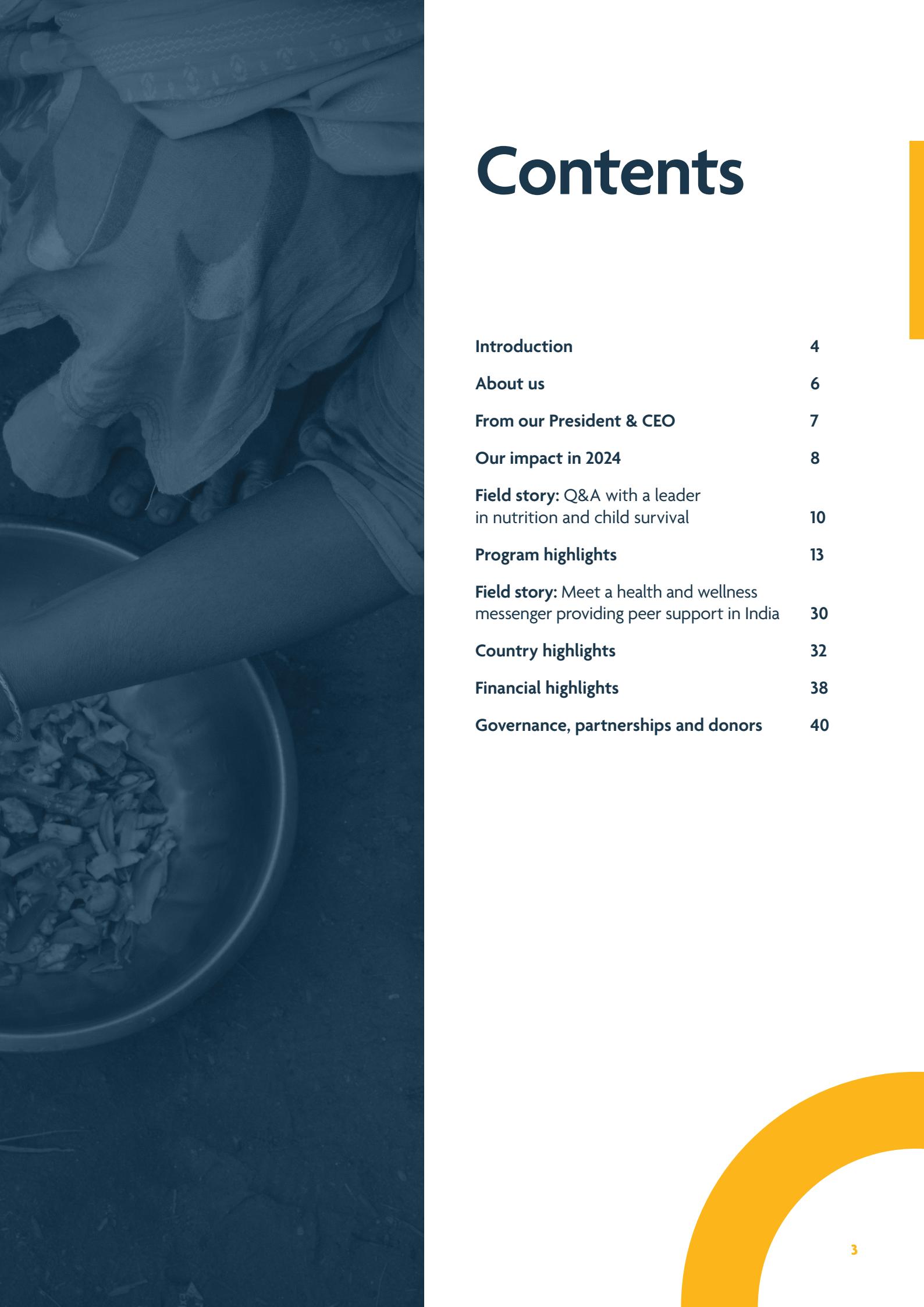


Annual Report

2024–2025





Contents

Introduction	4
About us	6
From our President & CEO	7
Our impact in 2024	8
Field story: Q&A with a leader in nutrition and child survival	10
Program highlights	13
Field story: Meet a health and wellness messenger providing peer support in India	30
Country highlights	32
Financial highlights	38
Governance, partnerships and donors	40



Introduction

Challenging the status quo
to end malnutrition.

We stand at a pivotal moment for global nutrition.

As the world shifts toward a post-official development assistance reality, traditional approaches are no longer enough. Lasting progress will depend on strong country leadership — governments, institutions and local partners working together to drive policy change, mobilize domestic resources and transform delivery systems to maximize results. Meeting this moment demands challenging the status quo, mobilizing domestic resources, aligning policies and transforming delivery systems to achieve impact at scale. With just five years left to reach the 2030 World Health Assembly Global Nutrition Targets and the Sustainable Development Goals, the way forward is clear: protect hard-won gains, close persistent gaps and ensure every woman, adolescent girl and child has the nutrition they need for health, human capital and a more equitable future.





About us

Leading the fight against global malnutrition.

Nutrition International is a global leader in the fight against all forms of malnutrition, improving the nutritional status, health and wellbeing of people living in vulnerable situations across more than 60 countries, with a special focus on women, adolescent girls and children.

Our world-class expertise and focused, impact-driven approach — combined with over three decades of hands-on experience as a trusted ally to governments, donors and implementers — allows us to deliver targeted nutrition interventions at scale. From conducting cutting edge research and supporting policy makers to strengthening program delivery and integrating nutrition into broader development initiatives, we make a difference, because nutrition is the difference.



SCAN HERE
to learn more about
the work we do.





From our President & CEO

Welcome to Nutrition International's 2024 Annual Report.



The past year has tested the resolve of people working in development in ways few could have anticipated. Economic volatility, rising debt, conflict, and climate shocks are converging at a moment when the multilateral system is breaking down and international

'aid' is in retreat. For millions of women and children, these pressures are not abstract — they mean higher food prices, fewer services and greater risk at precisely the time when support is most needed.

The operating environment we are in right now is extremely difficult, but it is also clarifying.

With just five years remaining to achieve the World Health Assembly Global Nutrition Targets and the Sustainable Development Goals, the choice before us is stark: accept a narrowing of ambition, or step forward with the resolve and creativity required to protect progress and accelerate impact. At Nutrition International, we are choosing to step forward.

Nutrition is not a peripheral issue; it forms the rungs on the ladder that people use to climb out of poverty. It is one of the smartest investments societies can make — underpinning health, learning, productivity and long-term resilience. When nutrition is neglected, human potential is lost. When it is prioritized, the returns are profound and long-lasting.

Nutrition International was founded in 1990 in response to the World Summit for Children, driven by a simple but urgent question: why are so many children dying from causes that are preventable? Thirty-five years later, global health progress has helped save more than 100 million

children. That progress is neither inevitable nor irreversible — and sustaining it now in this moment of global crisis matters more than ever.

Over the past year, we have focused on what works: protecting hard-won progress, closing persistent gaps, and scaling evidence-based solutions that deliver outsized returns for women, adolescents, and children. Across more than 60 countries, we continue to generate cutting-edge research, provide trusted technical expertise, and support governments and partners to take proven low-cost high-impact interventions to scale.

Vitamin A, multiple micronutrient supplements, large-scale food fortification, and innovations such as double-fortified salt with iodine and folic acid show what is possible — simple, scalable solutions that can save lives, prevent blindness, prevent birth defects and close critical micronutrient gaps at population level. With the right leadership and partnerships, these solutions can change the trajectory of millions of lives.

The road ahead will not be easy. But it is navigable. By remaining focused, collaborative and grounded in evidence, we can ensure that every woman, every adolescent, and every child has the nutrition they need to survive and thrive.

Thank you for taking the time to read this report and to engage with the work we do at Nutrition International. Stay hopeful!

Kind regards,

JOEL C. SPICER

President and CEO, Nutrition International

Our impact in 2024

Driving progress toward global nutrition goals.

In 2024, our global team continued to support national, state and municipal governments in designing, implementing and monitoring quality nutrition programs despite ongoing global challenges. We partnered with governments and other stakeholders to generate actionable evidence, and we provided decision-makers with the insights they need to strengthen policies, scale effective interventions and drive lasting change for the communities we serve.

Here are just some of our key achievements in 2024–25.¹



\$9.6B
in future economic benefits gained



516M
people gained access
to adequately iodized salt



243M
people gained access to fortified foods



155M
children under five received
two doses of vitamin A



11.4M
IQ points gained in children



9.5M
cases of anaemia averted



4.6M
adolescent girls consumed weekly
iron and folic acid supplements



2.5M
pregnant women received iron
and folic acid supplements



1.8M
children with diarrhoea received
the recommended course of zinc
and oral rehydration salts



1.3M
children gained a year of education



974K
adolescents received nutrition education



876K
newborns reached with
a birth package intervention



642K
newborns received timely
initiation of breastfeeding



599K
cases of stunting averted



241K
cases of mental impairments averted



133K
child deaths averted

¹ 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.



Q&A with a leader in nutrition and child survival

Nutrition International's vitamin A supplementation program in Chad is saving lives by addressing the adverse health impact of vitamin A deficiency in one of the world's most challenging contexts. We spoke with the project director to learn more about their journey and the program's impact.

