



NUTRITION INTERNATIONAL

Annual Report

2023–2024

NutritionIntl.org





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Introduction

Mobilizing the global nutrition community to end malnutrition.



Around the world, millions face growing global challenges that threaten their health and future — challenges we can no longer ignore.

The coming year presents a unique opportunity to rally the global nutrition community to set a new course of action for nutrition. Nutrition International continues to lead the fight against malnutrition by conducting research, bridging data gaps and supporting governments to deliver tailored, low-cost and high-impact interventions. Our goal is simple: by delivering better nutrition for those who need it, we can break intergenerational cycles of poverty and inequality, and in doing so, save lives, build health and drive educational outcomes, paving the way for improved future job opportunities and economic growth. As we approach the final five-year stretch to meet the World Health Assembly Global Nutrition Targets and 2030 Sustainable Development Goals, now is the time to unite and forge ahead to end one of the world's greatest injustices — malnutrition.







About us

A global leader in nutrition.



Nutrition International stands at the forefront of the global fight against malnutrition, improving the health and wellbeing of people living in vulnerable situations in over 60 countries around the world, with a special focus on women, adolescent girls and children.

Our world class expertise, combined with more than three decades of hands-on experience working as an expert ally to governments, donors and implementers, allows us to maximize impact by delivering targeted nutrition interventions at scale. Whether it's conducting cutting-edge research, supporting policymakers, improving delivery or integrating nutrition into broader development programs, we make a difference, because nutrition is the difference.



SCAN HERE
to learn more about
the work we do.

From our Board Chair

Leading the global nutrition agenda.



Good nutrition is a cornerstone for human development and fundamental for a prosperous future. It fosters health, growth and cognitive function, empowers individuals to excel in school, thrive at work and contribute meaningfully to their communities. In a world facing escalating global challenges and uncertainty, ensuring access to the right nutrition at the right time is crucial.

We are at a pivotal moment in the fight against malnutrition. With millions of lives still at risk from preventable nutrition deficiencies, Nutrition International is stepping up by focusing its impact, connecting efforts across the globe and aligning partners and stakeholders around shared, timebound goals. Our team brings a rare blend of talent, expertise and experience to deliver essential nutrition interventions, bridge research gaps with compelling data, and advocate for increased prioritization and investment, solidifying our position as a global powerhouse of nutrition action.

For more than three decades, Nutrition International has served as an expert ally to governments around the world, driving sustainable improvements in health and nutrition that have advanced health, equality and human capital outcomes. More babies are being born to healthier mothers and more children have been protected from common life-threatening illnesses, enabling them to stay in school and grow up to pursue better jobs and greater opportunities. Better nutrition also reduces public spending, with a clear link between investments in nutrition and health outcomes later in life, as well as the tangible impacts in advancing wellbeing across the globe.

The progress made this year would not have been possible without the commitment of the global nutrition community. Working together, we can end one of the world's most significant injustices — malnutrition. There is much more to be done. We have the tools, the knowledge and the resolve. Now, we must harness our efforts to ensure no one is left behind in the final sprint toward achieving the 2030 Sustainable Development Goals.

On behalf of the entire Board of Directors and the entire organization, we remain dedicated to supporting Nutrition International and its mission as it continues to grow, creating a better world, building a brighter future and transforming lives through the power of improved nutrition.

Best regards,

DAVID DE FERRANTI
Board Chair, Nutrition International



Impact at a glance

Our impact in 2023.



Delivering the right nutrition at the right time.

In 2023, our global team remained committed to supporting national, state and municipal governments in developing, implementing and monitoring quality nutrition programs in the face of persistent global challenges. We also collaborated with governments and partners to generate compelling research and evidence, equip decision-makers with the data they need to improve policies, scale up impactful interventions and drive meaningful change for the people we exist to serve.



Here are just some of our key achievements in 2023–24.



\$8.2B
in future economic
benefits gained



545M
people gained access to
adequately iodized salt



379M
people gained access
to fortified foods



157M
children under five received
two doses of vitamin A



13M
IQ points gained in children



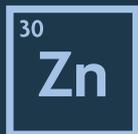
12.7M
cases of anaemia averted



4.3M
adolescent girls consumed weekly
iron and folic acid supplements



2.8M
pregnant women received iron
and folic acid supplements



1.5M
children with diarrhoea received
the recommended course of zinc
and oral rehydration salts



1.3M
children gained a year
of education



1.3M
adolescents received
nutrition education



1M
newborns reached with a
birth package intervention



938K
births attended by a
skilled birth attendant



511K
cases of stunting averted



261K
cases of mental
impairments averted



147K
child deaths averted

These numbers were calculated using Nutrition International's Outcome Modelling for Nutrition Impact (OMNI) tool. OMNI incorporates program coverage of nutrition-specific interventions and calculates the estimated consequent health outcomes.

FIELD STORY

Driving change for fathers in Kenya

Breaking taboos and encouraging male engagement in Kenya.

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In Murang'a County, Kenya, motorcycle taxis are doing more than ferrying goods and transporting people. The drivers — many of whom are dads — are participating in a father-to-father support group that is challenging gender stereotypes and norms to increase male engagement in nutrition and caregiving.

Mornings in Peter Wanyingi Nyoike's house in Murang'a County, Kenya, would be familiar to any parent with school-age children. First, he rises early to prepare for work and to get his daughter, Waithira, ready for her day. Then he drops her off at school before spending the rest of his day working as a *boda boda* rider (motorcycle taxi services commonly found in East Africa), while also shopping for food and spending time with his family, including his wife, Mary, and a younger daughter who is not yet in school.

It hasn't always been that way.



“In this area, most people have stuck to the old ways of doing things, where gender roles are still defined,” says Peter. “It is viewed by many as a woman’s job to take care of the family.”

He used to think that way too. “I thought that if I provided for them financially, I would not be expected to help in other ways.”

Now he feels differently.

“I learned that there is more to being a father than providing food,” he says. “A father needs to protect them and be more involved in their health and education.”

Peter is particularly proud of his role and participation in producing a budget and menu for the family. “We create a budget for dinner and breakfast for the family, and I take the time to purchase groceries that would make a nutritious diet,” he explains.



His motivation is simple: “Not all chores should be left to the wives. We as men also have the responsibility to ensure that our families have a nutritious diet.”

A crucial factor in Peter’s change of mind has been his role as “lead father” in a father-to-father support group comprised of 39 other *boda boda* riders. Group members gather regularly to discuss topics relating to maternal, newborn and child health and nutrition. They are guided by community health volunteers, a nutrition coordinator in Kandara Sub-County and the *Njia kumi za anzilisha* booklet (which means “10 steps for a right start” in Swahili). This booklet – more commonly called the *Baba Anzillisha* booklet (“right start fathers” in Swahili) after the larger health program it supports – was cocreated by Nutrition International, the government and a focus group of fathers. It contains a range of information on maternal nutrition and child health services, including antenatal care visits and breastfeeding.

Peter’s role is to recruit new members to the group, inspire them and help them learn how they can improve maternal, newborn and child health and nutrition by being champions of gender equality. Edith Wamaitha Gitau, a community health volunteer, nominated Peter for the role because she had noticed “that he was quite active, engaging and was respected among his peers.”

That decision is now paying dividends. “A big impact has been felt through seeing more of the members show support towards their wives and children and pay more attention to proper nutrition,” says Edith. “Men are now more supportive of their wives through the prenatal period, and more of them are receptive to taking their babies to the clinic and providing them with proper nutrition.”

The members and their families are noticing the differences at home. Mary, Peter’s wife, has seen first-hand the difference that it’s made, particularly when it comes to grocery shopping and taking on more household responsibility.



A big impact has been felt through seeing more of the members show support towards their wives and children and pay more attention to proper nutrition.

— EDITH WAMAITHA GITAU
Community health volunteer

“The father-to-father group has been very instrumental,” she shares. “Peter is now very keen on proper nutrition. He helps with the household chores, and we create the household budget together.” Mary also noted that thanks to what Peter had learned through the *Baba Anzillisha* program, he plants and maintains a kitchen garden for the family throughout the year. “Proper nutrition has helped us maintain good health as a family.”

George Muiruri, a fellow *boda boda* rider, joined after seeing the differences in Peter’s life. “I was fascinated by how Peter and his family lived and wanted



The father-to-father support group has equipped us with the knowledge to care for our families. Members have realized changes in their homes. There has been so much more happiness.

