

Annual Report

2022–2023





Contents

Introduction	4
About us	5
Message from the President and CEO	6
Impact at a glance	8
Field story: Combating anaemia through community outreach in India	10
Program highlights	12
Field story: Vitamin A supplementation	24
Country highlights	26
Financial highlights	32
Our board of directors	34
Partners and donors	35

Introduction



Investing in nutrition to deliver global impact.

Conflict, climate change, economic downturns and the aftermath of the COVID-19 pandemic have threatened to undo years of hard-won development gains. Building on over three decades of experience at the forefront of the global battle has enabled us to redefine our impact through the adoption of new delivery platforms, innovative technologies, and cutting edge financing models, research and advocacy.

About us

We nourish people to nourish life.

Nutrition International has been leading the global fight against malnutrition for more than 30 years, reaching over one billion people with low-cost, high-impact nutrition interventions in more than 60 countries around the world.

Renowned for our world-class leadership in global nutrition, we adopt a no-missed opportunity approach, working directly with governments to strengthen their capacity, partnering with research institutions to improve guidance and breaking down silos between different sectors to successfully integrate nutrition into non-nutrition platforms. Serving as a force multiplier across the development ecosystem, our unique blend of capabilities empowers countries to overcome barriers to scaling up nutrition, domestic resource mobilization, local capacity and ownership.

Nutrition International is based in Ottawa, Canada, with offices across Africa and Asia to oversee regional and country-level operations.



SCAN HERE
to learn more about
the work we do.



Message from the President and CEO

Welcome to Nutrition International's 2022 annual report.

2022 was a tough year, with multiple global shocks that we are all too familiar with. What characterized our work as a team this year was seeing the nutrition opportunity within these crises. The opportunity to engage with countries to understand the major obstacles they are facing in scaling up nutrition. The opportunity to build out our capabilities and strengthen our organization. And the opportunity to deepen our regional engagement and connect it more intentionally with national action.





This is a critical time. The world is facing many competing crises that risk diluting focus on the foundational importance of nutrition, and donor and country budgets are under heavy pressure. In recent years, there has been a strong emphasis on narratives about food, food security, starvation, hunger and treatment that have overshadowed the importance of nutrition, nutrition security and prevention. All of these are equally important and yet we have lost focus on the most impactful pieces – on the evidence-based, low-cost, high-impact interventions that do the greatest good.

Our mission is to elevate nutrition as a global, regional and national priority and to work with our partners and governments around the world to build a pathway to action, particularly for women, adolescent girls and children. Our more than 30 years of experience in maximizing health and nutrition impact within resource-constrained environments means we have a valuable role to play as allies to government in today's complex environment.

I'm proud to be a part of the incredibly dedicated team at Nutrition International. I'm proud of what we have accomplished this past year and excited about the road ahead. It won't be easy, but no journey worth making ever is.

I'll close with our "why," which explains why we do what we do at Nutrition International. We're here to leave the world better than we found it. Love for our brothers and sisters around the world – no matter what they're going through – compels us to action. While we are here, we will create the maximum light possible.

Thank you for your support and for all that you do to leave the world better than you found it. Keep going!

Kind regards,

JOEL C. SPICER
President and CEO, Nutrition International



Impact at a glance

Our impact in 2022.

Our focus on impact ensured millions of people had access to the right nutrition at the right time.

In 2022, we continued to support national, state and municipal governments to develop, implement and monitor quality nutrition programs despite the lingering consequences of the COVID-19 pandemic and other global challenges. We collaborated closely with governments and partners to deliver compelling research and evidence, empowering decision makers with the data they need to scale up impactful interventions and drive change.

