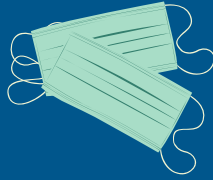


# **BOUNTIFUL CHILDREN**

2020 Annual Report

# BOUNTIFUL CHILDREN



## 2020 Recap: A year like no other

While COVID-19 brought uncertainty for hungry children and families, coordinators and volunteers battled to beat shortages and transportation issues. See what was **behind the mask** in 2020, as well as our successes in helping the children.



### Lesson 7

New instruction on **cognitive stimulation** in children was unveiled.



### Nutrition

Coordinators delivered over 1 million **supplements** to children & families..



### Children

Over 18,000 children were given supplements.



### Mothers

400 pregnant or nursing mothers received help.



### Early Intervention

Bountiful's target is to reach hungry kids during the **first 1,000 days** of life.



### Donations

**349 donors** generously gave to Bountiful Children.



### Humanitarian Trip

Volunteers went & **served in Cusco, Peru** in January.



### Service

Volunteers donated thousands of hours in 2020.



### Education

Parents received 6 lessons on food prep, nutrition, hygiene, clean water, waste disposal & breast feeding to maximize brain development.



### Partnership

BYU Public Health faculty & students **develop lessons** with Bountiful's input.



### Worldwide Reach

Bountiful serves children & families in **17 countries**.

### Communities

We are serving **187 communities** around the world.



Fighting malnutrition one child at a time.

[BOUNTIFULCHILDREN.ORG](http://BOUNTIFULCHILDREN.ORG)

# BOUNTIFUL CHILDREN

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## 2020 Annual Report

Review  
Statistical summary  
Health Lessons  
Venezuela  
Prospects for 2021

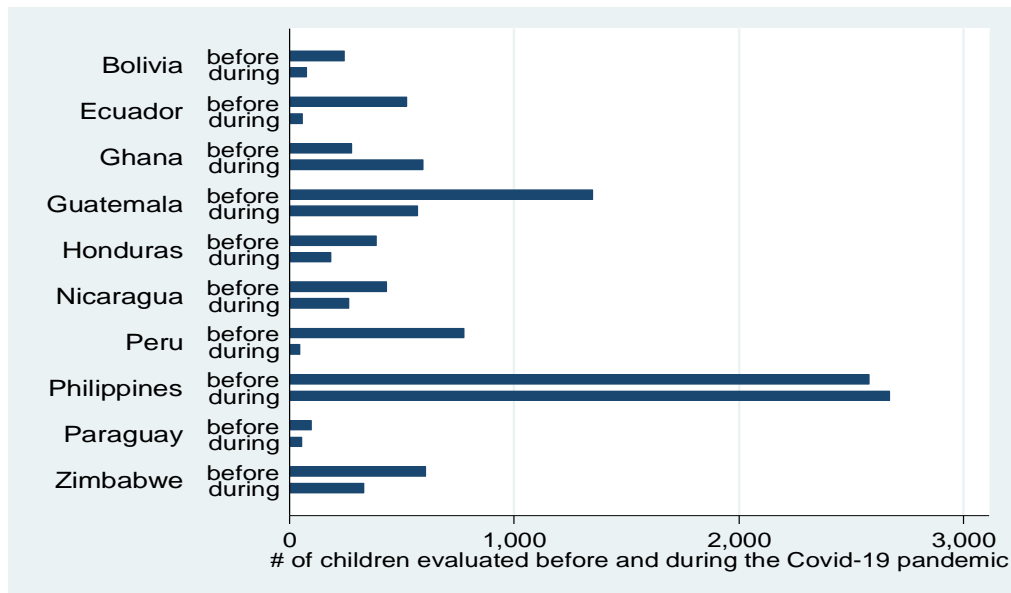
### Review

We began the year with high hopes. A new lesson on cognitive development was presented in South America, our budget projections indicated that we could continue to serve the children and families where we work, and assessment showed that children in our program were improving. Then the pandemic emerged and we had to make major adjustments. In most areas, it was not safe to meet in groups to assess progress, distribute supplements or teach lessons. Our dedicated coordinators did the best they could under the circumstance. When possible, coordinators met with individuals or small groups, and obtained data from local health centers. By the end of the year, several areas were able to assess progress, but only two countries were able to assess as many children during the pandemic as they had before the pandemic.