— **PETER WANYINGI NYOIKE**
Father and *boda boda* rider



the same for my family. Being there to watch my baby grow would strengthen our bond,” he says, adding that the experience has been everything he hoped. “The group has been impactful to my family. I have been able to bond better with my youngest child.”

Paul Njoroge, another group member, feels the same way. “I would highly recommend the father-to-father group to someone with a family or starting a new family, since I now understand how to take care of an expectant mother and how to take care of the child to ensure healthy nutrition,” he explains. “The future of this group lies in more people getting involved in this education, including both the young and the elderly, concerning maternal health and nutrition.”

The program is made possible by Nutrition International’s partnership with the government of Murang’a County. The father-to-father group was first formed through funding from Nutrition International, but since 2021, it has been supported through domestic funding from a joint partnership agreement between Murang’a County and Nutrition International. The group aims to mobilize peer support and empower groups of fathers with young children with knowledge that helps them challenge negative masculinities and play a more active role in the health and nutrition of their families. The program has continued to provide training and mentorship, including refresher training, education materials and mentorship.

“We don’t just implement activities,” explains Charles Ndiritu Mumbi, Nutrition International’s County Program Coordinator in Murang’a County. “If we are looking at doing a project, we want to ensure that a particular activity will continue, even when we are not there. That’s why Nutrition International developed

a partnership model: to ensure the sustainability of the interventions and the activities supported through the program.”

That partnership means we work in tandem with the government and the programs they provide. “Nutrition International has supported the healthcare workers in capacity building by taking them for trainings on maternal health,” explains Judith Thiongo, Nutrition Coordinator in Kandara Sub-County, which is part of Murang’a County. “They have helped us to support father-to-father groups when facilitating our meetings with them and giving us all the support we need.”

For Peter and the other *boda boda* riders, the benefits are clear.

“The father-to-father support group has equipped us with the knowledge to care for our families,” says Peter. “Members have realized changes in their homes. There has been so much more happiness.”

Program highlights

Transforming lives through better nutrition.



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For more than 30 years, Nutrition International has focused on delivering evidence-based, high-impact and cost-effective interventions that produce measurable results at scale. We're driven by our mission to achieve a world where everyone, everywhere, is free from all forms malnutrition and able to reach their full potential. Here are just a few key highlights from our areas of work.

Vitamin A

Strengthening health systems to deliver lifesaving vitamin A.



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Last year, our programming reached an estimated 157 million children under five with two doses of vitamin A, averting up to 147,000 deaths. Supplementing children under five with two biannual doses of vitamin A reduces their risk of mortality, decreases the incidence of diarrhoea and incrementally reduces the likelihood of child stunting.



Despite notable progress, vitamin A deficiency (VAD) remains a pressing global health problem, particularly in sub-Saharan African and south Asia, where prevalence rates are 48% and 44%, respectively. In areas where VAD is a public health concern, vitamin A supplementation (VAS) is recommended for infants and children aged 6–59 months of age as a public health intervention and has been shown to reduce the risk of all-cause mortality by up to 12%.

As a global leader in VAS for more than 30 years, Nutrition International works to improve the coverage and quality of VAS programs. To ensure every child has access to this lifesaving intervention, we work alongside governments to optimize delivery platforms, ensure supplies are not a barrier to coverage, and improve quality, availability and access to data to drive action.



Last year, we continued to support countries to deliver VAS through both the routine health system and biannual events, such as Child Health Days or integrated immunization campaigns. We also helped develop tailored outreach strategies to overcome barriers to reaching children under five in the most remote areas. In Bangladesh, the government identified 58 sub-districts and 714 wards across the country as hard to reach. With Nutrition International’s support, more than 134,000 children were reached with VAS through targeted outreach efforts in these areas.

In Nigeria, we continued to leverage data to improve the quality of VAS campaign delivery by conducting post-event coverage surveys (PECS). These surveys serve as an objective tool to validate administrative coverage, assess program quality and identify barriers and facilitators to VAS delivery, all while applying a gender lens. Following the second semester of the Maternal, Newborn and Child Health Week campaign (MNCHW) in Enugu and Cross River states, we commissioned a PECS to gather insights. The findings were shared with state governments

to refine MNCHW planning and implementation, including strategies to better engage men in supporting caregivers.

As the host and chair of the Global Alliance for Vitamin A (GAVA), a coalition of partners dedicated to accelerating child survival and addressing VAD worldwide, we work to achieve consensus on research, policy and program approaches to drive progress towards achieving optimal vitamin A intake among populations living in vulnerable situations.

LOOKING AHEAD

Driving progress as a global thought leader and convener in child survival.

Nutrition International will continue to play a key leadership role in the vitamin A space by focusing on the key goals of increased coverage, greater quality and sustainability. With Nutrition International’s leadership, we are poised to drive faster, smarter and more strategic and sustainable progress towards integrating VAS into the routine health system. We will continue to provide technical guidance to help countries operationalize this transition, ensuring coverage does not drop. This includes advising on optimizing delivery platforms, planning and resourcing for VAS implementation and delivery at subnational and community levels, and establishing robust monitoring and evaluation systems.



Food fortification

Reaching populations at scale with key micronutrients.



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Fortifying the staple foods and condiments people consume most with essential micronutrients is a proven, sustainable and cost-effective solution to address some of the most common micronutrient deficiencies and improve populations' health.

For more than 30 years, Nutrition International has been a technical leader and global advocate for food fortification. We're continuing to expand our programs to ensure as many people as possible have access to the essential nutrients they need.

Our country-level support for large-scale food fortification (LSFF) focuses on providing technical assistance to governments and industry partners, and advocacy to ensure LSFF is adequately resourced and prioritized within policies and regulation. Additionally, we strengthen the evidence base and leverage existing market-based platforms, such as social safety net programs to improve access to critical micronutrients. Additionally, we work with national governments, industry and other partners to scale up universal salt iodization (USI) to help eliminate iodine deficiency disorders by supporting policy development, bolstering legislative and regulatory frameworks, as well as building the capacity of micro- and small-scale processors for more effective iodization.

In the Philippines, we launched a two-year initiative to improve the nutritional status and wellbeing of women, children and adolescent girls by improving policies on wheat flour fortification and USI.

We conducted sex- and gender-based analyses in Pakistan and Ethiopia to identify gender-specific barriers and enablers for improving the health and wellbeing of the individual and the family, to assess gender equality within the LSFF supply chain, and to highlight strategies to promote gender equality and women's empowerment within LSFF. Countries like Ethiopia and Indonesia have also developed LSFF/USI gender action plans to help tailor interventions to meet the diverse needs of communities.



At the global level, we continue to play a leading role in advancing the food fortification agenda. In May 2023, the World Health Assembly unanimously adopted the Nutrition International-supported resolution entitled “Accelerating efforts for preventing micronutrient deficiencies and their consequences, including

spina bifida and other neural tube defects, through safe and effective food fortification.” This decision is driving global momentum for fortification strategies and financing.

As a result of our efforts, 379 million people had improved access to fortified foods, which resulted in approximately 12 million cases of

anaemia averted. Additionally, more than 545 million people, including 141 million women aged 15 to 49 years, were reached with adequately iodized salt, averting over 260,000 mental impairments and protecting 11.6 million newborns.

LOOKING AHEAD

Scaling up large-scale food fortification programs to increase population-level access.

Nutrition International supports countries in fostering, strengthening and expanding the reach of micronutrient-fortified foods and condiments, tailored to local needs and informed by the latest evidence and best practices. We aim to maximize public health impact at the lowest cost by integrating health and economic analyses into our programs. Central to this approach is our commitment to carefully evaluate evidence to identify the optimal mix of interventions to avoid the risk of over-consumption of micronutrients. We also actively incorporate research and development to implement new technologies and approaches, leveraging mandatory legislation and government platforms to reach people at scale through LSFF.





Adolescent nutrition

Transforming adolescents' health through improved nutrition.



After infancy, adolescence offers the next key window of opportunity to improve nutrition, growth and development. During this phase of rapid physical and cognitive changes, targeted interventions can address lingering nutritional gaps and set the foundation for adolescents to reach their full potential.

