

BOUNTIFUL CHILDREN

2021 Annual Report

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2021 Recap

Acute malnutrition has increased in the last 2 years among children Bountiful evaluates due to the many issues associated with the Covid-19 pandemic. **We thank you for your continued support** as we help children to overcome the devastating effects of malnutrition.



Lesson 7

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



Nutrition

Coordinators delivered over **116,000** supplements to children & families.



100%

100% of all donations go towards helping malnourished children.



Mothers

Approximately 800 pregnant & lactating **mothers** received nutritional supplements.



Worldwide Reach

Bountiful is helping children & families in **17** countries.



Donors

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



Service

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



Children

Over **16,000** children were given nutritional supplements.



Coordinators

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



Humanitarian Trip

Humanitarian volunteers travelled to **Guatemala** to help with malnutrition screenings.



Communities

We are serving over **187** 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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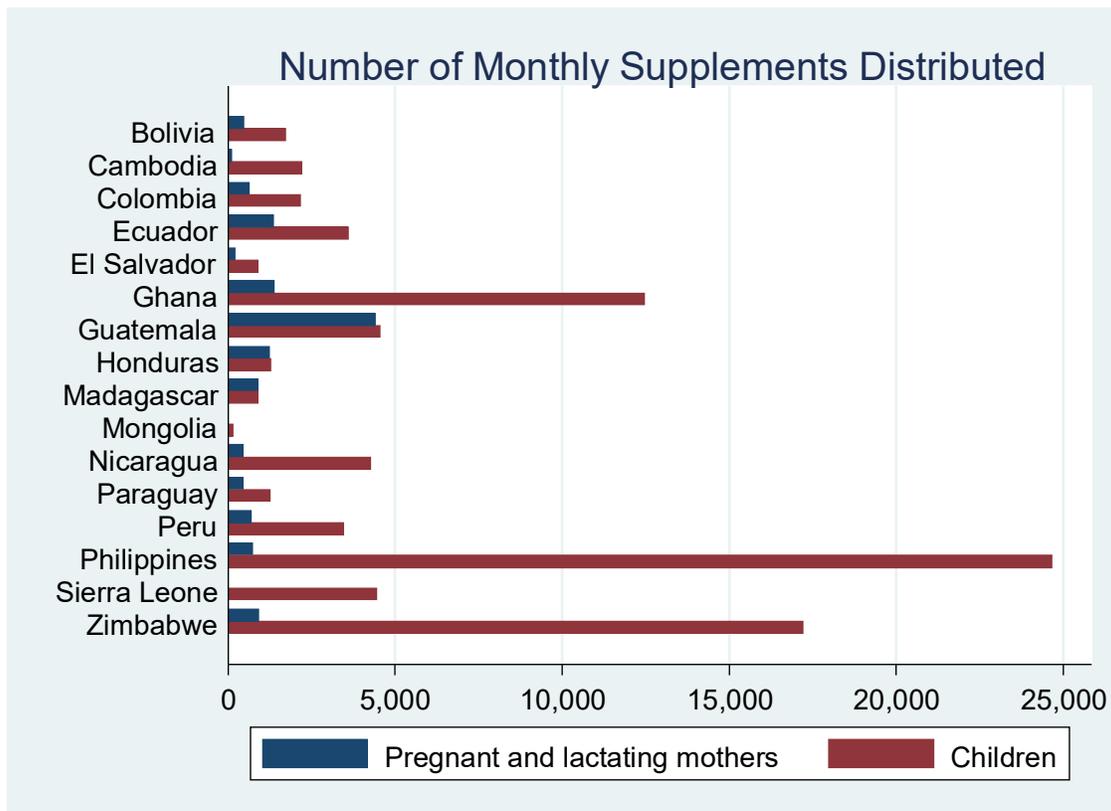
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Progress

By the end of 2021 we will have distributed approximately 116,000 monthly supplements to combat malnutrition. That is nearly 10,000 persons per month. Eight percent of the supplements go to pregnant and lactating mothers; the remainder go to children. The Philippines, Zimbabwe, Venezuela and Ghana have the largest populations of children we serve.