With extensive experience managing nutrition and development programs, Ibrahima Ndao is leading efforts to combat child mortality in Chad through vitamin A supplementation (VAS). As the project director for Nutrition International, he is at the forefront of a lifesaving initiative to provide children aged six to 59 months with high-dose vitamin A every six months, protecting them from preventable diseases and safeguarding their survival. Funded by GiveWell, the project is delivering critical technical assistance to strengthen service delivery to reach every child.

Operating in a context marked by high vulnerability, displacement and conflict, Ibrahima and his team work closely with the Ministry of Health in Chad, particularly the Directorate of Food and Applied Nutrition, to leverage their expertise to overcome logistical and systemic barriers, delivering measurable outcomes. In this Q&A, Ibrahima shares his journey, the unique challenges of working in Chad and the innovative approaches that are driving the program's success.

Read on to learn how Nutrition International is making a difference and why this work matters to those involved.



Can you please introduce yourself?

My name is Ibrahima Ndao. I am a trained food technology engineer and hold a master's degree in nutrition and health. Between 2010 and 2011, I participated in a professional development program at Tulane University's Department of International Health and Development in the United States.

I began my career with UNICEF in Senegal, then worked with the Rural Micro-Enterprise Promotion Project, funded by the International Fund for Agricultural Development (IFAD), where I served as a regional office manager in rural Senegal.

In 2007, I joined Nutrition International, where I have worked for nearly 15 years, holding various positions to support universal salt iodization, food fortification and VAS programs. In 2022, I was invited to take on the role of project director in Chad.



What does your current role for VAS in Chad look like?

Nutrition International operates in Chad to ensure that children aged six to 59 months receive two annual doses of vitamin A supplements through biannual campaigns. We also support post-event coverage surveys (PECS) after each campaign.

As the project director, I am the main focal point for Nutrition International's programming in Chad. My role involves ensuring the project is implemented in line with the organization's vision, mission and values. I am responsible for achieving quality results within agreed timelines, supervising the team and managing relationships with the government and other partners.

Why is VAS needed in Chad?

VAS is a vital public health intervention to protect children from vitamin A deficiency. This deficiency makes them vulnerable to preventable diseases and death. Vitamin A strengthens their resistance to illnesses such as measles and diarrhoea, reduces the risks of stunting and protects against vision loss.

It is considered one of the most cost-effective interventions for reducing child mortality. In Chad, where child mortality rates are among the highest in Africa, VAS is essential.

Nutrition International supports VAS in many different country contexts. What makes the Chad context unique?

Chad is one of the world's poorest countries and faces a number of challenges. This year, severe flooding has caused significant damage, including loss of life, destruction of homes and ruined crops.

Moreover, Chad is surrounded by conflict-affected countries: Libya, Sudan and the Central African Republic. It also suffers from attacks by Boko Haram; dozens of people lost their lives in a military base attack near Lake Chad in 2024. These crises have led to massive population displacements and an influx of refugees.

Finally, some areas in Chad are difficult to access, complicating the organization of supplementation campaigns. These factors make Chad's context particularly challenging.

What is Nutrition International's role in supporting the Ministry of Health to administer VAS and in procuring vitamin A capsules for the country?

Before 2021, VAS campaigns were irregular in Chad. For these campaigns to significantly impact child health and survival, they must occur twice a year, with an interval of four to six months.

Since the second half of 2021, Nutrition International has provided technical and financial support to the Ministry of Health to organize regular, biannual national campaigns. We also provide the full national supply of vitamin A capsules to Chad, funded by Canada, and in partnership with UNICEF.

We work closely with the DANA (Direction de l'Alimentation et de la Nutrition Appliquée) to plan these campaigns. This involves preparing training materials, data collection tools, micro-plans, budgets and commodities distribution plans. Additionally, we provide logistical and financial support for field teams and supervision.



“There is no discrimination in access to VAS. We strive to reach all children, whether in homes, schools, churches, mosques, refugee camps or markets.”

IBRAHIMA NDAO, Project Director, Nutrition International



How would you describe Nutrition International’s approach to this work?

Our approach focuses on two main strategies:

- 1. Resource optimization:** Wherever possible and appropriate, we integrate VAS campaigns with other campaigns, such as polio vaccination, to maximize available resources.
- 2. Strengthening coordination:** We initiate advocacy meetings to improve collaboration between nutrition and vaccination teams. This has enhanced the integration of campaigns, making their implementation more harmonious and efficient.

We also prioritize building strong partnerships with the government and other stakeholders.

In what ways is gender equality considered when it comes to VAS?

There is no discrimination in access to VAS. We strive to reach all children, whether in homes, schools, churches, mosques, refugee camps or markets.

PECS results show that 95% of those responsible for children are women. Targeted awareness raising activities for these caregivers needs to be considered to be an effective strategy to strengthen children’s access to vitamin A.



Overall, can you share a key learning that has come out of VAS programming in Chad and how that learning is being utilized?

Chad’s VAS campaigns demonstrate the value of strategic integration, for example, by coordinating with vaccination teams, such as polio campaigns, to pool resources, and boost efficiency and reach. Door-to-door strategies have also proven highly effective in the country’s context, while conducting post-evaluation coverage surveys (PECs) after each campaign provides actionable insights to improve future planning and implementation. These lessons can be applied in other countries organizing VAS campaigns.

What motivates you in the work that you do?

What motivates me is the opportunity to contribute to saving children’s lives. As long as I have this chance, I will continue to dedicate myself to this work.

A black and white photograph of a woman wearing a hijab, standing in front of an ornate metal gate. She is holding a document with text in a non-Latin script, likely Bengali, and pointing to it with her right hand. The gate behind her has intricate circular and floral patterns.

Program highlights

Strengthening systems to deliver impactful nutrition.

For more than three decades, Nutrition International has been at the forefront of delivering evidence-based, high-impact and cost-effective interventions that achieve tangible results worldwide.

Guided by our commitment to ending the injustice of malnutrition, we identify barriers, suggest context-specific solutions, support country leadership and ensure that every dollar we invest generates the greatest impact. Last year, we reached more than 650 million people with our health and nutrition programs. Here are just a few key highlights from our areas of work.



Child survival

Scaling proven solutions to protect young lives.

In 2024–25, Nutrition International's core programming helped ensure 22 million children under five received two doses of vitamin A across eight focus countries. We also supported the treatment of 1.8 million childhood diarrhoea episodes with the full course of zinc and low-osmolarity oral rehydration salts to ensure children can survive and thrive.

Globally, an estimated 4.9 million children die every year before reaching their fifth birthday. While the under-five mortality rate has fallen in recent years, 13,400 children under five still die every day, with 80% of these deaths occurring in sub-Saharan Africa and Southern Asia.

Nutrition International's child survival programs work to reduce these preventable deaths by addressing the consequences of vitamin A deficiency (VAD) and improving access to and use of zinc and low-osmolarity oral rehydration salts (LO-ORS) for the treatment of childhood diarrhoea.

Vitamin A supplementation

VAD remains a major public health concern, affecting an estimated one in three children under the age of five in low- and middle-income countries. In areas where VAD is prevalent, twice-yearly vitamin A supplementation (VAS) is strongly recommended for children aged 6–59 months and can reduce the risk of all-cause mortality by up to 24%.

As a global leader in VAS for more than 30 years, Nutrition International works alongside governments to strengthen delivery platforms, secure uninterrupted supplies, and improve the availability and use of data to drive action. Through the capsule-in-kind program, we procure and donate between 400M–500M high-dose vitamin A capsules (VACs) each year to eligible countries. In 2024, 55 countries received supplies through this program, ensuring no child was left unprotected due to stock shortages.



In 2024, we continued to support countries to deliver VAS through biannual campaigns, such as Child Health Days and integrated immunization campaigns, and through routine health contacts within the primary healthcare system. In Kenya, we supported the Ministry of Health in developing new software for tracking VACs across the supply chain, helping to reduce stock-outs. In Kenya and Senegal, we partnered with their health ministries to launch implementation research that aims to use VAS as an entry point to reduce missed opportunities and to improve the co-coverage of VAS, vaccination and growth monitoring services. In Malawi, we worked closely with district-level teams to strengthen regular delivery, and in Tanzania, we piloted direct replenishment of VACs from manufacturers to the Ministry of Health and co-developed a work plan to integrate capsule distribution into the national supply chain for greater sustainability and ownership.

Evidence-driven approaches also shaped much of our programming. In Indonesia, following the February 2024 VAS campaign, we commissioned a post-event coverage survey to validate data, assess implementation quality, and identify barriers and enablers to delivery. In India and Kenya, behaviour change campaigns delivered key messages on VAS and dietary diversity, reaching more than seven million people in India and more than four million in Kenya through radio, group counselling and interpersonal communication.



Childhood diarrhoea management with zinc and LO-ORS

Diarrhoea remains one of the leading causes of preventable deaths among children under five, with mortality rates in low- and middle-income countries up to 50 times higher than in high-income countries.

In six countries across Africa and Asia, Nutrition International works with ministries of health to improve access to timely and appropriate diarrhoea management using the World Health Organization-recommended treatment of zinc and LO-ORS. Our work focuses on improving policies, guidelines and supply chains, building healthcare-worker capacity and encouraging caregivers to seek treatment promptly.