Nutrition International collaborates with local partners to provide technical and financial support to governments to develop and implement adolescent nutrition policies and programs in select countries across Asia and Africa. Through our adolescent health and nutrition initiatives, we empower adolescent girls and boys with the nutrition and knowledge they need to become better advocates for themselves and to make healthy life decisions. Our efforts help governments strengthen and expand the package of interventions for adolescent nutrition – including menstrual health management, sexual and reproductive health, skill building and overall wellbeing. We are also working to prevent adolescent anaemia through weekly iron and folic acid supplementation (WIFAS): with our support, almost 4.5 million adolescent girls received the full scheme of WIFAS across approximately 150,000 schools in eight countries in Africa and Asia in 2023.

Under our 2022 memorandum of understanding with the African Union, we continued to provide strategic technical assistance and developed an evidence-based framework to guide continental actions to accelerate progress on adolescent nutrition. The framework, along with a technical overview highlighting the importance of adolescent nutrition, was presented to the regional economic committees and will be shared with the African Union's Specialized Technical Committee to help shape the adolescent nutrition component of the next 10-year Africa Regional Nutrition Strategy.

Recognizing that out-of-school adolescent girls are among the hardest to reach and often live in the most vulnerable contexts, we supported Bangladesh's National Nutrition Services in developing the "Operational Guideline for Out-of-School Adolescent Nutrition Interventions at the Community Level with Linkage to the Health System." In November 2023, an advocacy meeting reviewed and sought approval for the Guideline, which is now undergoing final reviews before being shared with stakeholders.



In Tanzania, we are implementing the Building Rights for Improved Girl's Health in Tanzania (BRIGHT) project, a seven-year initiative aimed at building agency in adolescents in the Tabora region to exercise their sexual and reproductive health and nutrition rights through youth-centred, gender-responsive and rights-based approaches. We also provided technical and financial support for the launch of the She'll Grow Into It advocacy campaign, which calls for prioritizing adolescent nutrition and

amplifying adolescent voices across African Union member states.

To enhance WIFAS reporting in Indonesia, we initiated the development of a digital data collection application, using the national District Health Information Software (DHIS2). The app was rolled out to teachers in five schools in the Purwakarta district of West Java province. Insights from the pilot – including challenges, opportunities and recommendations – were shared with the Ministry of Health to inform future deployment.

At the global level, Nutrition International contributed to improvements in the policy landscape and market shaping through the successful submission of WIFAS to the World Health Organization's Model List of Essential Medicines. The inclusion of this new formulation, containing ferrous salt, elemental iron and folic acid, will enable countries to implement policies and programs to accelerate adolescent nutrition, reduce global anaemia and help prevent neural tube defects. Additionally, we are collaborating with partners at the global, regional and national levels to raise the profile of adolescent nutrition and highlight data gaps, ensuring decision-makers fully understand the current health and nutrition needs of adolescents.

LOOKING AHEAD

Working with governments and partners to prioritize and improve nutrition for adolescents.

Nutrition International is highlighting the importance of adolescent nutrition and the missed opportunities in this under-served group, particularly where gender equity gaps hinder progress for adolescent girls. We'll continue to partner with governments across countries in Asia and Africa to design, implement and strengthen effective, gender-responsive adolescent nutrition programs, ensuring that adolescents are prioritized in health and nutrition agendas. By expanding and enhancing countries' anaemia reduction efforts through WIFAS programming, we are mitigating inequities faced by adolescent girls. Additionally, we are broadening the delivery of nutrition and health education, including menstrual health management, to ensure that adolescents have access to the information they need to understand their growth and potential to benefit from improved nutrition and health practices, and to encourage equal participation and school attendance. Moving forward, we will work alongside youth and their governments to drive effective actions for improving adolescent nutrition.



Technical assistance

Strategic engagements that transform the nutrition ecosystem for results.

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Nutrition International serves as a strategic and technical partner to national and subnational governments, development banks and key partners, empowering them to make informed decisions, mobilize additional resources for nutrition and maximize the impact of their investments.

Through our team of global and in-country experts in nutrition governance, monitoring, evaluation, accountability and learning, finance and advocacy, we provide our partners with quality, timely and coordinated technical assistance and capacity-building services. Our efforts ensure that nutrition programs are evidence-based, centered on improving lives and focused on the areas with the greatest potential for impact. In 2023, we implemented technical assistance projects in support of six national governments in Lao People's Democratic Republic, Bangladesh, Ethiopia, Timor-Leste, Cambodia and



the Philippines, as well as three major development banks and two regional economic communities.

In Ethiopia, a high-level Nutrition International team is leading the Federal Program Delivery Unit's implementation of the Seqota Declaration. Additionally, we implemented a test case for gender-responsive technical assistance by mainstreaming gender activities into the Seqota Declaration's ongoing delivery. In Timor-Leste, we signed a memorandum of understanding

with the Stunting Reduction Unit to support their efforts to address stunting. In the initial phase, Nutrition International provided guidance on the unit's organizational structure and will support the development of a national nutrition action tracking mechanism.

Continuing our collaboration with the Association of Southeast Asian Nations and the Asian Development Bank's Nutrition Technical Working Group, we conducted an initial landscape review of nutrition-sensitive social protection in Asia to provide an evidence base



for engagements on areas of support required in the region. A similar landscape review in East Africa was conducted in partnership with the Southern African Development Community.

We also commenced implementation of Phase 3 of the Banking on Nutrition partnership project, funded by Big Win Philanthropy and the Aliko Dangote Foundation. Phase 3 will increase the demand for nutrition-smart investments by the African Development Bank’s (AfDB) clients, governments of high-burden regional member countries and businesses, while simultaneously enhancing the AfDB’s capabilities to respond to that demand with the right supply of technical capacity.

Nutrition International also successfully established a new relationship with the World Bank’s Nigeria country office and is providing technical assistance for identifying opportunities for integrating nutrition into projects and developing practical tools the Bank needs to make its portfolio nutrition smart on an ongoing basis.

LOOKING AHEAD

Advancing nutrition priorities through policy, governance and strategic collaboration.

Our strategic support will continue to drive the prioritization of nutrition in development policy and funding, strengthen nutrition governance and build capacity for planning, financing and implementation. We will continue our long-term partnerships with national governments across Asia and Africa, while extending our efforts to reach Nutrition International’s remaining core countries. Additionally, we will deepen our collaboration with multilateral development banks to catalyze greater investments in nutrition. Building upon recent landscape reviews with regional institutions, we will support their member states in implementing opportunities to integrate nutrition into sectoral portfolios.



Gender

Closing the gender nutrition gap.



Guided by our gender equality strategy, we design and implement gender-sensitive and gender-responsive nutrition programs, using rigorous analyses to ensure they address the unique needs of women, girls, men and boys, while also responding to gender barriers.

We believe that good nutrition and gender quality are mutually reinforcing.

Aligning with our commitment to apply a gender lens to all our programs, projects and partnerships, we began developing an updated program gender equality strategy. The new strategy outlines our framework for understanding the linkages between gender and nutrition, sets key priorities for the next strategic period and showcases specific examples of how we promote gender equality across all areas of our work.

Last year, we conducted a comprehensive consultation process that included focus group discussions with over 150 participants, including government and civil society representatives and Nutrition International staff from various regions. We also held a series of validation meetings and workshops to inform the strategy's development.





In Senegal, we continued to work with the Forum for African Women Educationalists to advance our adolescent health program by introducing new training modules on gender equality, with a specific session on positive masculinity that was attended by both girls and boys. We also established adolescent support groups in select schools to raise awareness on gender equality. In India, we scaled up our menstrual hygiene

management program, offering nutrition education to both adolescent boys and girls and counselling sessions for adolescent girls.

In partnership with the Society for Women's Development and Empowerment in Nigeria, we leveraged community and religious networks and undertook home visits to foster dialogue and promote the uptake of positive nutrition behaviours. Similarly, we explored

opportunities in Pakistan for women's participation in food processing to promote gender-inclusive food fortification. In Kenya, we established father-to-father support groups to engage men and boys as advocates for equitable communication and decision making on maternal and newborn health and nutrition at the household level.

LOOKING AHEAD

Ensuring women and girls get the nutrition they need to survive and thrive.

As we roll out our updated program gender equality strategy, a key priority will be developing operational guidelines and minimum standards for our country program teams. Ongoing capacity-building efforts with staff and local partners will ensure that stakeholders are equipped to implement commitments and translate strategic objectives into tangible results. Building on our successful relationships with women's civil society organizations, we aim to increase the number of partnerships in additional countries. Additionally, we will further explore how gender, empowerment and inclusion affect program delivery and results.

