

BOUNTIFUL
CHILDREN'S FOUNDATION

2022 Annual Report

BOUNTIFUL CHILDREN



2022 Recap

This has been an exciting year as we continue to reach more communities asking for help. It is wonderful to see the children improving each month. Thank you for your support in this vital work as we #fightmalnutrition!



Education

Home-based health lessons have been developed for families in different languages.



Nutrition

Coordinators delivered over **100,000** supplements to children & families.



100%

100% of all donations go towards helping malnourished children.



Mothers

Over 1900 pregnant/nursing **mothers** received nutritional supplements.



Worldwide Reach

Bountiful is helping children & families in **19** countries.



Donors

Approximately **400** **donors** generously contributed this year.



Service

Volunteers contributed **thousands** of hours this year. Thank you!



Children

Over **17,000** children were given nutritional supplements.



Coordinators

Nearly **200 coordinators** are serving children & families in their communities with Bountiful.



Humanitarian Trip

Humanitarian volunteers travelled to **Ghana & Peru** to help with malnutrition screenings.



Communities

We are serving over **200** communities around the world.



Early Intervention

Bountiful's target is to help malnourished children in the **first 1,000 days** of life.

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Fighting hunger one child at a time.

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Progress

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

- We were able to provide child-monitoring, supplement distribution, and health education in each of the countries where we work.
- We 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 developed and tested home based lessons designed to empower families to improve home environments.
- Through 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. During 2020, this declined to 12,000 children. In 2022, we evaluated approximately 25,000 children. Sadly, the number of children we screened 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 into communities with higher rates of malnutrition.

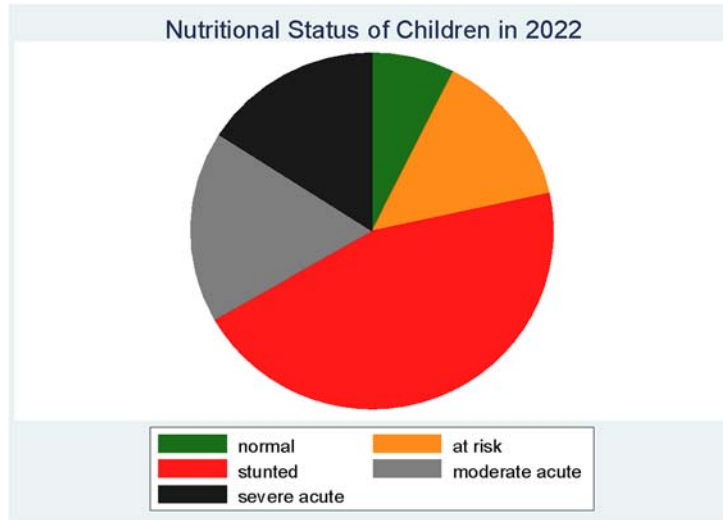


Figure 1. Of the 25,000 children screened for malnutrition, approximately 19,000 of them were malnourished.

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

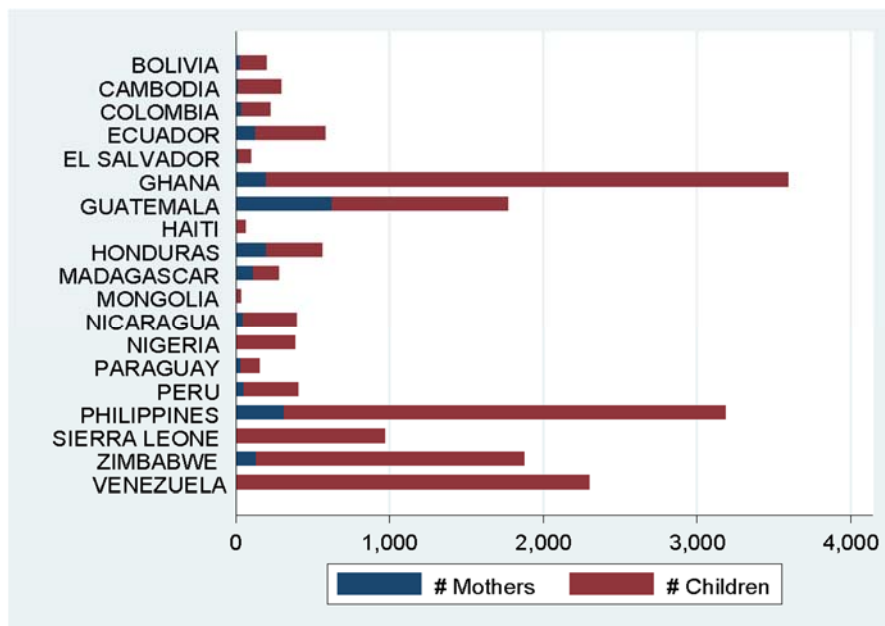


Figure 2. Participants by country.