In Ethiopia and Kenya, we trained community health workers to identify and treat diarrhoea at the community level using the Integrated Community Case Management platform. In Pakistan, we partnered with Greenstar Social Marketing to introduce zinc and LO-ORS into community-based treatment. This initiative was so successful that Greenstar has continued to integrate these treatments into its services. In Bangladesh, we trained and supervised small drug vendors to improve the quality of private sector care and provided on-the-job training.

We also advocated for the inclusion of zinc and LO-ORS into national health and district information systems in Bangladesh, Kenya and Pakistan to strengthen data-driven decision making. Behaviour change campaigns also played a central role in increasing demand for treatment, with gender-sensitive messages reaching more than nine million people in Nigeria, more than two million in Kenya and more than 140,000 in Pakistan.

LOOKING AHEAD

Safeguarding child survival amid new challenges.

This past year has brought major shifts in the development ecosystem, with cuts to official development assistance occurring at the same time as costs are rising. These challenges underscore the urgency of sharpening our focus and maximizing impact. In the coming year, we will continue to assess this evolving context to target areas where we can make the greatest difference. This means choosing depth over breadth in our programming, intensifying efforts to reduce under-five mortality and prioritizing approaches that reach the hardest-to-reach children, all while ensuring lifesaving interventions are delivered equitably and sustainably. At the same time, we will continue to advocate for child health and nutrition to be both prioritized and adequately financed, working with governments, donors and partners to safeguard progress made to date. Our goal is clear: to protect children's lives and futures in an increasingly constrained environment.





Large-scale food fortification

Delivering better nutrition at scale.



Large-scale food fortification has the potential to benefit the majority of the world's population, helping them achieve optimal growth, maintain health, build resilience, succeed at school and earn more over a lifetime.

Fortifying staple foods and condiments with essential vitamins and minerals is a proven, cost-effective strategy to improve dietary intake of missing nutrients and combat micronutrient deficiencies at scale. Nutrition International's large-scale food fortification (LSFF) programs operate in nine countries across Africa and Asia, supporting the fortification of foods such as wheat flour, maize flour, rice, cooking oil and condiments, tailored to each country's unique needs. These include, but are not limited to, iron, folic acid, B vitamins (such as thiamine, riboflavin and niacin), zinc, vitamin A and iodine.

We work alongside governments, industry, civil society and development partners to strengthen the structures that guide fortification – from updating policies, legislation and standards to enhancing regulatory oversight and building the capacity of producers to deliver adequately fortified foods. Our approach leverages both market-based platforms and social safety net programs to reach the populations who need them most.

Last year, we advanced LSFF programs in multiple countries. In Ethiopia, India and Pakistan, we provided technical assistance to support the roll-out of national digital platforms to track fortified food production and then trained government and industry stakeholders on their use. In Senegal, we strengthened the salt iodization program by supporting regulations, boosting enforcement and quality monitoring, while in Kenya we partnered with the Ministry of Health to design an integrated food safety and surveillance system.

In Indonesia, we played a key role in the development of the national standard for fortified rice kernels, providing technical input throughout the process, which was led by the National Food Agency. This milestone paves the way for capacity building with producers, aligning procurement mechanisms and advocating for the integration of fortified rice into public programs.

Nutrition International also continues to scale up universal salt iodization (USI) by helping micro- and small-scale processors improve iodization practices, and by integrating USI into national LSFF agendas to eliminate iodine deficiency disorders. For example, in Tanzania, our technical support and advocacy contributed to the launch of the Mandatory Food Fortification Regulations of 2024, which consolidate and strengthen existing regulations for maize flour, wheat flour, edible oil and iodized salt.

At the global level, we worked with the World Health Organization and the Food and Agriculture Organization to update the 2006 *Guidelines on Food Fortification with Micronutrients*, expected to be released in 2026. We also completed the second phase of our collaboration with the Harvard T.H. Chan School of Public Health to assess the intergenerational impact of LSFF on non-communicable diseases in low- and middle-income countries, including a new model to estimate lives saved and reductions in disease burden through scaled fortification.



Together with the Gates Foundation, we convened a group of global salt researchers to spearhead research on double-fortified salt with iodine and folic acid in Ethiopia. Informed by promising results from the randomized control trial, we are now preparing to launch a pilot phase to introduce the product to the market before scaling to the national level.

As a result of our efforts, more than 242 million people, including 58 million women aged 15 to 49, had improved access to fortified foods, which resulted in approximately 8.6 million cases of anaemia being averted. Additionally, more than 516 million people, including 124 million women aged 15 to 49, were reached with adequately iodized salt, averting over 240,000 mental impairments in children and protecting 10.8 million newborns from iodine deficiency disorders.

LOOKING AHEAD

Ensuring an integrated approach to optimize reach and impact while bolstering national LSFF technical ability and long-term financial commitments.

Nutrition International continues to ensure that LSFF support to governments is grounded in strong, evidence-based public health practices and guided by national health and economic analyses to maximize impact at the lowest cost. Over the next year, this approach will be strengthened with sustainable financing guidance, as we offer countries practical steps to identify and secure the resources needed to manage, monitor and sustain LSFF initiatives over the long term. Where possible, we will also support the integration of LSFF design and analysis techniques into existing national university and professional training curricula, equipping the next generation of public health professionals, food technologists and statisticians with the skills to advance national LSFF programs effectively.





Adolescent and women's health and nutrition

The right start to unlock an empowered future.

With good nutrition, adolescents are better able to attend and succeed in school, opening a lifetime of possibilities for themselves, their communities and their countries.

With 1.3 billion adolescents (aged 10–19) worldwide – more than 16% of the global population – meeting their nutritional needs is both urgent and essential. Nutrition International works with governments, particularly ministries of health and education, and local partners in seven countries across Africa and Asia to create enabling policies and programs for adolescent nutrition. Through gender-responsive nutrition education, we equip adolescent girls and boys with the knowledge, skills and resources they need to understand their own growth and development, and to realize the lifelong benefits of improved health and nutrition. We also work to prevent adolescent anaemia through weekly iron and folic acid supplementation (WIFAS), while also addressing the broader needs of adolescents through improved access to nutrition and health education, including topics such as physical activity, dietary diversity, balanced diets, menstrual health management, growth and development, and sexual and reproductive health.

With our support, 4.6 million adolescent girls received the full scheme of WIFAS in 2024, averting more than 760,000 cases of anaemia. In Bangladesh, in the absence of a national health information platform, we developed and distributed new registers and reporting forms for WIFAS, while training teachers and school staff on their use. The data collected was regularly shared with district officials, enabling timely decisions and improved program delivery of this new program. In Ethiopia, following Nutrition International's sustained support and advocacy, the WIFAS formulation containing 60 mg of elemental



iron and 2.8 mg of folic acid was added to the country's Essential Medicines List – an important milestone towards securing a sustainable and affordable national supply for adolescent girls. We also partnered with the Forum for African Women Educationalists in Senegal to design school-based interventions that contribute to addressing gender inequalities that impact health outcomes.

In response to increased hesitancy around supplementation for adolescents in some countries, we collaborated with the Harvard T.H. Chan School of Public Health to conduct a scoping review of food-based dietary guidelines in select countries to evaluate how effectively they meet the nutritional needs of adolescents, particularly for iron. The findings will help governments weigh the potential and limits of food- and supplement-based approaches to improve adolescent nutrition. Additionally, we continued to provide technical leadership by sharing evidence from Nutrition International's adolescent nutrition programs at international forums and key global dialogues.



LOOKING AHEAD

Strengthening equity and expanding impact for adolescents.

Over the coming years, Nutrition International will prioritize increasing global, regional, national and local investments in adolescent nutrition. It is critical that adolescents are explicitly included in targets and commitments, with resources directed toward improving their nutrition and health. A central focus will be supporting governments to expand adolescent nutrition programming through a health-promoting schools approach.

In countries where adolescent nutrition programs are already at scale, we will focus on strengthening equity and impact. Similarly, where governments still rely on Nutrition International for WIFAS procurement and reporting, we will work to build ownership, capacity and investment, while also pursuing market-shaping opportunities to make adolescent-specific WIFAS more affordable and widely available. At the global level, we will continue to provide technical leadership, advance evidence-based action and ensure adolescents, especially girls, are meaningfully engaged in shaping programs, policies and advocacy.





Maternal and newborn health and nutrition

Strengthening systems to protect mothers and their newborns.

Nutrition International is dedicated to improving health and nutrition outcomes for mothers and their newborns through high-quality, comprehensive programming. We work alongside governments, partners and community-level groups to prevent anaemia in pregnancy, enhance women's wellbeing and economic potential, increase access to antenatal care, and support newborns to survive and thrive.

Maternal nutrition

In 2024, we continued working with governments and partners to generate and translate evidence and provide technical expertise to optimize adherence to daily micronutrient supplementation through the antenatal care (ANC) platform. Key initiatives includes our ongoing Advancing Maternal and Newborn Health and Nutrition Through Implementation Research in Pakistan project, funded by Global Affairs Canada (GAC); the final year of our Gates Foundation-funded implementation research in Nigeria; a national landscape analysis in Senegal, funded by the Eleanor Crook Foundation; and research on iron and calcium adherence in India, funded by GAC.