Moving forward, we will continue integrating research into projects and taking a leadership role to identify and address gaps, with an emphasis on people living in vulnerable circumstances. To strengthen gender-responsive nutrition interventions and planning at the national level, we will provide technical assistance on gender to enhance policies and frameworks.



Maternal and newborn health

Improving health and nutrition for women, mothers and babies.



Nutrition International is dedicated to improving maternal and neonatal health and nutrition through high-quality programming. We work alongside community-level groups, partners and government sectors to enhance antenatal care, support a positive pregnancy experience and optimize health outcomes for women and their babies.

In 2023, we continued to support countries on the SMART (sustainable, measurable, achievable, resourced and tailored) introduction of multiple micronutrient supplementation (MMS) into antenatal care (ANC), in line with the World Health Organization 2020 guidelines. Our implementation research projects with the governments of Pakistan and Nigeria helped to support the transition from iron and folic acid (IFA) to MMS. Research has shown that antenatal MMS, a daily dose of 15 vitamins and minerals, is just as effective as IFA in preventing maternal anaemia and more effective at improving birth outcomes.

As the trusted partner of choice for MMS scale-up in Pakistan, we leveraged our expertise to conduct a landscaping analysis with the Government of Senegal to prioritize research themes and questions for the potential transition to MMS. Additionally, our experts met with national policymakers in Kenya to discuss maternal nutrition and MMS, which sparked further national dialogue and interest to pursue implementation research and a request for a costed roadmap. Across all countries, our MMS Cost Benefit Tool remains a key entry point to support decision making around the costs and benefits of switching from IFA to MMS. In total, more than 2.5 million pregnant women received IFA supplements with Nutrition International's support, and over 37,000 pregnant women received a 100-count bottle of MMS.



Through the Maternal Iron and Folic Acid, and Calcium (MIFAC) project in India, we harnessed the power of artificial intelligence to develop ANIKA (Anaemia and Nutrition Information and Knowledge Accelerator), a WhatsApp-based chatbot designed to improve stock management and deliver social behaviour change messages. Since its launch in Madhya Pradesh and Gujarat, ANIKA has more than 700 registered users, including 507 frontline health workers and 196 beneficiaries.

Understanding that maternal and newborn health are closely linked, we collaborated with governments to implement comprehensive birth package interventions as part of a wider maternal and newborn care package to reduce neonatal mortality and improve the overall health and nutrition of newborn babies. Nutrition International's birth package includes deliveries conducted by skilled birth attendants, optimally timed cord clamping, timely initiation of breastfeeding and nutrition counselling, and two context-specific interventions: kangaroo mother care (KMC) and clean cord care using chlorhexidine.



In Ethiopia, the new ANC service — which includes eight or more contact visits — was fully rolled out across all Nutrition International-supported primary healthcare units to reduce the risk of perinatal mortality and improve women's quality of care. Our efforts contributed to nearly 74,000 pregnant women completing the recommended eight or more ANC contacts, a 14% increase in coverage from the previous year.



LOOKING AHEAD

Advancing maternal and newborn health and nutrition

Nutrition International continues to support governments and partners by generating and translating evidence and providing technical expertise to inform decision making on SMART MMS introduction and scale-up as part of comprehensive maternal nutrition programming. Over the next year in Nigeria, we will focus on implementing and evaluating solutions to improve adherence to MMS using human-centred design strategies.

Formative research is underway in Pakistan to inform recommendations for adolescent-friendly ANC, including nutrition service delivery. As the MIFAC project in India enters its final year, we will assess and provide recommendations to the government around a model to increase adherence to IFA and calcium supplementation during pregnancy.

Through the BRIGHT project, we will collaborate with Tanzania's Ministry of Education to integrate adolescent nutrition into the national curriculum. Our work to reduce neonatal mortality and morbidity continues with a focus on expanding access to essential care services. KMC for preterm and low birthweight babies is being scaled up in Kenya, India and Pakistan, and we will support governments in Pakistan and Kenya to implement their newly updated KMC guidelines, which were developed with our assistance.

Evidence generation

Strengthening the global nutrition knowledge base.

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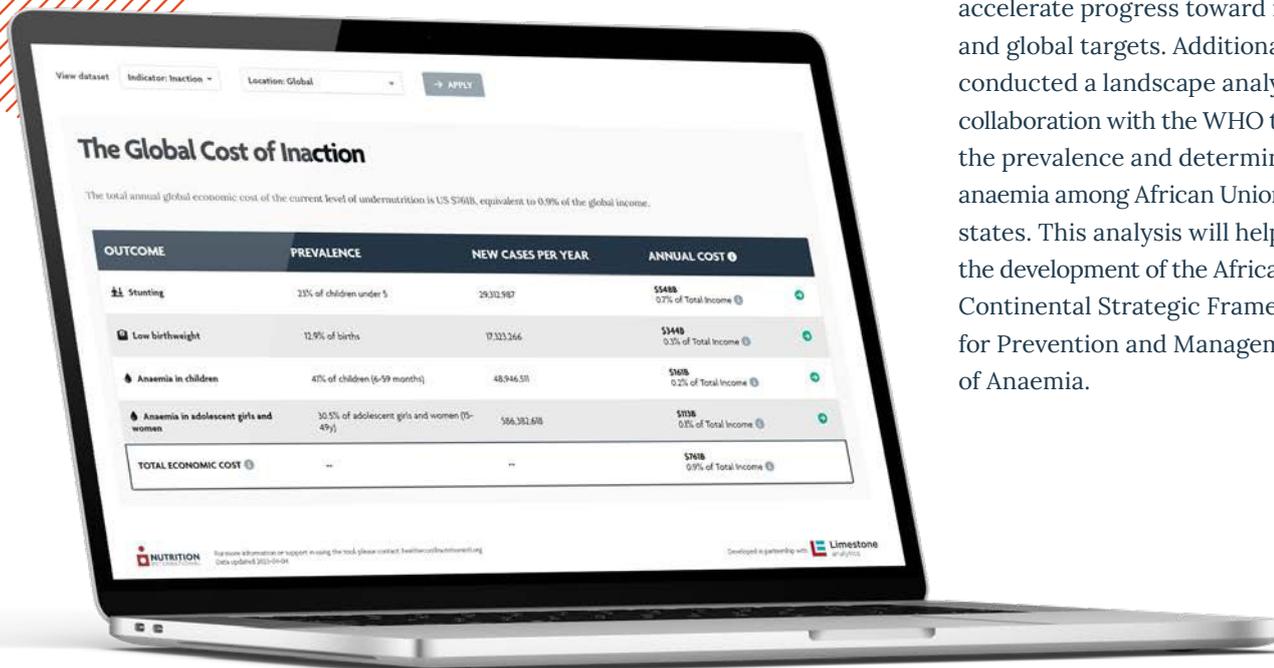
Our team of global experts generates and translates evidence and best global practices into robust technical guidance, evidence-informed policies and advocacy recommendations, while developing enhanced analytics and tools to drive high-quality nutrition programs.

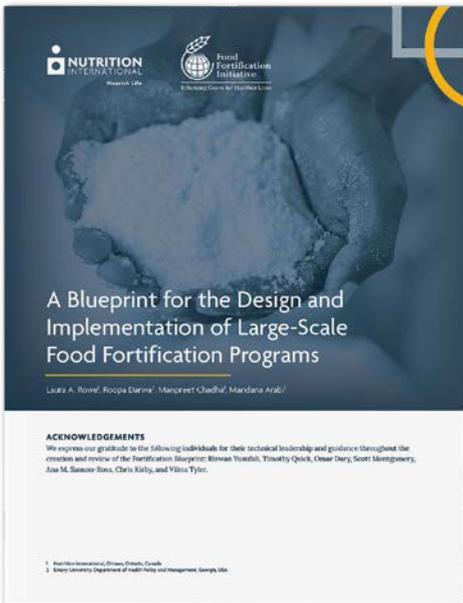
To underscore the urgent need for action against malnutrition, we launched the Cost of Inaction Tool with funding from the Government of Canada. The user-friendly online tool uses open-access data to provide policymakers with estimates on the national and global health, human capital and economic consequences of not investing in addressing the World Health Assembly targets related to stunting, anaemia in women and children, and low birthweight.

We also continued our partnership with Atlas AI to advance a predictive impact intelligence platform aimed at locating children under five who

are most at risk of not receiving lifesaving services. A predictive model was developed in 2023 and will be validated through a population-level study in Kenya in 2024–25, enabling us to better target the delivery of nutrition interventions, like vitamin A supplementation and immunization.