Because conditions in Venezuela prohibit normal operations, we have created a way to purchase a healthy supplement in the U.S. which local leaders can procure and distribute to needy families.

We have successfully implemented the lesson on cognitive development.



New areas

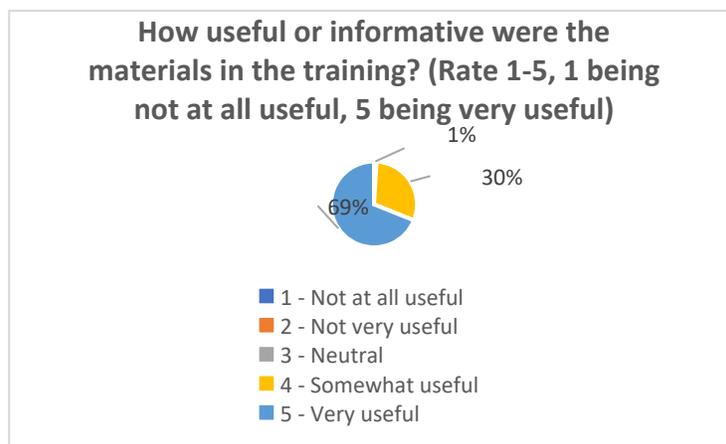
Because Africa includes many of the poorest countries in the world and therefore has the highest rates of child malnutrition, we are committed to reach as many children there as possible. This year we opened two new communities each in Ghana and Sierra Leone. We have also contracted with a local manufacturer to provide a more effective supplement in Sierra Leone that we used there previously.



Health Education

Health education is central to improving nutrition and healthy development in the home. Faculty and students at BYU's department of Public Health have developed an online class to enhance coordinators' ability to teach healthy practices to families. The objective of the online training is to train Bountiful coordinators with knowledge and skills in seven different areas of health practice presented in the following lessons or modules: Proper Disposal of Human Waste, Proper Hand Washing, Clean Drinking Water, Safe Food Preparation, Increased Dietary Nutrient Intake, Breastfeeding, and Cognitive Development. Each topic is thoroughly covered through the use of articles, videos, and interactive tests and games.

In 2021 the Nutrition and Public Health Training was completed by 113 coordinators in different regions where BCF works; South America (50), Central America (23), Philippines (38,) and Africa (2). Most coordinators reported that the lessons were clear and helpful.



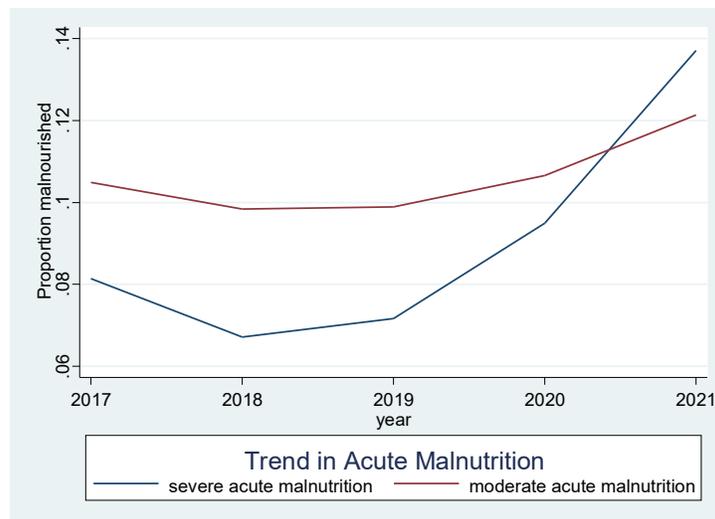
We are developing simple home-based material that corresponds with each of the health lessons. This family-centered information will provide weekly reinforcement of key concepts and will also allow lessons to reach families that cannot attend the health classes taught by our coordinators. A pilot study is planned to assess the effectiveness of these home-based materials.