Nutrition International is recognized as a thought leader in supporting the SMART (sustainable, measurable, attainable, realistic, tailored) introduction and scale-up of multiple micronutrient supplementation (MMS) as part of comprehensive maternal nutrition programming. MMS delivers 15 essential vitamins and minerals in a single tablet and is as effective at preventing maternal anaemia as iron and folic acid supplementation (IFAS), while being more effective at preventing birth defects. Years of program experience, combined with a systematic research approach, have produced methods and tools adopted



nationally in Pakistan and informed policy and practice in many other countries that are considering a transition from iron and folic acid supplementation to MMS.

In Pakistan, we are supporting government-led MMS scale-up across 33 districts, with intensive implementation and monitoring in five. Leveraging expertise in maternal nutrition, implementation, research and health economics, we are also helping governments develop costed road maps and explore sustainable financing options for MMS scale-up in resource-constrained contexts. With a strong focus on reaching marginalized populations, Nutrition International is implementing projects such as Increase Gains in Nutrition by Integration, Education, Evaluation & Empowerment (IGNIT3) in Pakistan and Building Rights for Improved Girl's Health in Tanzania (BRIGHT), aiming to ensure ANC services are tailored to meet the needs of pregnant adolescents.



Birth and newborn care

Nutrition International's birth and postnatal care package continues to improve newborn outcomes across Africa and Asia. The package supports skilled birth attendance, appropriate umbilical cord care, skin-to-skin practices, sustained high rates of timely breastfeeding initiation and the adoption of policies for small and vulnerable babies, such as kangaroo mother care. For example, in India, a comprehensive birth package across 18 districts of Uttar Pradesh and Gujarat remains a flagship initiative to strengthen facility- and community-based newborn care.

LOOKING AHEAD

Scaling what works for healthier beginnings.

Next year, we will remain steadfast in our commitment to advancing comprehensive maternal and newborn health and nutrition. Building on our global and national experience, we will continue to work alongside governments and partners to lead and support the transition and scale-up of MMS across Africa and Asia. Our approach will be anchored in collaboration, ensuring that our proven tools, capabilities and research findings are effectively applied to drive successful and sustainable implementation. Women will remain at the centre of everything we do, with a strong focus on supporting them through every stage of the journey — before, during and after pregnancy. We will advance our efforts to improve newborn survival and healthy development through more intentional programming and a strengthened continuum of care. This includes increasing commitments and mobilizing resources to scale up proven interventions that specifically reduce the incidence of babies being born small and vulnerable.



Women-centered approached and gender equality

Nutrition International continues to advocate for women-centered approaches, recognizing that gender equality and women's empowerment are critical to improving maternal nutrition. Partnerships with women's organizations in northern Nigeria, along with mother-to-mother and father-to-father support groups in Kenya and Ethiopia, illustrate our commitment to helping women feel empowered, supporting health-seeking behaviours and promoting positive nutrition practices during pregnancy and early childhood.





Nutrition governance

Ending missed opportunities for better nutrition outcomes.

From public finance and data systems to policy design and multisector coordination, Nutrition International's governance work equips national and local governments, multilateral development banks and regional government bodies to plan, fund and sustain the right nutrition programs, at the right time, for those who need them most.

Through our global and in-country experts in governance, finance, data and MEAL (monitoring, evaluation, accountability and learning), Nutrition International provides strategic, coordinated technical assistance and tailored capacity development. Our support includes helping to design prioritized and costed nutrition plans alongside practical tools and systems to finance, implement and monitor them, ensuring programs remain evidence-based and focused where they can deliver the greatest impact.

Across Southeast Asia, we worked at both the national and subnational levels to translate intent into implementation. In the Philippines, our collaboration with the National Nutrition Council led to the development of optimized Local Nutrition Action Plans that strengthen local capacity to plan, advocate and mobilize resources for nutrition. In parallel, through the Bridging the Fortification Gap in the Philippines project, funded by the Quantedge Advancement Initiative, we supported enhancements to the legislative and regulatory frameworks for wheat flour fortification and universal salt iodization.

In Malawi, we launched two complementary efforts to strengthen delivery systems. In partnership with the Ministry of Health's Department of Nutrition, we assessed the National Nutrition Information System and provided strategic recommendations to improve data quality, use and interoperability, including a digital maturity assessment to identify opportunities for technology integration. Similarly, in collaboration with the Ministry of Finance and Economic Affairs' Poverty Reduction and Social Protection Division, we initiated a nationwide mapping and capacity assessment of Savings and Loans Groups to identify entry points for nutrition integration.



Our financing-related technical assistance spans advocacy, health economics, fiscal policy, analytics and modelling, investment cases and resource mobilization, shaping both the demand for and supply of nutrition financing.

In 2024, we continued to support the Asian Development Bank by providing guidance to integrate nutrition into large-scale operations, strengthening nutrition tracking across its investment portfolio and publishing joint briefs on embedding nutrition into social protection and safety net programs. In the fifth year of the Banking on Nutrition Partnership, funded by Big Win Philanthropy, support to the African Development Bank continued to strengthen its capacity to integrate nutrition into projects and embed it across sectoral program approaches and multi-year country strategies.

Nutrition International also continued to help shape the global nutrition financing ecosystem, with a significant role in the Nutrition for Growth (N4G) Paris 2025 Summit. Building on our extensive experience from N4G Tokyo 2021, Nutrition International worked very closely with France's Ministry for Europe and Foreign Affairs, providing strategic advice, facilitating stakeholder partnership meetings, drafting key documents and engaging our country offices to support governments in formulating and registering commitments.



LOOKING AHEAD

Strengthening governance for lasting nutrition impact.

Aligned with our strategy of providing long-term support to governments and other partners, Nutrition International's nutrition governance work will build on previous phases of technical assistance, moving from policy and planning in some contexts, and from planning to financing and implementation in others. In Cambodia, we are now supporting the uptake and implementation of a priority of the National Strategy for Food Security and Nutrition, which we helped to develop, with an emphasis on further integrating nutrition into social safety net programs. In Nigeria, we will support the Nutrition Parliamentarian Network to finalize and roll out a legislative framework for resource mobilization, building on earlier efforts to establish and strengthen the Network's capacity. At the regional and global level, Nutrition International will continue to support multilateral development banks to further integrate nutrition into large-scale operations, while investing in more cross-learning and harmonizing approaches, such as through improved systems for tracking investments.





Gender

Advancing nutrition through gender equity.



Good nutrition and gender equality go hand in hand. Nutrition International applies a gender lens across all our work to ensure women, girls, men and boys can equitably access — and benefit from — the right nutrition at the right time, while addressing the factors that drive gender inequalities and grounding our efforts in the voices and experiences of women and girls.

This year, we launched our 2025–2031 Program Gender Equality Strategy, reaffirming our commitment to advance gender equality as a human right and outlining a clear framework for how gender and nutrition intersect across systems and services. Guided by this approach, our teams continued to design and deliver gender-sensitive and gender-responsive nutrition programs grounded in evidence and practical action.

In Ethiopia, we provided ongoing technical assistance to the Seqota Declaration Program Delivery Units to deepen gender mainstreaming, focusing on embedding gender within the MEAL (monitoring, evaluation, accountability and learning) framework, reviewing key indicators and recommending improvements. We also supported gender mainstreaming within the Ethiopian Public Health Institute and the Food and Beverage Research and Development Center, facilitating a gender audit and delivering training on applying gender-responsive approaches to food fortification regulation.

In India, more than 12,000 caregivers, including mothers, fathers and mothers-in-law, participated in interpersonal counselling sessions with frontline workers, helping to elevate women's voices and decision-making power over their own health and nutrition and that of their children's.

In Bangladesh, weekly gender-responsive nutrition education sessions in schools used Nutrition International-developed resources to engage both boys and girls on 12 gender-sensitive topics, from healthy eating and anaemia prevention to menstrual health, micronutrient deficiency prevention, menstrual hygiene and early marriage. The model was expanded through adolescent clubs, where peer-led sessions under teacher supervision helped foster inclusive learning.

To sustain progress, we worked with governments and implementing partners across Ethiopia, Kenya, India, Nigeria, Senegal and Tanzania and to deliver cascade training on gender equality and nutrition, equipping participants to identify gender barriers, adapt services and track equitable results.



LOOKING AHEAD

Expanding impact through gender mainstreaming.

In the coming year, Nutrition International will begin implementing our updated Program Gender Equality Strategy, supported by the new institutional support grant from GAC. A central priority will be ensuring alignment across all program areas, while equipping portfolio and country teams to deliver on gender equality outcomes. Key initiatives include refining existing tools, such as the Sex- and Gender-Based Analysis Toolkit, and developing new resources to strengthen program design and delivery. This year also offers an opportunity to reflect on five years of gender mainstreaming by capturing lessons from partnerships with women's civil society organizations, assessing the impact of male engagement and highlighting the value of women's leadership in nutrition governance. We will further deepen our gender mainstreaming by engaging both government and industry partners, while leveraging new projects to strengthen collaboration with civil society and broaden our impact.





Research and development

Transforming evidence into action and driving innovation.



Nutrition International's team of global experts generates and translates the best global evidence into project designs, practical technical guidance, data-driven policy and advocacy, and smarter analytics and tools, building country capacity and giving decision-makers the insights they need to prioritize and deliver the most effective actions to end malnutrition.