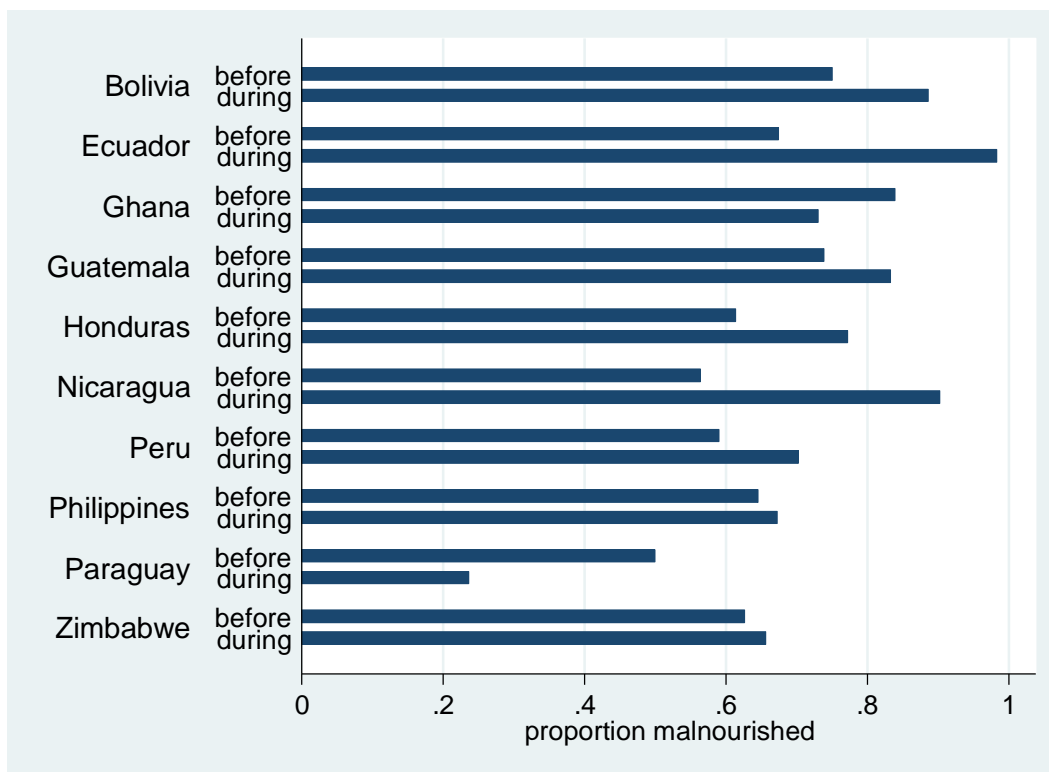


## Statistical summary

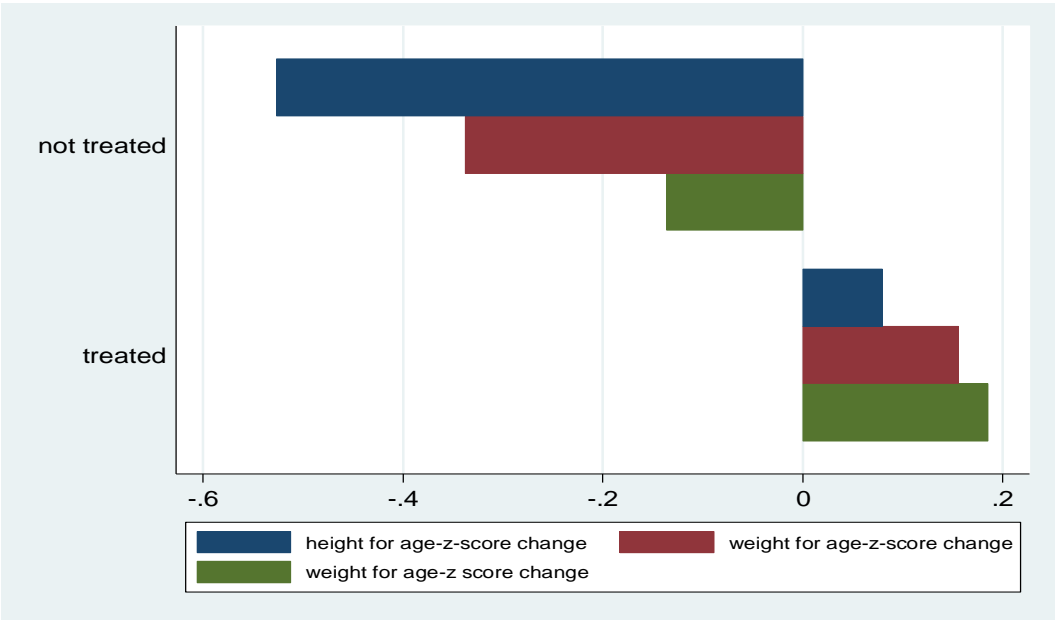
The following graph shows the number of children assessed.



Not surprisingly, malnutrition increased in most countries, but not as much as we had feared. More than half of the children we assessed during the year were malnourished, and a few countries had rates as high as ninety percent. The following shows the portion of children malnourished before and during the pandemic.



The net difference masked two conflicting trends. The children who were malnourished before the pandemic and stayed in our program actually improved, especially in weight. In contrast, the children who were not malnourished before the pandemic did not receive supplements from us and their nutritional status declined. The follow graph shows change in the three measures we use to assess malnutrition, namely standardized z-scores showing height for age, weight for age, and weight for height. These results give us a clear mandate as we continue to work through the crisis. **We must continue to assess children and provide support for those who are malnourished.**



## Health Lessons

Even when our hands were tied in communities where we work, our education team continued to work on making material more accessible. They have created classes for coordinators that explain the content of health lessons and provide resources that they can use in teaching lessons. Initial response from coordinators indicates that these classes will improve their ability to teach effectively. We have also shared these classes with the nutrition team for the Church of Jesus Christ of Latter-day Saints, with the hope that through them health lessons will reach a much broader audience.

## Venezuela

The political situation in Venezuela continues to hinder help of children even as the food crisis intensifies. We have found a means of purchasing Cerelac in Florida and having it distributed in Venezuela.

## Prospects for 2021

Generous support from our donors will allow us to meet the needs of children as we reach out to children in the communities where we work, and as we improve capacity to teach effective health practices. Our priorities are:

- Provide supplements for children in the communities where we work.
- As soon as it is safe, reevaluate children so we can identify and treat the newly malnourished.
- Encourage coordinators to complete health education classes.
- Shift to the Network for Good platform so we can improve communication with donors
- Solidify the program in Venezuela
- Develop a home use version of the lessons so we can reach families who cannot attend health lessons.