As a core member of the Anaemia Action Alliance, Nutrition International contributed two of four strategic papers that informed the development of the World Health Organization’s (WHO) “Accelerating anaemia reduction: A comprehensive framework for action” report. The framework proposes strategic, effective and implementable actions to reduce anaemia, improve health and accelerate progress toward national and global targets. Additionally, we conducted a landscape analysis in collaboration with the WHO to explore the prevalence and determinants of anaemia among African Union member states. This analysis will help guide the development of the African Union’s Continental Strategic Framework for Prevention and Management of Anaemia.





Together with the Harvard School of Public Health (HSPH), we co-developed a series of online training courses aimed at capacity building for nutrition. The course consists of six modules, each co-instructed by a Nutrition International expert and a HSPH instructor, covering a variety of advanced topics in global health, including implementation science, monitoring and evaluation, from design to implementation and extended cost-effectiveness analyses.

The e-learning modules will be available as open-access resources and are scheduled to launch by the end of 2024.

Building upon our collaboration with the WHO to explore the use of digital technologies in strengthening food system nutrition interventions – particularly food fortification and dietary diversification for improved nutrition outcomes – a series of six papers will be published in the *Annals of the New York Academy of Sciences*

in 2024–25. These papers will cover topics such as digital tools and technologies for food fortification, big data analytics for decision making and sustainability, digital applications in nutritious food value chains, and the use of digital technologies in behaviour change interventions to focus on consumers of fortified foods.

LOOKING AHEAD

Generating evidence to address the causes of malnutrition.

We are investing in generating evidence on new interventions and approaches to address the multiple causes of malnutrition. This includes evaluating the effectiveness of a double-fortified salt with iodine and folate in Ethiopia and assessing the long-term impact of early nutrition interventions in delaying the onset of non-communicable diseases. We are also identifying the barriers and facilitators to scaling up proven nutrition interventions, such as multiple micronutrient supplementation (MMS), in regions like Pakistan and Nigeria that have a historically high need but low uptake. To advance Nutrition International’s key objectives in the areas of child survival and anaemia, we are generating evidence on the use of artificial intelligence and digital technologies to better target interventions and identify vulnerabilities. Additionally, in collaboration with the WHO, we are developing a global operational guide and monitoring framework for anaemia interventions.



Nutrition advocacy

Championing nutrition as a global priority.

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Nutrition International works with governments, governing bodies, donors, partners and the public to advance the fight against malnutrition around the world. We advocate for the strategic allocation of resources for nutrition by ensuring our evidence-based interventions align with government policies and mobilize political commitment to keep nutrition a top priority on global, regional and national agendas.

Last year, our advocacy efforts supported the strategic dissemination of new evidence related to the cost of inaction on nutrition, helping governments grasp the impact of nutrition investments and target resources effectively. In Ethiopia and the Philippines, we launched



two advocacy technical assistance projects to support the government to successfully advocate for investments in nutrition at the national and subnational levels.

In collaboration with the World Health Organization and UNICEF, we helped establish the Anaemia Action

Alliance to increase awareness of the consequences of anaemia, particularly on women and girls, and to champion its prioritization among governments and institutions. Additionally, we supported the Nutrition for Growth (N4G) Special Envoy by sharing insights from the previous summit and contributing to the development of the N4G 2025 Roadmap.

Our technical and advocacy experts remain actively engaged in several globally renowned advocacy coalitions and partnerships that work to elevate the nutrition needs and priorities of women and girls, including the Scaling Up Nutrition (SUN) Civil Society Steering Committee and regional and national groups, the Closing the Nutrition Gender Gap partner group, and the N4G Outreach Group.

LOOKING AHEAD

Driving global nutrition action.

This year is a watershed moment for nutrition. Every four years, the global community comes together to pledge resources and commit to policy action on nutrition at the N4G Summit. The next summit — held in Paris in 2025 — has the potential to galvanize the political support necessary to reverse years of inaction and stagnation on nutrition. We will continue to push for ambitious and measurable action. We will also continue to work with our partners at the African Union, ASEAN and other regional bodies to make sure nutrition stays at the top of the global agenda.





نورش **Nourish**
Maa
A partnership of Nutrition International
& the Government of Pakistan

FIELD STORY

Sumedang shines

Exploring stunting reduction in Indonesia



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Nestled in northern West Java, Indonesia, Sumedang district is standing out. Living up to its philosophy “Insun Medal Insun Madangan” or “born to light up the world,” it’s won the best district for stunting reduction three years running. Find out how the district government, with the support of development partners, is advancing the national vision of stunting alleviation and making change through commitment, innovation and a shared vision for healthier communities.

Expectant mother Sinta Nurpiani is preparing for the arrival of her second child. She lives in Sumedang district within the vibrant landscapes of West Java province, Indonesia. When she had her first child three years ago, Sinta found support at her local puskesmas, which is a community health centre. There, she received medical care in a nurturing environment where dedicated staff members guided her through her pregnancy journey.

Puskesmas play a critical role in supporting antenatal care and the first 1,000 days from conception to a child’s second birthday. They were targeted as one of the key platforms to address a pervasive health issue in the country: childhood stunting.

Now, as she awaits the birth of her second child, armed with additional support and nutritional knowledge, Sinta has increased agency to decide how to best care for her children so they can grow up unburdened by the shadow of stunting.

The need for change

In 2018, almost one out of every three children in Indonesia, or 31%, were stunted, with dramatic variations across provinces. Stunting occurs due to the gradual buildup of irreversible physical and cognitive damage caused by chronic undernutrition, repeated infections and inadequate feeding practices. Stunting has a range of adverse long-term consequences, including poor cognition and school performance, lost productivity and an increased risk of nutrition-related diseases, such as diabetes and obesity. It is also a recognized risk factor for obstetric complications during labour, potentially resulting in injury or death for mothers and their newborns. Due to its health implications within a population, stunting also has an impact on the economy, with the potential to cause economic losses of 2–3% of a country’s yearly Gross Domestic Product.



“Cooperation and coordination are one of the key efforts to reducing stunting. We have to make stunting a common enemy in every level of society.”

— **SUMASNA**, former Head of West Java Bappeda

In 2019, Nutrition International and Save the Children launched the Better Investment for Stunting Alleviation (BISA) project to translate the Government of Indonesia’s national stunting reduction strategy into effective action at the subnational level. Working with the provincial and district health offices, Nutrition International provided technical assistance and advocated for better human and financial resources, stronger policies and accountability mechanisms to improve nutrition before pregnancy and during the critical first 1,000 days.

Aligned with Indonesia’s National Strategy to Accelerate Stunting Prevention, which aims to reduce stunting to 14% by 2024, the project was initiated in four districts across West Java and Nusa Tenggara Timur.

“Cooperation and coordination are one of the key efforts to reducing stunting,” explains Sumasna, former Head of West Java’s Bappeda, the provincial development planning agency. “We have to make stunting a common enemy in every level of society.”

Located in West Java, the most populous province in Indonesia, Sumedang district has made significant strides in stunting reduction. Commitment from local officials, coupled with BISA’s implementation and the district government’s adoption of innovative and effective strategies, led to a decrease in stunting prevalence from 32.2% in 2018 to 8.27% in 2022, as reported by Indonesia’s national nutrition information system, e-PPGBM. Recognizing these achievements, Sumedang received

the prestigious “Best Performing District for Implementing Eight Convergence Actions for Stunting Reduction in West Java” award for three consecutive years in 2020, 2021 and 2022.

Below, we explore how this came to be through strengthening puskesmas, digital innovation and supply chain management.



Strengthening the front line

Previously, health workers in Sumedang faced challenges accessing the necessary training they needed to effectively improve access to quality health and nutrition services. BISA made this possible. “We have never had any training for our staff that is very technical in nature, such as to reduce stunting,” notes Dadang Sulaeman, former Head of Sumedang’s District Health Office. “With BISA, we started discussing the problems we had and then made a joint action plan.”

Addressing stunting starts with quality antenatal care during pregnancy. One fundamental hurdle in Sumedang’s journey was the need to heighten public awareness about the importance of preventing stunting as early as possible. Sumasna notes that despite its prevalence, stunting was initially only understood by health workers. To combat this, “we have tried to communicate, disseminate and provide education to every level, from the government to the community,” he says.