Nutrition International's Research and Development Unit drives innovation and evidence to improve nutrition for populations living in vulnerable situations by tackling missed opportunities and unmet challenges. Guided by a refreshed strategy and prioritized pipeline of studies, the unit positions the organization as a global leader in nutrition research, maximizes program impact, and supports high-quality research and evaluation with partners.

As chair of the Anaemia Action Alliance's Programmatic Implementation Working Group, hosted by the World Health Organization (WHO) and UNICEF, we have supported countries in developing national anaemia reduction plans aligned with WHO's Comprehensive Framework for Action on Anaemia. We contributed to drafting the Alliance's operational guide and monitoring framework, which was designed to help policy makers and program managers implement actions across all five framework areas. The unit also led a comprehensive continental landscape analysis of anaemia prevalence and its determinants across all African Union (AU) Member States and, in collaboration with WHO, coordinated the development of the AU Strategic Framework for Prevention and Management of Anaemia. This evidence-based framework, endorsed by the African Union Commission, was launched in February 2025.

To expand access to essential child survival services, we initiated a proof-of-concept study on the Fully Protected Child in Kenya and Senegal. Leveraging our technical assistance to strengthen the delivery of VAS in routine systems, the study will assess whether an optimization model that increases timely contact with every eligible child under five can simultaneously boost VAS coverage, immunization and other services, while also examining feasibility for health workers and factors influencing uptake.

In Ethiopia, in collaboration with the Ethiopian Public Health Institute, University of California Davis and the University of Toronto, Nutrition International contributed to developing and assessing double-fortified salt with iodine and folic acid (DFS-IoFA) to improve folate status and reduce neural tube defects. The project demonstrated that DFS-IoFA can be produced industrially in Ethiopia and is accepted by the population. A double-blind randomized controlled trial testing its biological efficacy has recently been completed, with results to be shared with the government in coming months.



Separately, we contributed to a theory-informed evaluation of Kenya's domestic resource mobilization program in partnership with the International Initiative for Impact Evaluation (3ie). The evaluation found a 50% increase in total nutrition funding in participating countries, with success linked to political support and strong human resources. Lessons from this study will guide future programming and nutrition financing technical assistance.

In collaboration with the Harvard T.H. Chan School of Public Health, we quantified the intergenerational impact of maternal and child nutrition interventions on non-communicable diseases (NCDs). Findings show that high coverage of multiple micronutrient supplementation could prevent over 51,000 NCD deaths, six million hypertension cases and three million diabetes cases per birth cohort, with iron and folic acid estimated to achieve roughly half that impact.

To strengthen integrated delivery of nutrition services, we developed and validated a systems integration tool to identify where combined interventions can best meet needs, optimize scale and reduce costs. Validation studies in two Kenyan counties assessed priority adolescent nutrition challenges and integration opportunities, and the tool will join Nutrition International's open access inventory for countries and partners.

Together with Atlas AI, we developed an artificial intelligence (AI)-based geospatial platform to map nutrition vulnerability with greater precision and lower cost, targeting children at risk of missing vaccines and VAS. Test-piloted in Kenya, the platform is planned for expansion to 11 countries, alongside a climate and nutrition joint vulnerability mapping tool ready for field testing next year. Publications and dissemination efforts are underway to promote these innovations and encourage investment in AI for public health programs in low- and middle-income countries.

LOOKING AHEAD

Driving evidence, innovation and impact.

Next year, we will continue advancing evidence through a robust research pipeline aimed at overcoming bottlenecks to scaling essential nutrition services in low- and middle-income countries and driving innovation in research and development. We will support national governments — including Bangladesh, Ethiopia, India, Kenya, Pakistan, Senegal and Tanzania — in developing costed anaemia action plans and updating national prevention and treatment strategies. In collaboration with WHO and Anaemia Action Alliance partners, we will finalize and launch the operational guide and monitoring framework.

Additionally, we will continue implementing Fully Protected Child studies in Kenya and Senegal and initiate phase two of the DFS-LoFA project to pilot market introduction of industrially produced DFS-LoFA. We will also finalize and disseminate the validation results of the zero-dose child identification platform and the estimated impact of food fortification on NCDs. Building on feasibility studies in Bangladesh, we will advance the fortification of healthier staples such as lentils. Finally, we will expand the use of AI, machine learning, geospatial modelling and digital technologies through our partnership with Atlas AI and others to ensure the latest innovations strengthen evidence, data and decision-making across policy, advocacy and programs.





Health economics and nutrition financing

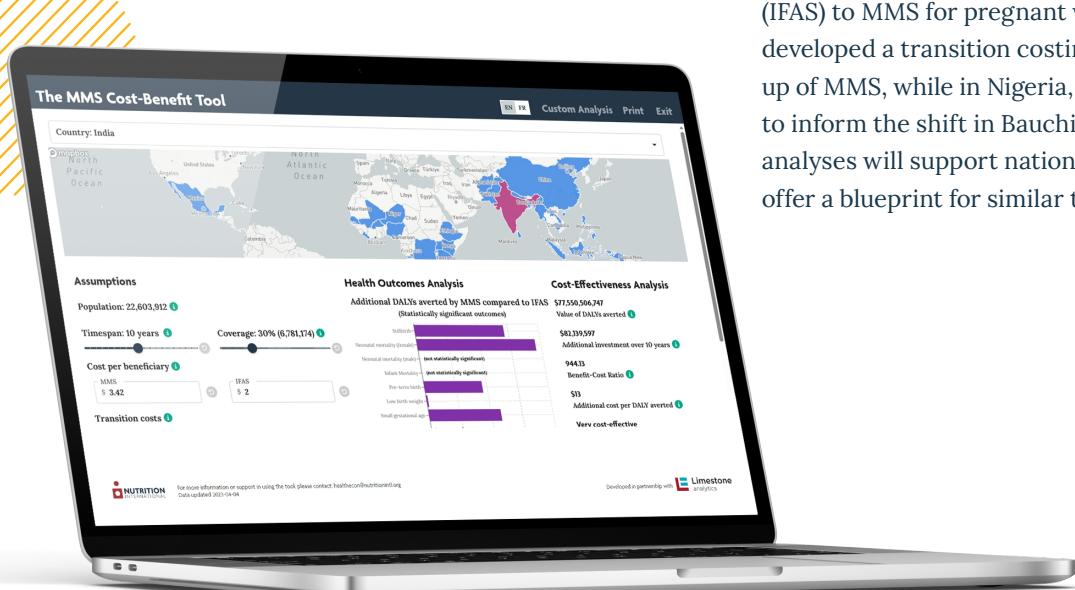
Shaping policies, strengthening advocacy and financing for nutrition.

Health economics and nutrition financing are key tools for shaping health policy and nutrition governance. By advancing knowledge, guiding prioritization and influencing resource allocation, we help governments, donors and development partners make informed decisions that accelerate nutrition outcomes.

Nutrition International advances global and national nutrition agendas by leading strategic economic evaluations and research, developing analytical tools for advocacy and decision making, providing technical support on public and donor nutrition financing, and offering thought leadership to drive action.

In 2024, we launched the Cost of Inaction Tool in partnership with Limestone Analytics and with funding from the Government of Canada. This user-friendly, evidence-based tool equips policy makers, advocates and donors with quick, country-specific estimates of the health, human capital and economic costs of not addressing stunting, low birthweight and anaemia among women and children across more than 140 countries. Since its release, the Tool has become a key resource in global and national policy discussions, supporting engagements with the Government of Canada, the African Union, Scaling Up Nutrition Movement regional workshops, the Nutrition for Growth (N4G) Paris 2025 Summit, the World Bank Asia, the Asian Development Bank (ADB) as well as numerous national governments, advocacy coalitions and media outlets.

We also provided targeted technical assistance to help countries transition from iron and folic acid supplementation (IFAS) to MMS for pregnant women. In Pakistan, we developed a transition costing model to guide the scale-up of MMS, while in Nigeria, we conducted a cost analysis to inform the shift in Bauchi State. Findings from both analyses will support nationwide implementation and offer a blueprint for similar transitions globally.





To strengthen sustainable nutrition financing, we supported the Government of Nigeria in developing a legislative framework for food and nutrition security, helping institutionalize financing within governance structures and securing long-term policy, program and budgetary commitments with greater transparency and accountability.

At the regional level, our collaboration with the African Development Bank produced three nutrition-themed Economic and Sector Work reports for Nigeria, Senegal and Tanzania, all of which have a high stunting burden. These reports will help position nutrition as a strategic priority in Country Strategy Papers – government planning documents that guide development partner investments – shaping funding decisions and promoting nutrition-smart financing during future planning and mid-term reviews.

LOOKING AHEAD

Leveraging financing and evidence to scale nutrition impact.

In the coming year, Nutrition International will deliver a nutrition investment case for Lesotho and conduct cost-effectiveness analyses on double-fortified salt with iron and folic acid in Ethiopia and, potentially, on rice fortification in Indonesia. We will also launch the development of costed anaemia action plans in Bangladesh, Kenya and Tanzania, along with an analysis of integrating sexual and reproductive health and nutrition programs in Tanzania. We will also update the Cost of Inaction, Cost of Not Breastfeeding and MMS Cost–Benefit tools with new data and features. In addition, we will provide technical assistance to the African Development Bank, ADB and other regional institutions to promote greater investment in nutrition. Most notably, we will lead the development of nutrition financing road maps and strategies for MMS in Pakistan and up to eight countries across Africa. Together, these initiatives aim to strengthen the case for investment in nutrition, guide the optimal allocation of scarce resources and support the sustainable financing of nutrition.