Here are just some of the results of our work:



\$7.4B
in future economic
benefits gained



576M
people gained access to
adequately iodized salt



268.3M
people gained access
to fortified foods



174M
children under five received
two doses of vitamin A



13M
IQ points gained in children



8.5M
cases of anaemia averted



3M
children with diarrhoea received
the recommended course of zinc
and oral rehydration salts



2.8M
pregnant women received iron
and folic acid supplements



2.7M
adolescent girls consumed weekly
iron and folic acid supplements



1.4M
children gained a year
of education



1M
newborns reached with a
birth package intervention



897K
adolescents received
nutrition education



823K
newborns received timely
initiation of breastfeeding



649K
cases of stunting averted



279K
cases of mental
impairments averted



156K
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

Combating anaemia through community outreach in India

This is Mahima's story.

Community-based platforms stepped up to support adolescent girls to get the nutrition services they needed when schools closed due to COVID-19.

Fifteen-year-old Mahima is focused on a singular goal: passing her upcoming exams. The standard 10 student's favourite subject is math, and while she has yet to decide what she wants to do after school, she knows good grades will help her get there.

But her ability to excel at school was compromised when in-classroom learning was paused due to COVID-19. Along with the challenges of remote learning, Mahima lost access to a critical nutrition program provided at her school in Ahmedabad, Gujarat, India.

Weekly iron and folic acid supplementation (WIFAS) is a World Health Organization (WHO) recommended strategy to help prevent anaemia in adolescent girls aged 10 to 19 years and women aged 15 to 49

in regions where the prevalence of anaemia is 20% or higher. Anaemia leads to reduced resistance to infection and disease, decreased school performance and reduced work productivity. For adolescents, particularly girls, who have unique and increased micronutrient requirements, micronutrient deficiencies can have devastating consequences. In Gujarat, according to the National Family Health Survey 2019–2020, the anaemia rate among girls aged 15 to 19 years is 69%, highlighting the urgent need for access to nutrition programs and services.

In April 2020, Gujarat issued a directive for districts to distribute WIFAS through frontline workers in community healthcare settings. Shifting from a school-based service delivery model to community-based platforms was not a small undertaking. Nutrition International, already a close partner of the national and state governments, provided technical assistance to support this transition in Gujarat with funding from Comic Relief. This included diverting WIFAS supplies from schools to outreach workers,

delivering WIFAS to adolescent girls in their homes or through their community health centres, developing behaviour change materials relevant to the times and supporting district officials to strengthen the WIFAS program through remote monitoring.

In the village where Mahima lives, this meant supporting the anganwadi worker. Anganwadis are localized health centres that provide multiple services at the village level targeted at women and children. The anganwadi worker is familiar with the inner workings of the village and with how to provide access to health resources to those who might not otherwise seek them out.

Anganwadis were previously tapped in India as central points to engage out-of-school adolescent girls. Out of a dire need that stemmed from the pandemic, they would grow their scope of service to meet the needs of school-going girls, whose access to nutrition services stopped when classrooms closed.



Previously, I used to have a lot of difficulty doing anything and one time I fainted. I now know the importance of taking IFA regularly.”

– MAHIMA

Student in Ahmedabad, Gujarat, India

◀ Mahima (centre) is now able to focus on her studies and continues to be supported by the anganwadi worker along with her peers.

Every month, local anganwadis host a Village Health and Nutrition Day (VHND). These days are critical touch points to provide a variety of nutrition-related services at the village level. Nutrition International supports VHNDs by working with the government and implementing partners to provide training, resources and micronutrient supplements for distribution. It was through this monthly event that Mahima came to better understand her own health and nutrition.

Khushboo is the anganwadi worker in Mahima’s village. Working in close collaboration with the district coordinator, who received training from Nutrition International, Khushboo reached out to Mahima and her friends and encouraged them to come to the anganwadi for the upcoming VHND session.

On arrival, the girls were screened for anaemia. Mahima was afraid to check her haemoglobin (Hb) level, as she was doing this for the first time in her life. She learned her Hb level was 7mg, which falls under the category

of “severe anaemia” according to the Ministry of Health and Family Welfare operational guidelines. Khushboo, along with the coordinator, educated Mahima about the significance of low Hb and the connection between anaemia and iron and folic acid (IFA) consumption. It was then that Mahima shared that she had been experiencing common symptoms of anaemia – dizzy spells, weakness and a fainting episode – since she stopped consuming WIFAS in school.

