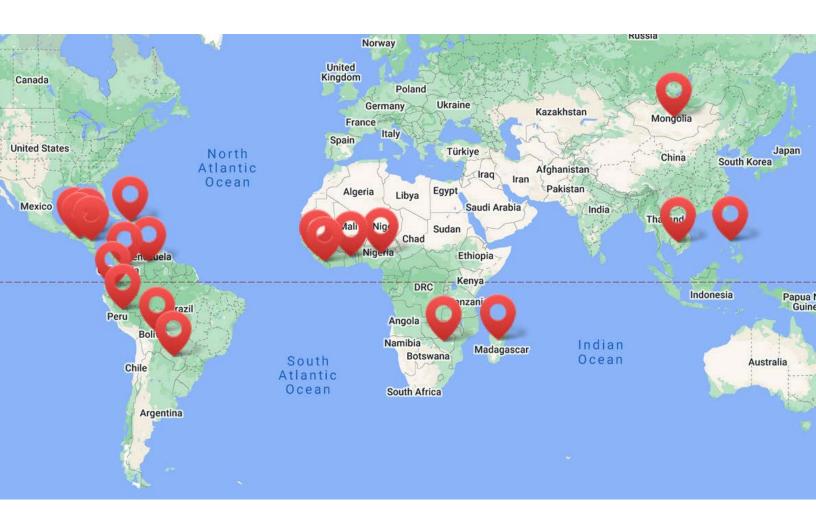


Local Bountiful coordinators went from delivering food supplements and teaching health lessons in one country and one community in 2008...



...to engaging in 20 countries and over 200 communities in 2023

Supplement Examples

Examples of the nutritional food supplements provided by Bountiful. The supplements chosen must be rich in protein and micronutrients, acceptable to community members, and available for in-country purchase.

Tom Brown



- A nutritional hot cereal made from legumes and multi-grains containing 3.4 grams of protein per serving
- Ingredients: Yellow corn, millet, guinea corn, soy beans, dates
- Regions: Africa

Incaparina



- A nutritional hot cereal containing 4 grams of protein per serving
- Ingredients: Corn flour, soy flour, vitamin A, thiamin, riboflavin, niacin, folate, zinc, and iron
- Region: Central America

La Colada

- A nutritional seven-grain cereal
- Ingredients: Rice, corn, oatmeal, wheat, barley, quinoa, sorghum, banana, and soy
- Regions: South America

Plumpy'Nut



- A peanut-based paste in a plastic wrapper that reduces the need for hospitalization in severe acute malnutrition
- Ingredients: Peanuts, sugar, milk powder, vegetable oil and a vitamin mineral mixture
- Regions: Used in multiple regions



Bountiful Children's Foundation

P.O. Box 1415, Spanish Fork, UT 84660 A registered 501(c)(3) nonprofit | EIN 95-3576538 www.BountifulChildren.org Call: (385) 236-3332 Email: info@bountifulchildren.org

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Bountiful's Mission

Our mission is to provide nutritional supplementation to pregnant and nursing mothers and malnourished children for the first one thousand days of life, and teach health and cognitive development skills to families in the areas we serve. Your donation is used to help children in need without regard to race, religion, or ethnic origin.



Dear Friends.

Children are our present and our future: our present because they depend on us, our future because we will be dependent on them. No other activity is more important or more rewarding than giving children a healthy start in life. Bountiful Children's Foundation is committed to this goal. By using preexisting facilities and committed volunteers, we are able to dedicate most of our funds directly to the children. 2023 has presented opportunities for expansion and collaboration, along with challenges to reach as many children as possible while conforming to professional standards. We love the work and invite you to join with us in this effort.

With gratitude for each of you,

Tim Heaton

Chief Executive Officer

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Our Story

Bountiful Children's Foundation has an impactful history in the fight against child malnutrition. Here's a timeline of its key milestones:

2008:

- ► Founding: BCF is a registered 501(c)(3) nonprofit organization, EIN 95-3576538.
- ▶ **Motivation:** Driven by a desire to help malnourished children in developing countries, particularly those belonging to church communities.
- ▶ **Mission:** Develop a scientifically-based, sustainable approach to combat malnutrition in young children and their mothers.