Meet a health and wellness messenger providing peer support in India



In Madhya Pradesh, India, a peer-led health education program helps classmates make healthier choices for their nutrition and wellbeing.

As the morning bell rings at the government high school in Kundi, a village in Betul district, Sanjana walks to her classroom with purpose. At 17, she's not only a dedicated student but also the "health and wellness messenger" for her peers, a role she takes seriously.

Today, she's helping distribute the weekly iron and folic acid supplements – crucial for preventing anaemia, which affects nearly 60% of girls aged 15–19 in India and 58.1% in Madhya Pradesh, according to the National Family Health Survey (NFHS 2019–2021). For Sanjana, it's not just about handing out the IFA supplements. It's about educating her classmates on how small, everyday choices can lead to better health. She's committed to helping them understand anaemia and how proper nutrition can prevent it.

"Being a health and wellness messenger has given me a sense of responsibility towards other students," Sanjana says. "If someone misses their supplement, I make sure they get it the next day."

Sanjana took on this role through the Ayushman Bharat School Health and Wellness Program, a health promotion initiative launched in 2020 by the Government of India's Ministry of Health and Family Welfare and Ministry of Education. The program is implemented in all government and government-supported schools in Madhya Pradesh. It takes a comprehensive approach to adolescent wellbeing, focusing on 11 key themes, including nutrition, health and sanitation, gender equality, prevention and management of substance use, mental health and emotional wellbeing.

In each school, two teachers – one male and one female – are designated as "health and wellness ambassadors" and receive training to deliver weekly sessions on key health topics that are engaging, age appropriate, and culturally and gender sensitive. Two students from every class, like Sanjana, are chosen as health and wellness messengers. They help facilitate activities, encourage peers to attend sessions, organize thematic school assemblies, and promote the health and wellness question box, where students can anonymously ask questions.



“Today, I encourage my friends to ask questions, and if I can’t answer them, I take them to our teachers. I believe that awareness and knowledge are crucial. I’m always eager to learn new things.”

SANJANA, Health and Wellness Messenger

In 2023, with the support of Comic Relief US, Nutrition International worked alongside the government of Madhya Pradesh to bolster this program in 20 schools across two districts. Nutrition International provided technical guidance, helped schools adhere to state guidelines, and conducted orientation sessions for health and wellness ambassadors and messengers to enhance their capacity to deliver quality nutrition and health education.

Yogendra Kumar, the Early Intervention Manager for Betul district, highlights the lasting impact of health and wellness education on students. “We are focusing on adolescents aged 10 to 19 — an impressionable stage in their lives,” he explains. “A lack of proper guidance during this time can lead to long-term consequences. We are trying to bridge this gap.”

Sanjana, herself, nearly missed out on this crucial information. In 7th grade, she was forced to drop out of school due to her family’s financial situation. It was a difficult decision, both for her and her parents. While working on her father’s farm, she would often see her friends walk home from school and hear about what they were learning. Once an extroverted teenager, Sanjana became quiet and withdrawn.

Three years later, the vice-principal of the government high school in Betul visited her family and encouraged them to send Sanjana back to school. Though her parents were hesitant, concerned about how Sanjana would feel studying alongside younger students, the vice-principal was persistent. She invited the family to the school and worked to motivate Sanjana. Eventually, Sanjana agreed to return, and with that decision came a budding sense of optimism, as she looked forward to continuing her education.

Once back in the classroom, Sanjana found that far from shrinking from attention, she wanted to actively contribute. The school health and wellness program offered her the perfect opportunity. Discussing health and nutrition topics — from healthy diets to menstrual health — helped her develop leadership skills and engage with her peers.



“I realized many of my peers were hesitant to talk about menstruation,” she says, sharing an example. “The health and wellness sessions showed me there’s nothing to be ashamed of. Now I help my friends and try to clear up any confusion they have.”

Nutrition International worked with the schools to strengthen menstrual health interventions, including the installation of menstrual health-friendly toilets and resting areas, equipped with essentials like a cot, menstrual products, hot water bottles, a medicine kit and informational materials. The program has also established wellness libraries, stocked with resources on health and wellbeing. During weekly training sessions, Sanjana and her fellow messengers use posters, videos and interactive games developed by the program to spark conversations about health and nutrition among their peers.

Looking back on her journey since returning to school, Sanjana takes pride in being a source of support for other students. “Today, I encourage my friends to ask questions, and if I can’t answer them, I take them to our teachers,” she says. “I believe that awareness and knowledge are crucial. I’m always eager to learn new things.”



Country highlights



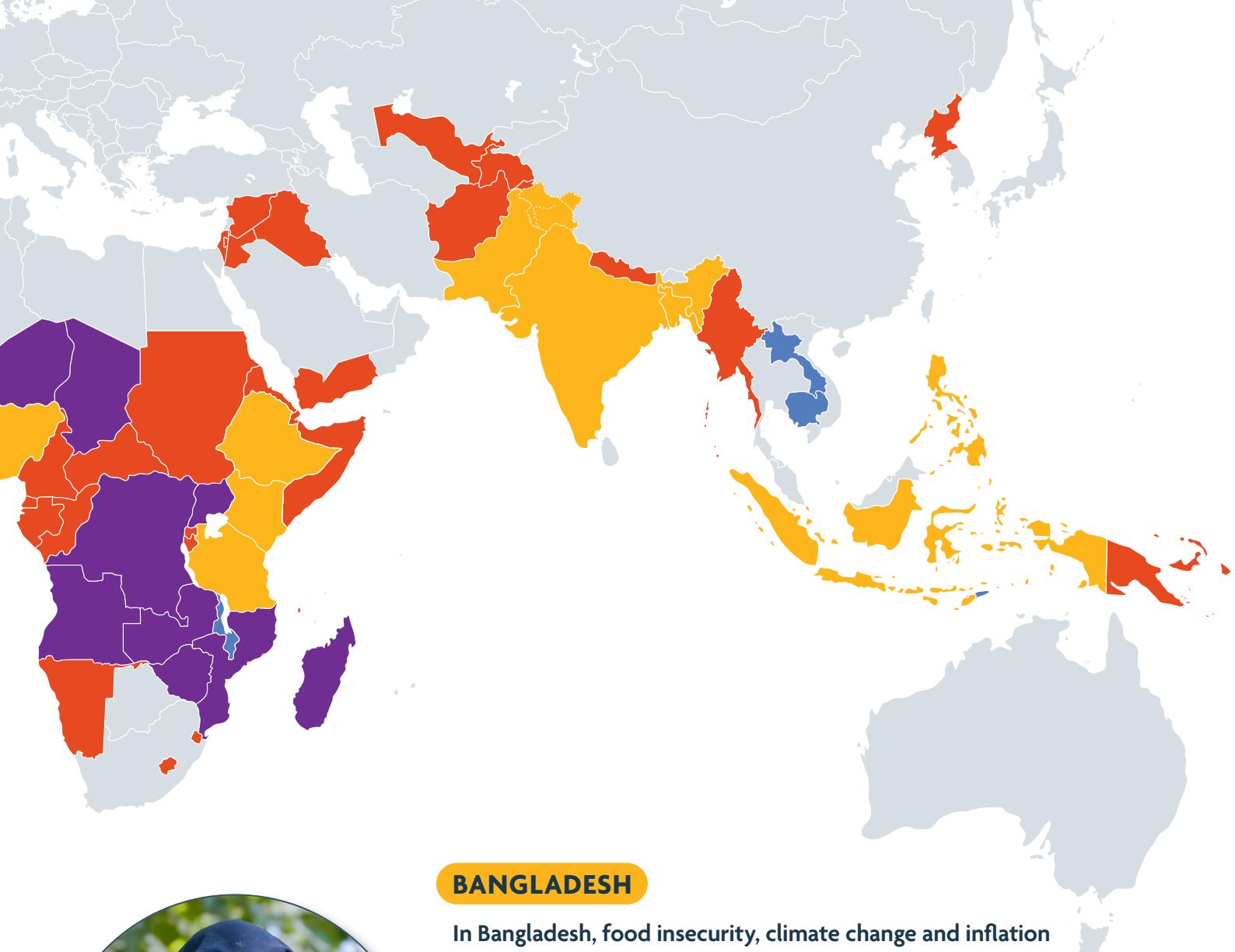
Scaling solutions for sustainable change.

In countries across Africa and Asia, we partner with governments and local stakeholders to strengthen nutrition programs from the national level down to communities. By supporting policy implementation, building the knowledge base and delivering high-quality interventions, we help ensure that nutrition reaches those who need it most.

Explore some key highlights of our work from the last year.



SCAN HERE
for a full list of program activities by country



BANGLADESH

In Bangladesh, food insecurity, climate change and inflation present a significant challenge. Collaborating closely with the government and other partners, we continued to deliver micronutrient supplementation, fortify staple foods and condiments, and improve health and nutrition services, with a particular focus on women, children and girls.



- 441,091 adolescents aged 10–19, including 246,181 girls and 197,911 boys, received gender-responsive nutrition education across 1,986 schools.
- 270,392 pregnant women attended at least one antenatal care visit at public health facilities across 18 Nutrition International-supported districts.
- Following years of Nutrition International's advocacy, the line directors of the National Nutrition Service and Management Information System have committed to including zinc indicators in DHIS2, the country's district health information software, in the upcoming year.