Mahima received treatment at the anganwadi and was prescribed the recommended dose of iron and folic acid (IFA) supplements, which included Kushboo explaining the possible side effects. In addition, Kushboo counselled Mahima on the importance of a diverse diet and encouraged her to incorporate more pulses, fruits and leafy green vegetables into her meals.

Kushboo followed up on Mahima’s progress by visiting her at home. She spoke with both Mahima and her parents to discuss their diet in addition to checking that Mahima was continuing with her recommended

IFA dose. After receiving the dietary counselling, Mahima started to consume dark green leafy vegetables such as spinach, fenugreek, drumstick leaves and various dals (pulses).

“Previously, I used to have a lot of difficulty doing anything and one time I fainted,” Mahima shared. “I now know the importance of taking IFA regularly.”

When schools reopened, Mahima continued to receive WIFAS through her community-based platform as transitioning back to in-school coverage will take time. The COVID-19 pandemic disrupted all facets of life, but programs like this one were able to help bridge a critical gap so that adolescent girls like Mahima continued to receive the support they needed.

Program highlights

**Global influence and leadership
in an evolving nutrition landscape.**



Nutrition International serves as a bridge between evidence and action, spearheading the charge against malnutrition at the local, regional and global levels. With world-class technical experts and a commitment to action, results and scalability, we equip our partners with the evidence, data and innovative products and services they need to develop high-quality nutrition programs to serve the people who need them most. Last year, we reached 728 million people with our health and nutrition programs. Here are just a few highlights from the past year.

Vitamin A

Improving child survival with vitamin A.

Last year, our programming reached more than 170 million children under five with two doses of vitamin A, averting more than 150,000 deaths in children under five.

Vitamin A deficiency is the leading cause of preventable childhood blindness and increases the risk of mortality from common childhood illnesses, such as measles and diarrhoea.

With health systems around the world still recovering from the effects of COVID-19, we continued our 18-month vitamin A supplementation (VAS) emergency response project in Africa to ensure children were not left unprotected. With support from the Government of Canada, our efforts were able to reach our target of 35 million children with at least one dose of vitamin A by the project's halfway

point. Additionally, we provided technical assistance to countries in the region to develop costed, multi-year and context-specific plans and budgets for national coverage so that we could identify gaps that required support.

In Senegal, we hosted a three-day capacity-building workshop, attended by delegates from 16 countries in sub-Saharan Africa, that focused on strengthening capacity to achieve high coverage of VAS delivered through primary healthcare systems. We supported state governments in India to digitalize their state-specific VAS monitoring checklists to facilitate and strengthen monitoring mechanisms and allow for timely corrective actions. In Bangladesh, alongside providing technical assistance to the government to revise new national guidelines for the national vitamin A campaign, we also supported the development of a digital version and an e-learning platform for more cost-effective dissemination and training.

For more than 30 years, Nutrition International has been a global leader in vitamin A, improving global delivery, industry standards, policies and access to ensure children are not missed with their lifesaving doses. We work closely with manufacturers, governments and on-the-ground partners to provide up to 75% of the world's supply of vitamin A capsules. Since 1998, we have supplied more than 12 billion capsules globally, through the in-kind donation program, implemented with UNICEF, and with support from the Government of Canada. As the host and chair of the Global Alliance for Vitamin A (GAVA), we bring together organizations, policy makers and program implementers to share research and develop policies and tools to accelerate progress toward improved child survival and reduction in the consequences of vitamin A deficiency worldwide.

LOOKING AHEAD

We are committed to working alongside governments around the world, meeting them where they are and supporting their VAS programs to ensure quality delivery while maximizing cost effectiveness. Until the early 2000s, many countries leveraged National Immunization Days (NIDs), funded by the Polio Eradication Program, to co-deliver VAS. This approach allowed countries around the world to capitalize on this platform to achieve VAS coverage of over 80% among eligible children. However, as funding and the need for polio NIDs are being phased out, countries lacking partner support for other integrated campaigns have been defaulting to routine VAS delivery. Without critical support for health systems strengthening, some countries have seen coverage drop below 50% – a figure that is unacceptable for a child survival intervention. Nutrition International will continue to provide strategic assistance to countries that are navigating the transition to routine delivery, while ensuring coverage does not decline.