Early Years:

- ► Focus on research and development: BCF collaborates with medical and nutritional experts to define its program model and therapeutic food formula.
- ▶ Initial pilot programs: Launch of first programs in remote areas of Guatemala and Mexico to test the effectiveness of the BCF approach.

2010s:

- ► Expansion and refinement: BCF expands its reach to additional countries like Honduras, Bolivia, and Peru, while continuously improving its program based on data and feedback.
- ► Focus on education: Integration of educational workshops on nutrition, hygiene, and breastfeeding into the program to promote long-term behavioral change within families.
- ▶ Name change: In 2016, the organization sheds its previous name Liahona Children's Foundation and adopts the name, Bountiful Children's Foundation (BCF).

2020s:

- ► Continued growth: BCF reaches new communities and strengthens existing programs despite challenges presented by the COVID-19 pandemic.
- ► Community involvement: Increased focus on engaging local communities in program implementation and ownership for lasting impact.
- ► **Technological advancements:** Adoption of digital tools for data collection and program monitoring to improve efficiency and effectiveness.

Present Day:

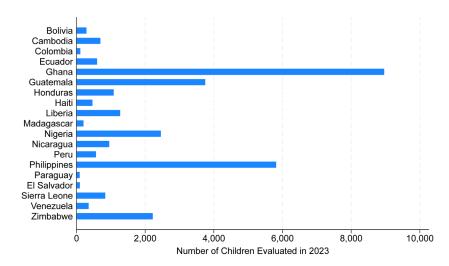
- ▶ BCF remains a registered 501(c)(3) non-profit organization, actively providing therapeutic nutritional support and education to mothers and children in need.
- ► Focus on evidence-based approach: BCF continues to prioritize research and evaluation to ensure its program remains impactful and scalable.
- ► Commitment to collaboration: BCF partners with local governments, NGOs, and other organizations to maximize its reach and effectiveness.

While relatively young, BCF has carved a niche in the fight against child malnutrition through its evidence-based program, educational focus, and dedication to community empowerment. Its history shows a journey of continuous growth, adaptation, and commitment to improving the lives of vulnerable children and families.

Record Number Of Children Served in 2023

In 2023, we evaluated over 35,000 children, more than in any previous year. Twenty-six thousand of these were our first evaluation with the child, and the rest were follow-up visits.

Growth in the number of children is most evident in West Africa with the opening of new programs in Liberia and Nigeria, along with adding several new communities in Ghana. We have also expanded the number of communities we serve in Guatemala.



Progress Against Malnutrition

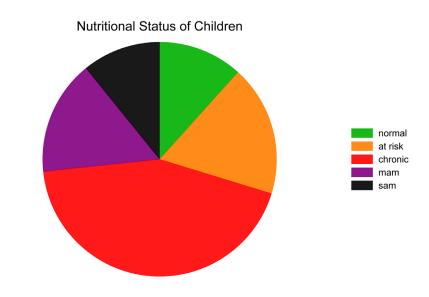
A majority of the children we evaluate have some degree of malnutrition. We use height and weight, conditioned on age and sex to classify children according to the World Health Organization standards (2006).

Normal = in healthy range

At Risk = close to the cut-off for undernutrition

Chronic = height is well below average (stunted)

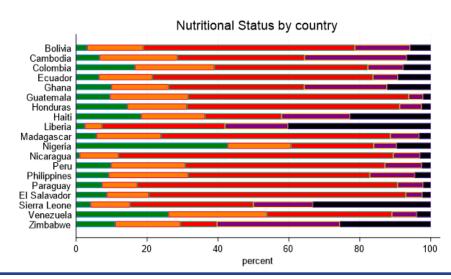
Moderate Acute (MAM) = weight is well below the norm given their height



Severe Acute (SAM) = weight is extremely low for their height

Malnutrition by Country

The degree of malnutrition shows wide variation from country to country. Children are at greatest risk in Liberia, Sierra Leone, Zimbabwe, and Haiti. Depending on affordability and availability, we provide nutritional supplements appropriate for the type of malnutrition the children have.