Our core countries* | Bangladesh | Ethiopia | India | Indonesia | Kenya | Nigeria | Pakistan | Philippines | Senegal & Sahel | Tanzania

Vitamin A supplementation

Technical assistance

Vitamin A supplementation and technical assistance

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



ETHIOPIA

Ethiopia is grappling with several compounding crises. Severe droughts, displacement, ongoing conflict and deepening economic instability have left millions facing acute food and nutrition insecurity. In response, we are working alongside the government and other partners to strengthen primary care and essential nutrition services, particularly for women, adolescent girls and children.

- 996,861 newborns were protected from iodine deficiency disorders by ensuring the adequate iodine status of their mothers through universal salt iodization.
- The World Health Organization's new formulation for weekly iron and folic acid supplementation was added to Ethiopia's Essential Medicine List in October 2024. Specifically designed for adolescents and menstruating women, the new formula contains 60mg of iron and 2.8mg of folic acid.
- Nutrition International supported the Ministry of Health to convene Ethiopia's first national review workshop on vitamin A supplementation. The workshop brought together key national stakeholders, along with representatives from regional and woreda health offices, primary healthcare units and health posts to assess program bottlenecks, address challenges and develop region-specific action plans to strengthen delivery and impact.



INDIA

In India, we strengthened partnerships with national and state governments to scale evidence-based nutrition solutions. Prioritizing women, adolescent girls and children, we worked to reinforce health systems, expand access to fortified foods and micronutrient supplementation, and improve program delivery, helping accelerate progress toward the country's national nutrition goals.

- 7.2M adolescents, parents, teachers and community members were reached with messages on anaemia prevention and the importance of weekly iron and folic acid supplementation through Nutrition International-developed print materials displayed in schools and community platforms. To further extend awareness, a video on menstrual health management was circulated via WhatsApp in Madhya Pradesh and Uttar Pradesh.
- Nutrition International signed memoranda of understanding with the Department of Food, Civil Supplies and Consumer Affairs in Himachal Pradesh and the Department of Food and Supplies in West Bengal to provide technical assistance for introducing double-fortified salt and fortified rice, respectively, into social safety net programs.
- 24,960 low birthweight and/or preterm newborns received timely kangaroo mother care at 247 Nutrition International-monitored facilities in Uttar Pradesh and Gujarat.



INDONESIA

In Indonesia, we partnered with national and local governments to translate nutrition policies into action, strengthening programs in food fortification, maternal nutrition and adolescent health to help reduce anaemia and stunting, and improve health outcomes nationwide.

- As the co-lead of the Salt Fortification Task Force Secretariat under the National Food Fortification Forum, Nutrition International facilitated discussions on policy alignment and advancing efforts to strengthen regulatory compliance.
- 17,770 people were engaged through webinars and online sessions, including YouTube and other social media platforms, with behaviour change messages on balanced diets, anaemia prevention and the importance of weekly iron and folic acid supplementation for adolescent girls.
- Nutrition International conducted a post-event coverage survey in West Java and West Nusa Tenggara following the February 2024 vitamin A supplementation round to validate administrative data, assess implementation quality and identify bottlenecks to coverage. In addition, a data quality audit was also conducted to examine the effectiveness of the program's monitoring and reporting systems at all levels.



KENYA

We work with national and county governments to accelerate progress on the country's nutrition commitments. By supporting policy development, strengthening research and mobilizing resources, we've helped advance proven, cost-effective nutrition interventions that expand access to essential nutrition, particularly for women, girls and children.

- 254,211 adolescents aged 10–19, including 144,606 girls and 109,605 boys, received gender-responsive nutrition education.
- Nutrition International collaborated with the Ministry of Health to design new software that tracks vitamin A capsules across the supply chain, helping to prevent stock challenges. The system will be piloted in Murang'a County before broader roll-out.
- 177,457 newborns received chlorhexidine applications for umbilical cord care, representing 65.7% of the total estimated births in 11 Nutrition International-supported counties.



NIGERIA

In Nigeria, ongoing conflict continued to jeopardize food and nutrition security and limit access to essential health services. We worked with governments and other partners to safeguard and expand nutrition programming to improve the health, development and productivity of the population.

- 663,895 people, including 156,575 men and 77,041 women, were reached with gender-sensitive behaviour change messages designed to increase demand for maternal and newborn health services. These messages were delivered through home visits, community meetings and outreach activities led by community health volunteers, male motivators and religious community leaders.
- Nutrition International partnered with the governments of Cross River and Katsina to deliver vitamin A supplementation (VAS) to children under five living in hard-to-reach and high-insecurity areas. In Katsina, 1,705,499 children (30% of all those reached in the state) received two doses of VAS, while 75,785 children in Cross River (10% of the state's total) were reached with two doses.
- 100,000 courses of zinc and low-osmolarity oral rehydration salts (LO-ORS) and 40,000 co-packs of zinc and LO-ORS were procured in Kano State — the highest volume since Nutrition International began supporting the state's Drug Revolving Fund Scheme — helping to reduce stock-outs of these crucial commodities.

PAKISTAN

In Pakistan, rising food insecurity and record-breaking heatwaves in 2024 compounded ongoing economic strain and limited access to nutritious diets. In response, we partnered with the government and global partners to expand access to essential micronutrients, helping to improve the health and resilience of the population.

- 275,000 treatment courses of zinc and low-osmolarity oral rehydration salts were procured to address chronic stock-outs in Khyber Pakhtunkhwa.
- Nutrition International secured a EUR 900,000 grant that expanded the adolescent health and nutrition program to seven additional districts in Pakistan.
- 20,612 pregnant women received iron and folic acid supplements across Nutrition International-supported areas, including 4,027 who received at least one 100-count bottle of multiple micronutrient supplementation tablets in Swabi district.



SENEGAL AND THE SAHEL

Across Senegal and the Sahel, climate shocks, food insecurity and rising costs continue to threaten the nutritional wellbeing of millions. We work with governments and partners to scale proven, cost-effective interventions to ensure people have access to the nutrition they need.

- 842,582 children under five were reached with two doses of vitamin A supplementation in seven Nutrition International-supported regions.
- 632,847 newborns in the Sahel region were protected from iodine deficiency disorders by ensuring the adequate iodine status of their mothers.
- 172,764 adolescent girls aged 10 to 19 years received the recommended scheme of weekly iron and folic acid supplementation.



TANZANIA

In Tanzania, we supported the government to strengthen policies and scale up high-impact interventions, guided by the National Multisectoral Action Plan, thus improving access to essential nutrition for women, adolescent girls and children.

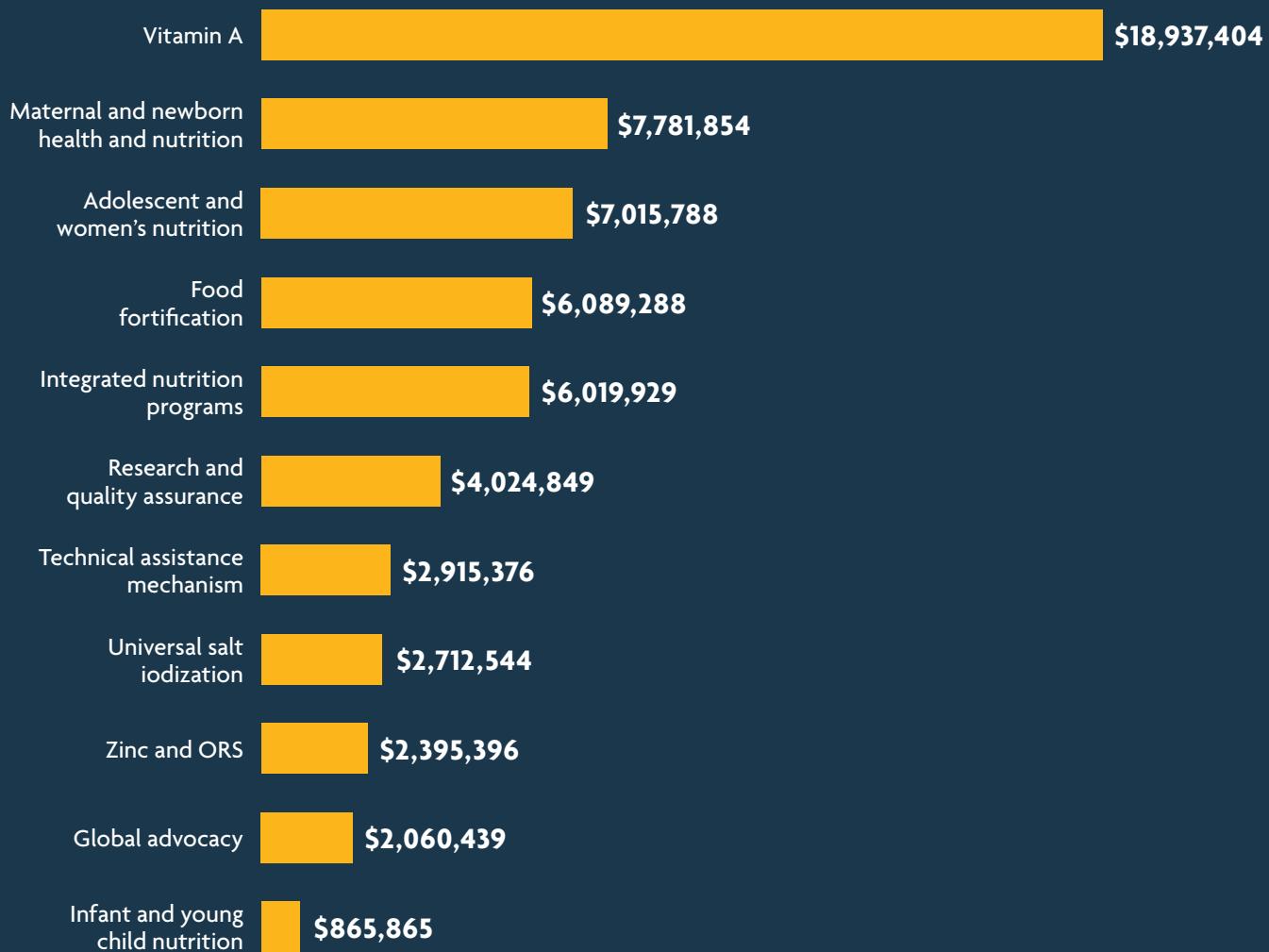
- Over 22.7 million people were reached with adequately iodized salt due to Nutrition International's support, including 5.5 million women aged 15–49.
- 310,932 pregnant women attended at least one antenatal care (ANC) visit in Nutrition International-supported areas, while 48% of all women attending ANC received iron and folic acid supplementation.
- Nutrition International facilitated reflection meetings in seven low-performing councils in Mainland Tanzania and 11 councils in Zanzibar, where 243 health workers assessed the performance of vitamin A supplementation delivered through Child Health and Nutrition Months, established priority corrective actions and developed micro plans for improved implementation during future campaigns.