Puskesmas play an important role in increasing knowledge, especially in improving nutrition services.

— **SITI NUR,**
Head of Puskesmas Situraja in Sumedang

At the puskesmas where Sinta receives care, the staff have been equipped to build the knowledge of pregnant women and their families through nutrition education. “Puskesmas play an important role in increasing knowledge, especially in improving nutrition services,” says Siti Nur, Head of Puskesmas Situraja in Sumedang. In addition to routine health checks – including blood pressure, lab tests, ultrasounds and weight monitoring – Sinta also receives counselling on maintaining a balanced, nutritious diet, the importance of adhering to iron and folic acid supplementation and preparation for exclusive breastfeeding.

Innovation through digitization

In addition to training, Sumedang is leveraging digitization in its stunting reduction initiatives through the development of two innovative digital applications.

The Integrated Stunting Handling Information System – eSimpati – is a pioneering tool that provides comprehensive stunting data in the district, including statistical data on children affected by stunting, prevalence in villages and analytical data on the causes of stunting in specific geographies. Since 2020, all children in Sumedang are weighed and their data input into the application, which is then verified by puskesmas staff under the supervision of the District Health Office.

Using artificial intelligence, eSimpati tailors recommendations to each village’s unique stunting challenges, enabling prompt corrective actions. This not only facilitates closer monitoring by stakeholders, but it also allows the general public and parents to check their children’s nutritional status.

“The system is very effective because stunting is not only known by the ranks of health workers, but now everyone in Sumedang knows what stunting is,” says Dadang of the application’s success in promoting public awareness. “Stunting becomes a social problem. If, for example, a child is stunted, the parents immediately consult with the village and sub-district heads.”





We have never had any training for our staff that is very technical in nature, such as to reduce stunting. With BISA, we started discussing the problems we had and then made a joint action plan.

— **DADANG SULAEMAN**,
former Head of Sumedang’s
District Health Office



Impressed by the successful implementation of eSimpati in Sumedang, the Ministry of Health is actively replicating the district’s strategy and expanding this electronic-based system nationwide to accelerate stunting management.

Recognizing the vital role of a seamless supply chain system for nutrition commodities, BISA conducted microplanning training to improve the supply chain management skills of health workers. Rita Juwita is the Pharmacy Unit Head of Sumedang’s District Health Office. She said manual forecasting, stock-outs and overstocking created bottlenecks that needed to be addressed.

“A good supply chain is very influential to decrease stunting,” explains Rita. “When micronutrient products are available in all health services, it can be influential in the fast decrease of stunting.” In response, Rita and her pharmacy unit developed ePharmacy, an inventory management application that digitizes the entire commodity inventory and request process, making healthcare services more accessible.

ePharmacy has since been introduced to all health centres in the district, ensuring no shortages of stocks of micronutrient supplements in 35 puskesmas in the district.

A bright future ahead

Sumedang district has an official catchphrase: “Insun Medal Insun Madangan.” This translates to “born to light up the world.” Due to the collective and interconnected actions through the BISA project, the district is a shining example of stunting reduction. In addition to strengthening the health system and supply chain, Sumedang has made significant legislative progress. The district passed a decree, aligned with the Presidential Regulation, to enable the convergence of all stunting reduction efforts by different stakeholders.

Facing nausea and vomiting in her early trimesters, Sinta consulted with puskesmas staff and began diligently consuming her recommended antenatal supplements every night after eating. As a result, by her third trimester, Sinta’s hemoglobin levels improved and her symptoms gradually

subsided. She’s eagerly anticipating the arrival of her newborn and is hopeful for a bright future for her children. “My wish for my children – I hope that they can be successful, healthy and useful for the nation.”

Stunting reduction continues to remain a priority for the Government of Indonesia as the country works toward realizing its goal of eliminating stunting and improving the health and nutrition of women, children and adolescents. “BISA’s involvement with coaching, education and innovation programs gives a new touch in our joint effort to realize West Java’s zero net stunting goal,” shares Sumasna.

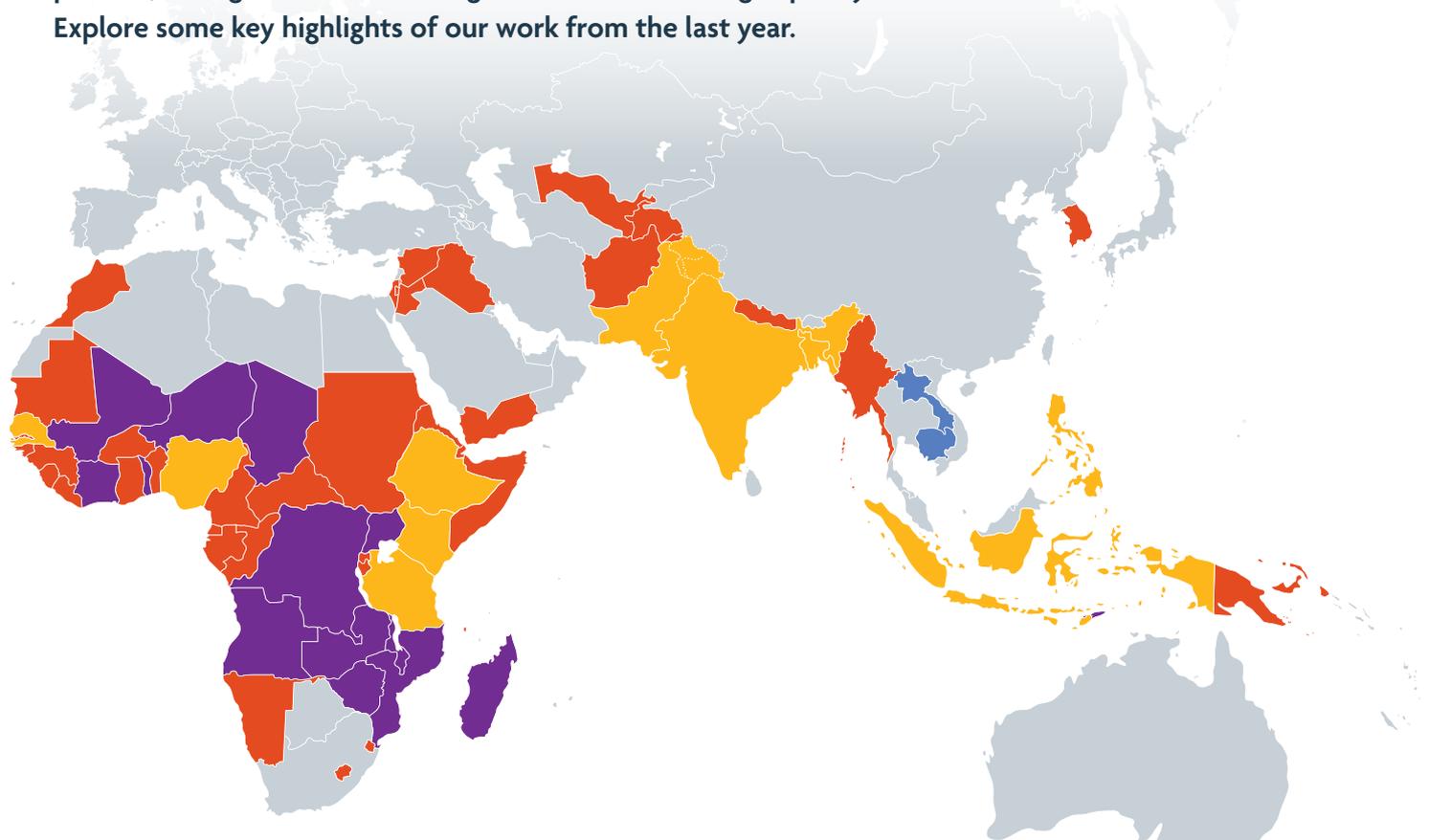
With the support of various partners and sectors, the government aims to replicate this success in other regions to reduce the rates of stunting, wasting, underweight and overweight in children, as well as anaemia in pregnant women. BISA has played an important role in contributing to stunting reduction in Indonesia.

Country highlights

Creating lasting change around the world.

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In countries across Africa and Asia, we support programming from the national to the local level. By collaborating with governments and partners across various sectors, we work to implement policies, strengthen the knowledge base and deliver high-quality nutrition interventions. Explore some key highlights of our work from the last year.