Food fortification

Scaling global availability of key micronutrients among populations.



The WHO, the Copenhagen Consensus and the Food and Agriculture Organization have ranked food fortification as one of the highest-return interventions in global development.

Fortifying staple foods and condiments with essential micronutrients is a proven, cost-effective method for improving the health of populations by bridging dietary gaps in vitamin and mineral deficiencies.

Nutrition International's large-scale food fortification (LSFF) programs, active in nine countries across Africa and Asia, aim to improve diets and reduce micronutrient inadequacies within populations. This includes the fortification of staple foods like wheat flour, maize flour, rice and oil, in addition to condiments such as salt. Our country-level efforts include advocacy with decision makers, evidence generation and dissemination among relevant stakeholders to support strengthening fortification guiding structures,

including policies, legislation and standards. We also provide technical assistance to governments and industry partners to strengthen and sustain the production and availability of adequately fortified foods, as well as leveraging existing market-based platforms and social safety net programs to reach populations at scale with the micronutrients they need in an optimal mix of interventions.

Building on the success of the Food Fortification Program in Pakistan, we scaled our support to the country to help legislate mandatory fortification of wheat flour with iron, folic acid, zinc and other micronutrients. This led to the governments of Sindh, Balochistan and Khyber Pakhtunkhwa adopting mandatory legislation, with Punjab province following closely behind. Similarly, our advocacy work in Indonesia prompted the Ministry of Industries to update the country's wheat flour fortification standard to be aligned with the WHO's recommendation. Consequently, 85% of all wheat flour produced in 2022 was adequately fortified as per the revised standard.

In Ethiopia, we are leading a collaborative effort to support the development of salt double-fortified with iodine and folic acid into the market. This endeavor aims to improve women's folate status,

which will eventually prevent neural tube defects and iodine deficiency disorders. Evidence of the product’s benefits, how well it’s received by the population and its sustainability will shape the development of analytical models and tools that will provide decision makers with necessary data to establish regulations, standards and policies to legislate the intervention.

On a global scale, we have played a pivotal role in driving the food fortification agenda. We developed a novel global Food Fortification Framework, in collaboration with our partners, to guide fortification planning and programming. In the lead-up to the 76th World Health Assembly (WHA), we supported our partners in calling upon the WHO and its member states to accelerate efforts for the delivery of essential micronutrients through food fortification. The resolution



was approved by the WHA, and we expect that it will foster further interest and acceptance of food fortification strategies and financing across the globe. In addition, we are collaborating with the WHO to explore the potential of digital technologies in food fortification.

As a result of our efforts, 267 million people, including 69 million women aged 15–49, had improved access to fortified foods, which resulted in approximately eight million cases of anaemia averted.

LOOKING AHEAD

Nutrition International remains committed to reaching populations at scale with fortified foods in an optimal mix of interventions for maximum public health impact. We will prioritize forging partnerships with a selection of local, regional and global governments and actors to ensure our LSFF programs stay relevant in an ever-changing context. By continuously redefining and utilizing advanced LSFF approaches based on local context, current data and evidence, we will continue to support governments and industry partners to enhance the nutritional status of populations economically and sustainably. Additionally, we will maintain our strategic collaboration with partners to generate and disseminate global and country-specific evidence to address knowledge gaps in the realm of food fortification. Our commitment extends to taking a leadership role in this domain, both on a global scale and within national and subnational contexts.



Adolescent nutrition

Empowering adolescents with the nutrition and knowledge they need to survive and thrive.

The world is home to 1.2 billion adolescents, the largest cohort of this demographic in history.

Despite adolescence being the second fastest period of growth with the highest nutritional needs after infancy, adolescents have been largely neglected within policy and programming in low- and middle-income countries.