Health Education

We give health education and nutritional supplements to children who are chronically malnourished/stunted (shown in red below), children who are diagnosed with moderate acute malnutrition (MAM - shown in maroon), and children who have severe acute malnutrition (SAM - shown in purple). The graph below shows the nutrition status of children six months after their initial screening that put them in one of the five categories listed below. Overall, the children we help are showing improvement.

- **Normal** (green) - After six months, the majority of children with normal height and weight 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 even if they were normal at the initial screening.
- **At Risk** (orange) - Children at risk also tend to be stable, but about one third decline into malnutrition.
- **Chronic/Stunted** (red) - 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.
- **Moderate Acute Malnutrition** (brown) - Over forty percent of the children with moderate malnutrition recover, but a small percentage get worse.
- **Severe Acute Malnutrition** (purple) - Similarly, acute malnutrition improves among over half of the children, but a substantial percentage do not improve. We continue to treat acute malnutrition until children recover (up to age five).

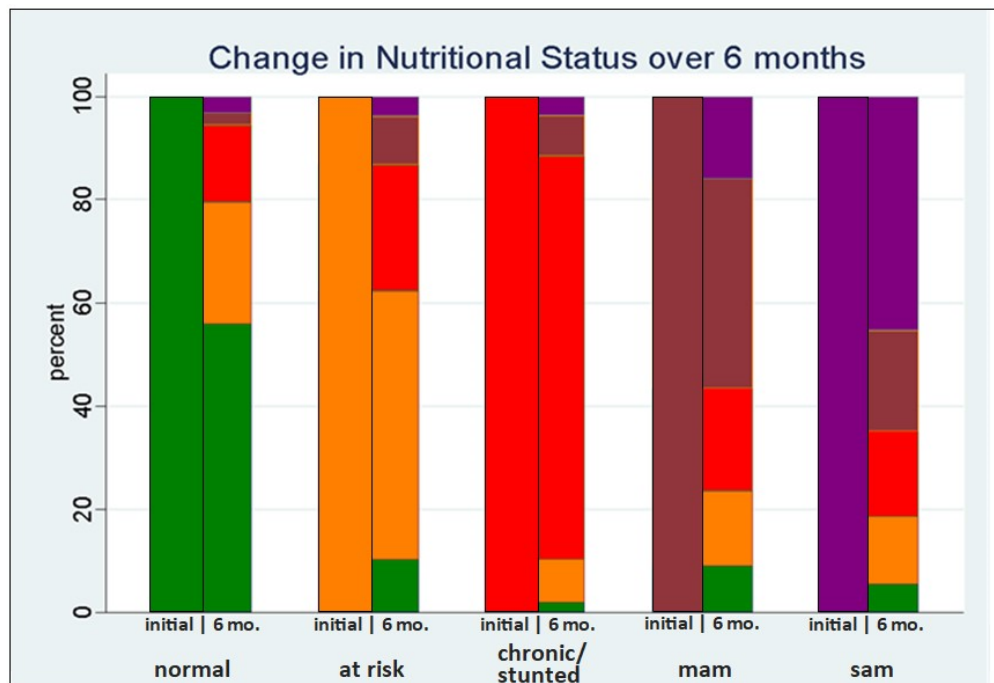


Figure 3. Nutritional status after six months. Children were screened and placed into one of the five categories above based on their nutritional status. After six months, they were screened again, and their status results are shown by the various colors within each of the original five columns. In the last column, of the children who were initially suffering from severe acute malnutrition (sam), more than half of them improved as can be seen by the colors other than purple within that column.

Improving Education

Most coordinators 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 as well as an increased understanding of the material.

Education classes are often given during the period when we are weighing and measuring children. We 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 us from 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 showed promising results with parents having more understanding of cognitive improvement, clean water, and preparing nutritious meals.

We 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 due to 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 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 held 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 of Jesus Christ of Latter-day Saints' Guatemalan nutrition program, 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 Bountiful Children's Foundation 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 was to

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 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 for The Church of Jesus Christ of Latter-day Saints who request our help.