Challenges

The Covid pandemic has challenged our ability to reach children, including in areas with increasing levels of acute malnutrition. Travel restrictions, building closures, and worsening economic conditions have made it more difficult, if not impossible, to reach children in need. Coordinators have made heroic efforts by meeting with smaller groups, obtaining height and weight measurements from local health departments, and, in a few cases, making it possible for families to get food baskets at local markets. The number of children we evaluated dropped from 18,948 in 2018 to 12,372 in 2020. As conditions have improved and coordinators have found new means of contact, we will have served over 16,000 children in 2021.

Sadly, but not surprisingly, acute malnutrition has increased dramatically in the last two years among children we evaluate. Even worse, severe acute malnutrition doubled between 2018 and 2021.



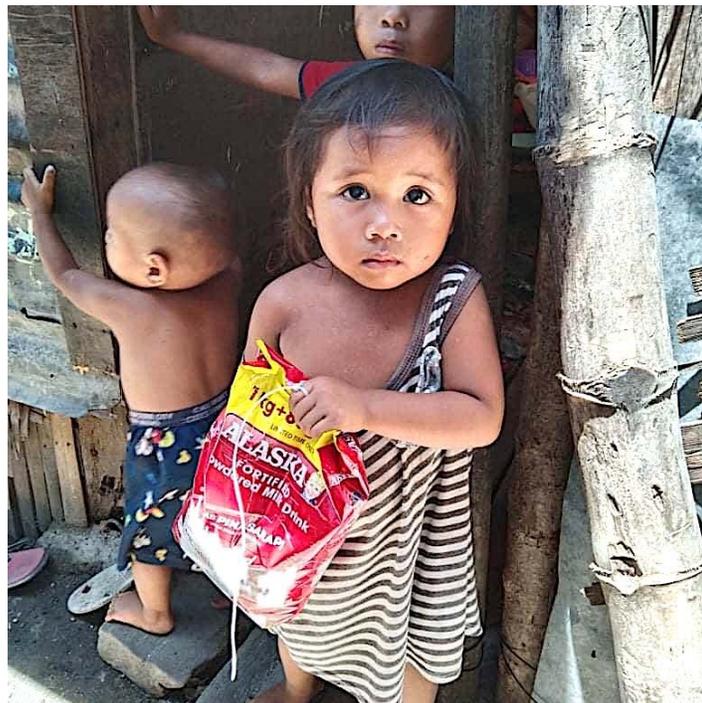
Goals for 2022

As the children we serve during the first thousand days of life age and recover from malnutrition, they are replaced by infants and toddlers who are constantly being added to the numbers we serve. Our first commitment is to continue to serve in communities when we have effective programs.

In 2022, we plan to evaluate and revise our new home-based lessons and make them available to more families.

In 2022, our hope is to open new stakes in some of the countries we serve, including Guatemala and Peru, and to open at least one other country, Nigeria, which has a large number of malnourished children. As funds become available, we look to expand our program both in areas we currently serve and in new areas.

The Church of Jesus Christ of Latter-day Saints in developing pilot nutrition programs in several areas where we work. We have offered them our support in evaluating the status and progress of children in these areas, introducing health education to parents and leaders, and in identifying the best nutritional supplements.



Funding

After a shortfall of funding in 2018, we refocused our efforts on the children who are most likely to benefit from our program—children in the first 1000 days of life, especially acutely malnourished children under five. Due to the Covid restrictions, which limited our activities during 2020, we had sufficient funding to run our program in 2021. As we are able to screen more children in 2022, we anticipate an increase in the number of those suffering from acute malnutrition. We are committed to using our resources in the most effective way possible.

The efficiency and effectiveness of our program is seen in the fact that our audit for 2020 shows that 92 percent of our funds went directly to feeding children with only 8 percent going to administration and fundraising.

We are immensely grateful to all those who support our work either through volunteer work or financial donations.