Our adolescent health and nutrition programs, active in eight countries across Africa and Asia, aim to improve the health and wellbeing of adolescents by expanding and strengthening anaemia prevention efforts with weekly iron and folic acid supplementation (WIFAS). Through gender-responsive health and nutrition education delivered through school curriculums, peer youth groups and community-based and digital platforms, we empower adolescents to understand their own growth, development and potential to benefit from improved nutrition.

With Nutrition International's support, over 2.9 million adolescent girls received the full scheme of weekly iron and folic acid supplements in 2022, a figure nearly three times greater than the previous year's reach, signaling a substantial increase in school attendance as countries continue their recovery from COVID-19-related closures.

As a key partner to the African Union during the Year of Nutrition, we provided technical and financial support to the development of the East, Central and Southern Africa Health Community (ECSA-HC) Adolescent and Nutrition Advocacy and Communications Strategy that aims to reduce anaemia, increase programming and improve adolescent nutrition among its member states. Furthering our efforts, we launched She'll Grow Into It, an advocacy campaign that calls for the prioritization of adolescent nutrition and the inclusion of adolescent voices among African Union member states.

At the global, regional and national levels, we have been collaborating with partners to highlight the data gaps for decision makers to allow them to better understand the current health and nutrition needs of adolescents. In our effort to shape the market for the availability of WIFAS, we submitted the application of WIFAS in the formulation of 60mg of elemental iron and 2.8mg folic acid for consideration by the 24th Meeting of the WHO Expert Committee on Selection and Use of Essential Medicines in April 2023.

Our programs will continue to use nutrition as an entry point to address gender equality issues – including early marriage, adolescent pregnancy, menstrual health barriers and harmful social norms – that hold girls back from access to school and participating fully in their communities.



LOOKING AHEAD

Nutrition International remains committed to partnering with governments around the world to design, implement and strengthen effective, gender-responsive adolescent nutrition programs to ensure adolescents are prioritized in health and nutrition agendas. By expanding and strengthening our WIFAS programming, we will direct our anaemia reduction efforts towards mitigating the inequities faced by adolescent girls in relation to anaemia. Nutrition education will be tailored to meet adolescents' needs and delivered through various platforms, channels and partnerships, including schools, communities, youth groups and digital mediums. Additionally, we will provide technical assistance on monitoring and reporting on the delivery of nutrition education as part of our global nutrition education indicator work. In July 2023, the WHO Expert Medicines Committee accepted Nutrition International's submission to include the new formulation of WIFAS in the Model List of Essential Medicines (EML). We will work at the global level to improve WIFAS availability, while also serving as a trusted partner to countries to facilitate a smooth transition and address any supply chain issues.



Gender

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



Good nutrition and gender equality are mutually reinforcing; improving nutrition plays a vital role in achieving gender equality.

We implement gender-sensitive and gender-responsive nutrition programs, informed by rigorous analyses, to ensure our interventions meet the diverse, unique needs of women and girls.

Our country teams developed and implemented a series of gender action plans in response to the challenges and recommendations identified within last year’s sex- and gender-based analyses. These served as a road map, allowing countries to deploy new strategies to promote gender equality, including increasing the agency of adolescent girls and women and promoting the meaningful engagement of men. We also developed and disseminated messages about gender equality, as well as gender-responsive nutrition, to increase the awareness of stakeholders and communities on the rights of women and adolescent girls, which led to an increased demand for accessing and utilizing nutrition and health services.

In Kenya, we continued to scale up mother-to-mother support groups and integrate gender empowerment messages to increase the participation and decision-making capabilities of mothers. In India, the birth package

program training in the Nutrition International-established Centre of Excellence involved counselling that focused on male involvement in maternal and newborn care, including breastfeeding and kangaroo mother care.