LEGEND

- Our core countries*
 - Ethiopia
 - Kenya
 - Nigeria
 - Senegal & Sahel
 - Tanzania
 - Bangladesh
 - India
 - Indonesia
 - Pakistan
 - Philippines
- Vitamin A supplementation
- Technical assistance
- Technical assistance and vitamin A supplementation

* Activities in core countries may include supplementation, fortification, technical assistance, nutrition advocacy, health and nutrition education and evidence generation.



SCAN HERE
for a full list of program activities by country

This map is for illustrative purposes only and is not to scale. The boundaries used on this map do not imply endorsement by Nutrition International.



Bangladesh

In Bangladesh, ongoing political tensions and persistent inflation have posed significant challenges. Despite these difficulties, we continued to support the government and other partners to deliver micronutrient supplements, adequately fortified staple foods and improved health and nutrition services, with a particular focus on women, children and girls.

410,114 adolescent girls, aged 10 to 19 years, consumed the full scheme of weekly iron and folic acid supplementation in 10 districts through Nutrition International's partnership with the Directorate of Secondary and Higher Education.

328,411 flash cards were distributed to healthcare providers to help educate pregnant mothers on different fetal development milestones and the importance of consuming iron and folic acid tablets for improving birth outcomes.

7,042 health personnel, including 450 healthcare providers and 6,592 frontline workers across 16 districts, received training on the National Vitamin A Plus (NVAC) eLearning application, equipping them with essential information to strengthen the quality of the national vitamin A campaign.



Ethiopia

Ethiopia is facing multiple crises, including recurrent droughts and floods, ongoing conflicts and economic difficulties, all of which have led to more than 20 million people requiring food assistance. We are collaborating with the government and other partners to enhance primary care and nutrition services, particularly for adolescent girls, women and children.

474,569 in-school adolescents aged 10 to 19 years — including 319,757 girls and 154,812 boys — received gender-responsive nutrition education. Additionally, 285 girls clubs have established partnership platforms in collaboration with their primary healthcare units and the school community to advance gender-transformative adolescent nutrition programming.

The Vitamin A Next Schedule Tracking Tool pilot study was completed across 36 health posts in nine Nutrition International-supported areas. The endline assessment revealed that 90% of children in these areas received their vitamin A supplementation dose within the recommended six-month interval. Health workers also reported that the tool was instrumental in ensuring timely supplementation and reducing the number of missed doses.

272,613 diarrhoea episodes in children under five were treated with zinc and low-osmolarity oral rehydration salts across 78 Nutrition International-supported woredas, representing a 94% compliance with national protocols.



India

In India, we continued to work alongside government ministries and partners to deliver essential nutrition interventions to address the country’s nutrition challenges and improve the health of the entire population, especially women, girls and children.

Nutrition International signed a memorandum of understanding with the Department of Food and Supplies, Government of West Bengal, for technical assistance to strengthen the country’s rice fortification program.

4,768 frontline workers, managers and pharmacists received training on the delivery, management and implementation of the maternal and newborn health and nutrition program. Additionally, 4,596 women — including newly married, pregnant and lactating women — benefitted from behaviour change messages delivered through the ANIKA (Anaemia and Nutrition Information and Knowledge Accelerator) bot, a WhatsApp-based chatbot developed by Nutrition International.

Nutrition International supported Kishor Swasthya Manch, India’s adolescent health platform, by organizing sessions for adolescent girls and boys in 20 districts of Uttar Pradesh. The sessions offered key health and nutrition counselling and information tailored to adolescents through a mentor-based approach. Recognized as a success by the state government, the platform has been adopted for continued implementation at scale across the state.

Indonesia

We work closely with the government to ensure that nutrition policies are properly enforced, and we support the development and implementation of nutrition interventions to improve the nutritional status of the population.

261 million additional people had access to adequately fortified wheat flour in areas served by Nutrition International-supported wheat flour mills.

Based on our recommendation, the Health Development Policy Agency of the Ministry of Health integrated a serum retinol survey into the Indonesia Health Survey and conducted biomarker data collection in 2023. We are currently analyzing the data and will convene a group of vitamin A deficiency experts to review the findings and develop policy recommendations for advancing vitamin A supplementation programming in Indonesia.

Nine salt processors received technical and financial support from Nutrition International to upgrade their technology to increase the production of fortified salt.



Kenya

We are working with national and county governments to strengthen policies, support research and increase investments for nutrition programming. Our focus is on implementing low-cost, high-impact nutrition interventions to ensure that the population — particularly women, girls and children — have access to the nutrition they need.

2,712,100 people across 11 counties were reached with behaviour change intervention messages on diarrhoea management using zinc and low osmolarity oral rehydration salts through radio, print media and group counselling sessions.

We provided technical and financial support to strengthen the operationalization of the Grain Mill Owners Association, an umbrella body consisting of seven maize millers associations. Our assistance included supporting the development of a strategic plan to improve self regulation and strengthen engagement with the government and other development partners in the food fortification space.

257,213 newborns were initiated on breastfeeding within one hour after birth, representing 68.6% of live births in 11 Nutrition International-supported counties.



Nigeria

In Nigeria, ongoing conflict, particularly in the northern regions, severely impacted food security and access to healthcare services. In collaboration with our partners, we continued to support the government to deliver quality nutrition programs to improve the health, development and productivity of the population.

208,165 diarrhoea episodes in children under five were treated with zinc and low-osmolarity oral rehydration salts.

In collaboration with the State Primary Health Care Development Agency, we designed and implemented hard-to-reach strategies in Katsina and Cross River states using tailored approaches to ensure that all children will be reached with two doses of vitamin A supplementation (VAS) each year. As a result, an additional 498,150 children under five in Katsina were reached with two doses of VAS, while 85,374 more children under five were reached in Cross River.

Nutrition International, in partnership with UNICEF, provided and distributed 26,499,800 iron and folic acid (IFA) tablets to public health facilities in Katsina and Sokoto states. The supplies were expected to reach 346,333 pregnant women in the target states with a 90-day supply of IFA supplements.



Pakistan

Instability in regions such as Balochistan and Khyber Pakhtunkhwa led to delays in project implementation and impacted the delivery of health services and access to healthcare facilities. Together with the government and global partners, we are working to improve access to micronutrients to enhance the health of women, girls and children.

290,299 additional metric tonnes of adequately iodized salt were produced by salt processors.

Building on the success of our weekly iron and folic acid (WIFAS) pilot project in Lodhran, we secured a CAD \$2 million grant from the Bill & Melinda Gates Foundation. Through this grant, we will lead the procurement and evaluation of an innovative adolescent nutrition program, in collaboration with the Benazir Income Support program, which aims to reach adolescent girls with WIFAS and nutrition education through a conditional cash transfer program.

37,390 pregnant women received at least one 100-count bottle of multiple micronutrient supplementation tablets in Swabi district.



Senegal and the Sahel

We work with governments and partners to improve women's and children's nutrition in Senegal and the high-burden countries of the Sahel.

195,793 adolescent girls aged 10 to 19 years received the recommended scheme of weekly iron and folic acid supplementation.

119,418 metric tonnes, the equivalent to 23.8% of all salt produced in the country, were adequately iodized with Nutrition International's support, reaching an estimated 19,729,966 people.

738 health workers, including 398 women and 342 men, were trained to use the new vitamin A supplementation micro-planning template and self-monitoring tool, enabling existing platforms at the local level to reach more children.



Tanzania

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Guided by the country's National Multisectoral Nutrition Action Plan, we support the government to improve policies and deliver quality programs to ensure the right nutrition gets to those in need, particularly women, adolescent girls and children.

Over 32 million people were reached with adequately iodized salt due to Nutrition International's support.