Financial highlights

Program highlights in 2024

Program interventions

Year ended March 31, 2025 (in U.S. dollars)





Consolidated statement of financial position

March 31, 2025, with comparative information for 2024 (in U.S. dollars)

2025

2024

ASSETS

Current assets:

Cash	\$ 53,905,054	\$ 12,509,101
Short-term investments	12,958,998	23,765,954
Accounts receivable	3,521,697	4,161,824
Prepaid expenses	1,225,320	1,279,591
	71,611,069	41,716,470
Investments	5,515,035	4,724,097
Tangible capital and intangible assets	778,582	1,171,807
	\$ 77,904,686	\$ 47,612,374

LIABILITIES AND NET ASSETS

Current liabilities:

Accounts payable and accrued liabilities	\$ 8,151,166	\$ 4,942,690
Deferred contributions	59,181,319	28,611,459
	67,332,485	33,554,149

Net assets:

Unrestricted and internally restricted	12,121,105	14,785,749
Cumulative translation adjustment	(1,548,904)	(727,524)
	10,572,201	14,058,225

Commitments

	\$ 77,904,686	\$ 47,612,374
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Consolidated statement of operations

March 31, 2025, with comparative information for 2024 (in U.S. dollars)

2025

2024

Revenue:

Grants and contributions	\$ 63,380,541	\$ 59,577,230
Change in fair value of investments	242,419	815,395
Other income	1,196,165	120,931
	64,819,125	60,513,556

Expenses:

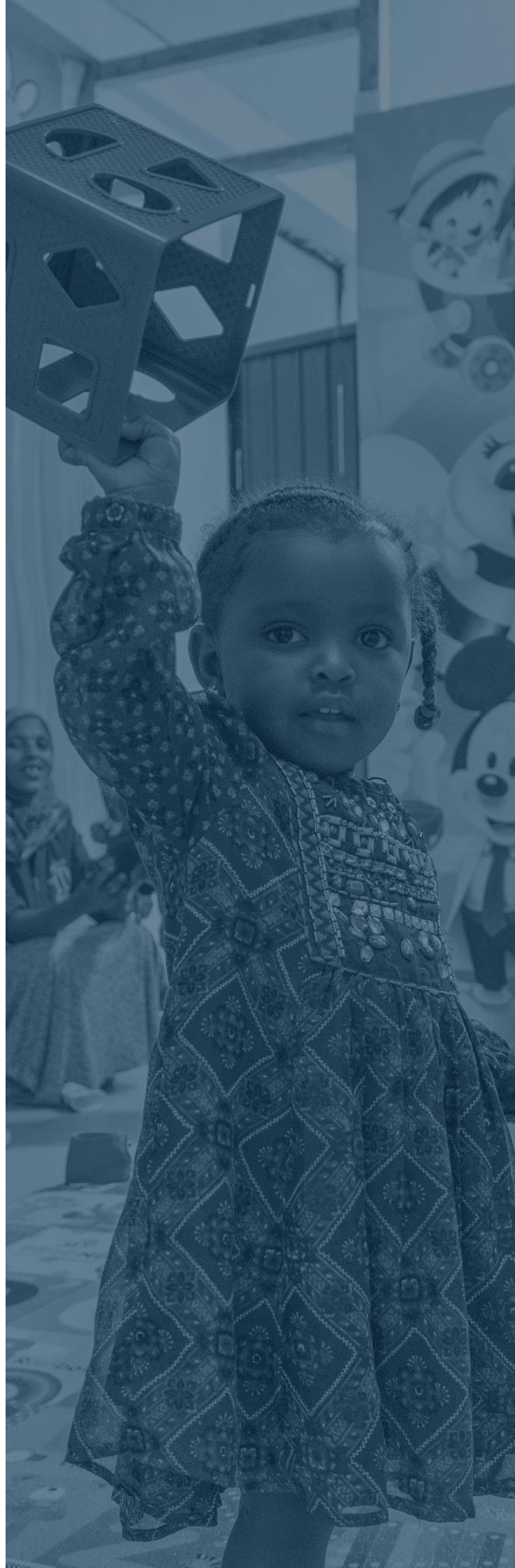
Program interventions	60,818,732	52,750,063
Management and administration	6,665,037	6,938,065
	67,483,769	59,688,128
(Deficiency) excess of revenue over expenses	\$ (2,664,644)	\$ 825,428



Governance, partnerships and donors

Collaborating for lasting change.

Guided by the expertise of our Board of Directors and the commitment of our partners and donors, we work to achieve the greatest nutrition impact at the lowest cost. From generating evidence and advancing research to shaping policy and the global knowledge base for nutrition, we play a leading role in ensuring that people everywhere have access to the nutrition they need.



Our Board of Directors

Strategic leadership for a healthier future.

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. Bringing together leaders from multilateral institutions, academia, non-profits and beyond, the expertise and global leadership of our directors strengthen our ability to deliver effective, sustainable solutions for the people we exist to serve.



Masood Ahmed — Board Chair
President Emeritus, Center for Global Development, Washington, DC, USA



Vivian Onano — Vice-Chair
Founder and Director, Leading Light Initiative, Kenya



Suprotik Basu
Managing Partner, Helena Special Investments, New York, NY, USA



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



Her Excellency Ambassador Minata Samaté Cessouma
African Union's Former Commissioner for Health, Humanitarian Affairs and Social Development



Shaila Khan Leekha
Co-founder and COO, Clima Investments, United Kingdom



His Excellency Dr. Jakaya Mrisho Kikwete
Former President of Tanzania, Chairman, Jakaya Mrisho Kikwete Foundation, Global Partnership for Education Board Chair and Chancellor, University of Dar es Salaam, Dar es Salaam, Tanzania



His Excellency Dr. Ibrahim Assane Mayaki
Former Prime Minister of Niger and African Union Special Envoy for Food Systems



Dr. Stanley Zlotkin
Inaugural Chief of the SickKids Centre for Global Child Health and Professor of Paediatrics, Public Health Sciences and Nutrition Sciences, University of Toronto, Toronto, Ontario



Tom Bui — Honorary Member
Director, Food Systems and Nutrition, Global Affairs Canada



Partners and donors

Partnerships that power global nutrition.

The expertise, resources and generosity of our esteemed partners and donors make it possible to influence policy, strengthen delivery systems and integrate nutrition into broader health and development efforts. Together, we're achieving impact at scale and building a healthier, more prosperous world for hundreds of millions of people worldwide, with a focus on women, girls and children. 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
- Asian Development Bank
- Atlas AI
- Bangladesh Knitwear Manufacturers and Exporters Association
- Big Win Philanthropy
- 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
- Effective Ventures Foundation
- Emory University, Rollins School of Public Health
- EngenderHealth
- Ethiopian Public Health Institute
- Exemplars in Global Health
- Fondation Botnar
- Food Fortification Initiative
- Gates Foundation
- Gates Ventures
- GiveWell
- GIZ (Deutsche Gesellschaft fur Internationale Zusammenarbeit GmbH)
- 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
- Institut Santé et Développement
- International Food Policy Research Institute
- International Federation for Spina Bifida and Hydrocephalus
- Iodine Global Network
- ISF Advisors
- James Percy Foundation
- Micronutrient Forum
- McGill University, School of Population and Global Health
- National Nutrition Council
- PanAfricare
- Power of Nutrition
- Quantedge Advancement Initiative
- Rockefeller Foundation
- Save the Children
- Scaling Up Nutrition Movement (Secretariat)
- SickKids Centre for Global 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