Our dedication to gender equality prompted the development of a second online course for Nutrition International staff to guide the activities needed to apply gender mainstreaming throughout the project cycle. We also conducted a learning review to synthesize evidence and assess the challenges and opportunities faced within the organization to expand our work within gender equality. This review sets the stage for the development of an updated Program Gender Equality Strategy to reflect progress and delineate what gender equality looks like in each area of Nutrition International’s work.



LOOKING AHEAD

A process is underway to refresh and update the Program Gender Equality Strategy. This updated strategy will inform our next investment case and serve as a road map for future work on gender equality, highlighting specific opportunities for nutrition programming to influence gender equality results and vice versa. New gender training curricula will be rolled out and cascaded from staff to local partners to deepen understanding and capacity to mainstream gender. We will seek to understand the effectiveness of our experience working with women’s rights organizations in addressing the gender barriers to nutrition services. As we see an increasing number of new projects requiring dedicated support for gender equality objectives, we will slowly expand with an expected increase in the number of staff at the regional and country levels.

Technical assistance

Sharing knowledge and expertise to accelerate nutrition.

Our technical assistance aims to advance the effective scale-up of evidence-based nutrition interventions and programs, with a focus on elevating the health of populations in areas with the highest potential for impact.

Nutrition International provides quality, timely and coordinated expert technical assistance in the areas of nutrition governance, financing and data to governments, multilateral organizations, development banks and other partners.

Through the Domestic Resource Mobilization Initiative, we supported 11 county governments in Kenya to implement evidence-based, low-cost and high-impact nutrition and health interventions through joint planning, budgeting and 50:50 matched funding from participating counties on mutually agreed activities. This model has



significantly increased the amount of funds available for health and nutrition in these counties.

In Bangladesh, our technical assistance team worked with the Bangladesh National Nutrition Council to develop the country's first Multisectoral Urban Nutrition Strategy and to operationalize their 2021 Nutrition for Growth commitments.

In Cambodia, we supported the Council of Agriculture and Rural Development to develop the third National Strategy on Food Security and Nutrition, while also strengthening nutrition governance in selected provinces. Similarly, in Ethiopia we provided technical assistance to strengthen the capacity of Ethiopia's Seqota Declaration Federal Program Delivery Unit.

LOOKING AHEAD

We continue to deepen ongoing engagements and extend technical assistance to regional institutions and multilateral development banks in Africa and Asia. Through these collaborative efforts, we seek to stimulate increased investments in nutrition programming and facilitate the sustainable integration of nutrition into new sectors and platforms. Furthermore, we continue to expand the geographical scope of our technical assistance, extending our reach to more countries, providing vital support to national and subnational governments to strengthen nutrition governance, co-ordination and effective program implementation.



Maternal and newborn health

Elevating health and nutrition outcomes for mothers and their babies.



Nutrition International works with ministries of health, partners and other governmental sectors to strengthen antenatal care (ANC) delivered through health systems to support a positive pregnancy experience, improve women’s wellbeing and reduce the risk of anaemia in pregnancy with the goal of maximizing health outcomes for women and their babies.

We continued to assist governments to use the country specific cost-effectiveness analyses in our MMS-Cost Benefit Tool to support decision-making around the costs and benefits of switching from iron and folic acid (IFA) supplementation to multiple micronutrient supplementation (MMS). The Copenhagen Consensus highlighted MMS for pregnant women as one of the top investments in nutrition, as results show it is more effective than IFA supplementation in improving birth outcomes and is just as effective in preventing maternal anaemia.

Last year, we focused on better understanding the adherence gap – the gap between the nutrition services and supplements received, compared to what is accepted and consumed during pregnancy – to help countries strengthen their maternal nutrition programs. Building upon the success of our ongoing implementation research in Pakistan, we partnered with the Government of Nigeria to support the transition from IFA to MMS and optimize uptake and adherence among pregnant women. In Pakistan, we conducted an adherence study in four provinces that informed a set of recommendations for improving policy, planning and programming that received endorsement from the nutrition wing of the Ministry of National Health Services Regulation and Coordination.

