difficult to cover all the topics, and parents may be distracted by taking care of their children. Covid restrictions also prevented offering classes in many areas. We decided to prepare family-based lessons that would reinforce key concepts in a setting that gives more time for family participation, and more flexibility for families to cover topics most appropriate to their circumstances. A pilot test shows promising results with parents having more understanding of cognitive improvement, clean water, and preparing nutritious meals.

We have also prepared lessons on maternal health during pregnancy and maternal mental health. These lessons will be offered in the coming year.

Financials

We completed another audit successfully (the audit report is available on our webpage). At the beginning of the year, we had a surplus compared to prior years because of reduced activity during Covid. The Board recommended that we keep 3 months operating budget in reserve in case of unforeseen problems. With this goal in mind, we have used the surplus to support program expansion and educational development as noted above. We are on track to continue serving a greater number of children for the next few years.

MUAC tapes

Recent developments in child nutrition indicate that teaching families to use Middle Upper Arm Circumference tapes (MUAC) is an effective means of empowering families to assess the progress of their children **(**https://www.simplifiedapproaches.org/copy-of-tools-resources). We will train families to use the tapes and track their children's growth beginning in Ghana this year. We will review the progress of children.

Training

This year we help training sessions in Ghana, the Philippines and Guatemala. In the Philippines, coordinators reviewed our program and shared experiences. In Guatemala, we met with directors of the Church's nutrition program in Guatemala, introducing our coordinators to the corresponding Church leaders, and clarifying the division of responsibilities between the two groups. Daniel Hernandez, director of the program in Central America, explained that BCF has been a catalyst to help the Church care for malnourished children among members of the Church and their friends.

Our first meeting in Ghana was designed to review procedures, introduce country leaders in Ghana, Sierra Leone, Zimbabwe, and the new coordinator in Nigeria. Our second meeting in November will train coordinators in the use of MUAC tapes, evaluate refined procedures to measure height and weight, and meet the new coordinator who will open Liberia.

In sum, we have emerged from Covid reaching more children with improved service. Goals for the coming year will be to extend our outreach as resources permit, making health education more readily available to all users, assess the effectiveness of family based assessment with MUAC tapes and family based education, and provide any assistance we can to area offices in the Church of Jesus Christ of Latter-day Saints who request our help.