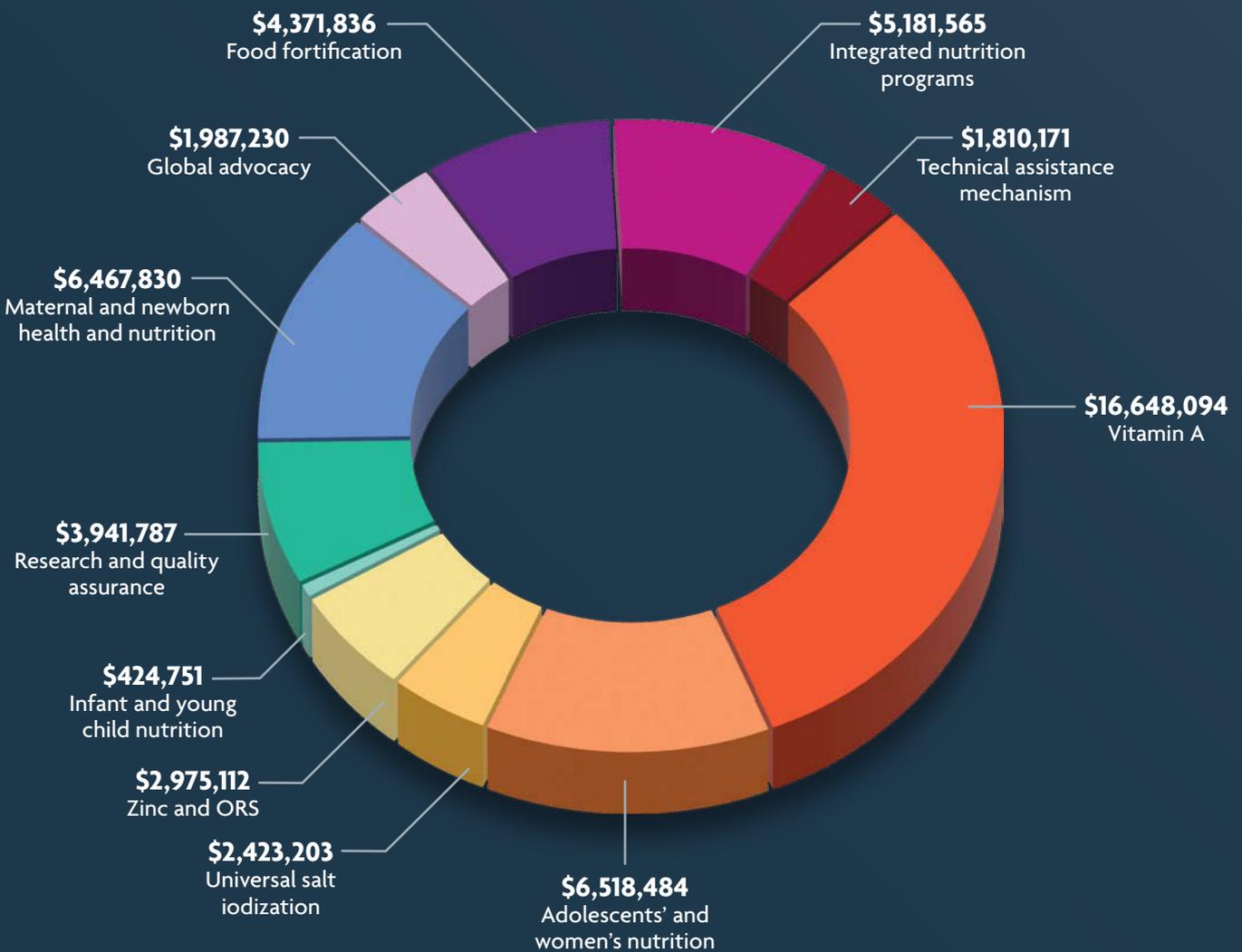
Nutrition International facilitated reflection meetings in 17 councils, where 404 health workers assessed the performance of vitamin A supplementation delivered through Child Health and Nutrition Months and developed micro-plans for enhanced implementation during future campaigns.

570,222 pregnant women attended at least one antenatal care (ANC) visit in Nutrition International-supported areas, while approximately 95% of all women attending ANC received iron and folic acid supplementation.

Financial highlights

Program interventions, 2024

March 31, 2024 (in U.S. dollars)



Consolidated statement of operations		
Year ended March 31, 2024, with comparative information for 2023 (in U.S. dollars)	2024	2023
REVENUE:		
Grants and contributions	\$59,577,230	\$63,529,197
Change in fair value of investments	815,395	(226,535)
Other income	120,931	1,359,913
	60,513,556	64,662,575
EXPENSES:		
Program interventions	52,750,063	56,717,103
Management and administration	6,938,065	6,855,330
	59,688,128	63,572,433
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	\$825,428	\$1,090,142

Consolidated statement of financial position		
Year ended March 31, 2024, with comparative information for 2023 (in U.S. dollars)	2024	2023
ASSETS		
Current assets:		
Cash	\$12,509,101	\$9,943,344
Short-term investments	23,765,954	22,907,143
Accounts receivable	4,161,824	3,267,721
Prepaid expenses	1,279,591	1,110,953
	41,716,470	37,229,161
Investments	4,724,097	4,132,340
Tangible capital and intangible assets	1,171,807	1,421,150
Total	\$47,612,374	\$42,782,651
LIABILITIES & NET ASSETS		
Current liabilities:		
Accounts payable and accrued liabilities	\$4,942,690	\$5,256,061
Deferred contributions	28,611,459	24,270,241
	33,554,149	29,526,302
Net assets:		
Unrestricted and internally restricted	14,785,749	13,960,321
Cumulative translation adjustment	(727,524)	(703,972)
	14,058,225	13,256,349
Total	\$47,612,374	\$42,782,651

Board of Directors

Strategic leadership to deliver on nutrition around the world.

Nutrition International's Board of Directors provides strategic support and overarching guidance, steering our efforts to fulfill the objectives outlined in our Strategic Plan and advance our mission of transforming lives through improved nutrition. Comprised of leaders from multilateral institutions, academia, non-profits and more, the expertise and global leadership of our directors are crucial as we strive to make a difference in the lives of those we exist to serve.



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Senior Research Fellow, 3iE,
Washington, DC, USA



Shaila Khan Leekha

Co-founder and COO, Clima Investments,
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Masood Ahmed – Board Vice-Chair

President Emeritus, Center for Global
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Former President of Tanzania, Chairman, Jakaya
Mrisho Kikwete Foundation, Global Partnership
for Education Board Chair and Chancellor,
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University of Toronto, Toronto, Ontario



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Executive Director, RESULTS/RESULTS
Educational Fund (REF), Washington, DC, USA



Mellissa Hisko – Honorary Member

Director for Global Immunization,
Outbreaks and Nutrition, Global Affairs Canada

Partners and donors

Delivering impact through partnerships and in-kind contributions.

Our mission to combat malnutrition is made possible through the invaluable support and generosity of our esteemed partners and donors. Their essential contributions and unique experience allow us to shape policy, enhance delivery and integrate nutrition interventions, driving meaningful and lasting change for millions of people around the world. Here are just some of the partners and donors we're proud to work with:

- African Development Bank
- African Union
- Aliko Dangote Foundation
- Alliance for Anaemia Action
- Alive & Thrive
- Atlas AI
- Bangladesh Knitwear Manufacturers & Exporters Association
- Big Win Philanthropy
- Bill & Melinda Gates Foundation
- BRAC
- Canadian Association for Global Health
- ChildFund International
- Comic Relief US
- Conseil National de Développement de la Nutrition du Sénégal
- CRI Foundation
- East, Central and Southern Africa Health Community
- Ecorys
- Eleanor Crook Foundation
- Emory University, Rollins School of Public Health
- EngenderHealth
- Exemplars in Global Health
- Fondation Botnar
- Gates Ventures
- GiveWell
- Good Ventures Foundation
- Government of Canada
- Government of Japan
- Government of Pakistan
- Government of the United Kingdom, through the Foreign, Commonwealth and Development Office
- Harvard T.H. Chan School of Public Health
- HOPE-Spina Bifida and Hydrocephalus
- Indonesian Ministry of National Development Planning/Bappenas
- Institute of Development Studies, University of Sussex
- International Food Policy Research Institute
- International Federation for Spina Bifida and Hydrocephalus
- ISF Advisors
- James Percy Foundation
- McGill University, School of Population and Global Health
- Micronutrient Forum
- National Nutrition Council
- PanAfricare
- Power of Nutrition
- Quantedge Advancement Initiative
- Save the Children
- Scaling Up Nutrition Movement (Secretariat)
- SickKids Centre for Global Child Health
- Society for Women Development and Empowerment in Nigeria
- Sonder Collective
- Southern Africa Development Community
- TechnoServe
- Teck Resources Limited
- UNICEF
- Unidade de Missão de Combate ao Stunting
- United Nations Office for Project Services
- University of California at Davis
- University of Toronto
- U.S Agency for International Development
- World Bank
- World Food Programme
- World Health Organization
- World Vision
- Young and Alive Initiative



Nourish Life

[NutritionIntl.org](https://www.NutritionIntl.org)