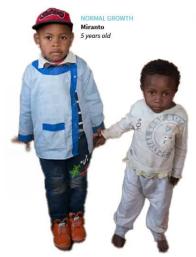


Improvement

We provide nutritional supplements for children under 36 months who are stunted and children under 60 months with acute malnutrition. Between the first and second screening, stunted children improved by .63 standard deviations on average. Acutely malnourished children improved by 1.1 standard deviations. These changes are especially impressive considering the overall decline in children's nutritional status as they age. We have classified the degree of change into four categories: worse if status declined, stable if there was little change, improved if status improved and recovered if the child was no longer classified as malnourished at the second screening.

Understanding Stunting

These are the effects of chronic malnutrition in two children born on the same day in the same village in Madagascar.



STUNTED GROWTH Sitraka

5 years old

Occurs when a child does not receive proper nutrition within the 1,000 days between the beginning of pregnancy and the child's second birthday.

- Impaired brain development and lower IQ
- Weakened immune
- Greater risk diabetes and cancer later in life
- Shorter stature

In one study, being stunted at 2 years old was associated with:	Compared to non-stunted study participants
Less schooling	4.64 fewer grades
Leaving school earlier	3.14 years earlier
Lower household per capita expenditure	53 percent lower
Greater probability of living in poverty	42 percentage points higher
For women who were stunted:	
Younger age at first birth	4.26 years earlier
More pregnancies	2.39 more
More children	1.74 more

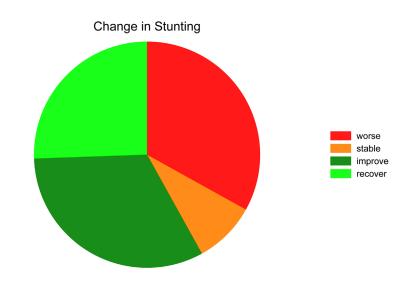
Source: American Journal of Clinical Nutrition, 1,000 Days, USAID

The Huffington Post

Change in Stunting

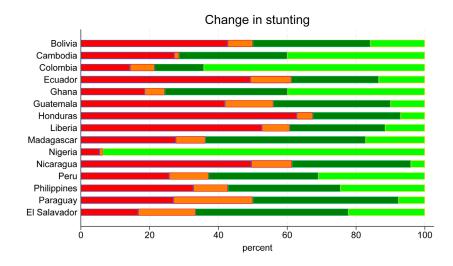
Sadly, some children who are stunted do not improve even with our support. It is common for children's status to worsen because of poor diet, unsanitary conditions, and health complications. Children who do not improve should be referred for medical care, and health practices should be reviewed. Fortunately, a majority of children do improve and one fourth of them actually recover.

The chart to the right shows the results of follow up screenings for children that we originally determined to be stunted. Over over half of the children receiving supplements from Bountiful improved over time.



Stunting Change by Country

This graph displays the same colors measuring outcomes as in the pie chart at the left, but the progress, or lack therof is shows a significant variance by country.

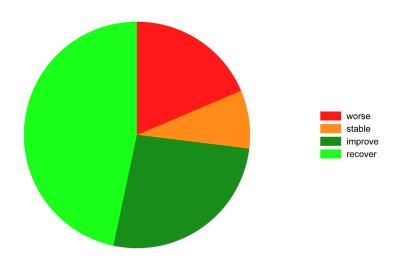


Acute Malnutrition

Acute malnutrition is a nutritional deficiency resulting from either inadequate energy or protein intake. Children with primary acute malnutrition are common in developing countries as a result of inadequate food supply caused by social, economic, and environmental factors.

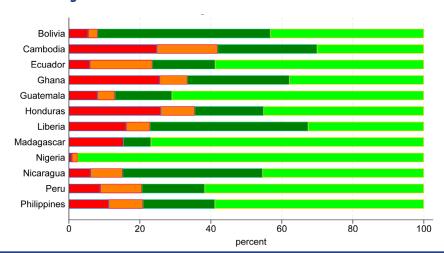
Change in Acute Malnutrition

This chart shows the progress observed over time in all children identified on their first screening as having acute malnutrition.



Acute Malnutrition Change by Country

As with stunting, this graph displays the same colors measuring outcomes as in the pie chart at the left, but the progress, or lack therof is shows a significant variance by country.



New Approach To Empower Families

This year we pilot tested a new approach that allows families to monitor the progress of their children. MUAC tapes use the upper arm circumference to assess nutritional status. Nearly eighteen thousand children were assessed. This assessment indicated lower levels of undernutrition—six percent were severe; twenty-six percent were moderate, and the remainder (seventy-four percent) were normal. However, low correlations between MUAC and scores based on height and weight indicate that we need to improve measurement.

Improve Relationships With National And Local Health Agencies

- ▶ We completed the legalization process in many of the countries where we work and received approval from government health agencies.
- Our coordinators received training and certification from government health workers in west Africa.
- Coordinators are now instructed to cooperate with local health offices for help with assessment and treatment of children with complicating health conditions.

Cooperation with Church of Jesus Christ of Latter-day Saints in **Central America**

In Central America we established a cooperative arrangement with area and local Church leaders. Church leaders are in charge of managing the nutrition program including teaching lessons and working with individual families to develop health plans. The Church also purchases nutritional supplements. BCF assists by conducting evaluations, distributing supplements, and providing statistical reports.

Church Provides Health Lessons And Support To Address Malnutrition

We are pleased to see the Church's publication of nutritional guidelines and health lessons and are gratified that we were able to provide assistance in preparing this material.

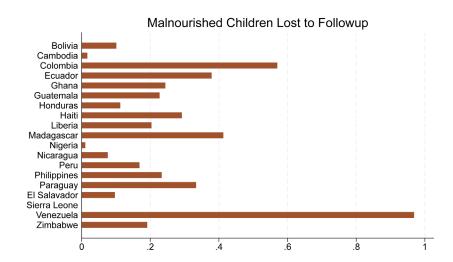
See: https://www.churchofjesuschrist.org/serve/caring/child-nutrition



A Bountiful coordinator in the Philippines (far left) was happily amazed when she realized that all 5 girls moving up to the Young Women organization received Bountiful's food supplements as babies.

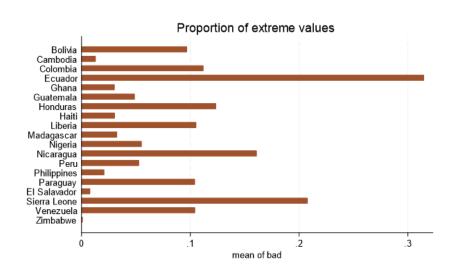
Challenge: Children Lost to Follow-up

Continued treatment is necessary for some children to improve. Unfortunately, one-fifth of the undernourished children we evaluated in the first half of the year did not return for a follow-up. A few countries have a greater challenge in following up than others. This is an improvement over prior years, but we still want to do better. This year we will prepare lists of children who failed to come for a follow-up for each community and also advise coordinators of their success in recontacting children.



Challenge: Obtaining Accurate Measurements

A second challenge we have is in obtaining accurate measurements. Inaccuracies can result in missing some children who need help. One way to assess accuracy in measurement is to calculate the percentage of cases where scores are so extreme that they are highly improbable. When we use a cut-off z-score of 6 standard deviations, five percent of the measurements are extreme. Ecuador and Sierra Leone are particularly susceptible to measurement problems. In order to improve measurement, we recently revised the data collection app to include a



prompt to remeasure when values are extreme. We will also advise coordinators of the proportion of extreme values in their communities.

Follow-up with Acutely Malnourished Children

We also recognize a need to improve treatment for acutely malnourished children. Although coordinators do meet with these children every month to distribute supplements, we need more systematic follow-up on a regular basis. We are preparing a protocol following WHO guidelines to better support the children in most critical need.

Appreciation

Our work would not be possible without the dedicated work of hundreds of volunteers in the countries where we work and the largely voluntary service of staff and board members. All of our effort is funded by compassionate donors who are committed to improve the lives of God's children.



Become a Bountiful Angel

Bountiful's sustaining donors are Angels

- ► Support a child's vital development by contributing as little as \$8 per month.
- ► Support Bountiful Children's ongoing efforts to assist communities in need by making a donation each month.
- Choose a specific country to support.
- Receive pictures and updates on that area every 2 months.
- ▶ Become a Bountiful Angel and choose a swag item to help spread the word about this important cause.

Your continued support is deeply appreciated as we work together to help these beautiful children reach their full potential. Thank you for being an angel to those most in need!

Christ and the Nephite Children, by Del Parson (Used with permission)