Continuing our efforts to strengthen the accessibility and quality of ANC provided through health systems, we are spearheading two implementation research projects in India with the support of state governments. The First 1,000 Days project will generate



evidence on closing the “know–do gap” by addressing the service delivery barriers that hinder the implementation of essential nutrition actions. The Maternal IFA project will identify the barriers, bottlenecks and enablers for optimal adherence to IFA and calcium supplementation during pregnancy, one of the country’s long-standing programs. To support pregnant adolescents in receiving quality ANC, we launched the Building

Rights for Improved Girls’ Health in Tanzania (BRIGHT) project, which utilizes youth-centered feminist and rights-based approaches to empower adolescents in the Tabora region to exercise their sexual and reproductive health and nutrition rights.

Recognizing that maternal and newborn health are inherently connected, we worked with governments to support the delivery of birth package interventions

embedded in a broader package of maternal and newborn care, including delivery by skilled birth attendants, nutrition counselling, optimal timing of cord clamping, kangaroo mother care for small and vulnerable newborn babies and clean cord care with chlorhexidine.

LOOKING AHEAD

Nutrition International continues to support governments and partners by generating and translating evidence and providing technical expertise to inform decision making on MMS scale-up. In Pakistan, our MMS implementation research continues to provide context-specific findings to inform scale-up, and this year will add an important layer focusing on providing youth- and gender-responsive ANC. Over the next year in Nigeria, we will co-develop and test adherence solutions to MMS using human-centred design strategies embedded in the implementation research.

In India, the First 1,000 Days project will refine its implementation model to drive quality service delivery and uptake of recommendations based on first-round process evaluation results. Through the Maternal IFA project, we will implement an evidence-informed, gender-responsive behaviour change initiative strategy utilizing digital tracking tools and other technology to increase adherence to IFA and calcium supplementation during pregnancy. The BRIGHT project will develop a comprehensive, integrated sexual and reproductive health and nutrition operational guide and train providers on its implementation. Our work to reduce neonatal mortality and morbidity, particularly by working alongside governments to expand kangaroo mother care for preterm and low birthweight babies, continues to scale up in Kenya, India and Pakistan.



Nutrition advocacy

Mobilizing political will and accountability for nutrition.

Nutrition International advocates for the effective allocation of resources for nutrition by aligning government policies with proven interventions and mobilizing political will to ensure nutrition priorities remain high on global, regional and national agendas.

Building upon our memorandum of understanding, we reaffirmed our commitment to work with the African Union and its member states toward a shared objective of ending poverty, hunger and malnutrition across the continent. In Kenya, we facilitated a nutrition financing workshop where four county governments signed agreements to elevate their commitment of domestic resources for nutrition programs. To ensure that anaemia and adolescent nutrition were prioritized as key focus areas within the African Union’s Year of Nutrition, we co-launched the She’ll

Grow Into It campaign with the African Union to drive support for adolescent nutrition and initiated the development of a communications and advocacy strategy to accompany the African Union’s Africa Regional Strategy. We also provided support to the East, Central and Southern Africa Community for the development of an Adolescent Nutrition Advocacy and Communications Strategy.

In collaboration with our partners, we continued to present compelling evidence to governments, multilateral organizations and donors to establish legislation to achieve tangible progress in combating malnutrition by 2030. In Pakistan, this led to the enactment of mandatory food fortification legislation in three of the country’s provinces. Additionally, we provided technical support for the development of the country’s anaemia guidelines, and in response to the devastating floods, we championed the integration of nutrition into Pakistan’s disaster response efforts.

At the global level, Nutrition International played an active role in the successful passing of the WHA resolution on large-scale food fortification, a decision with the potential to help eliminate preventable deaths among marginalized populations by enhancing micronutrient access. 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 Anaemia Actions Alliance led by WHO, the 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

This year is set to be another critical one for driving nutrition action – our advocacy efforts will focus on shaping the global narrative to prioritize optimal nutrition for women and girls. We will continue working with allies such as the African Union, the Government of Canada and other strong nutrition advocates to place issues such as adolescent nutrition and anaemia high on the global agenda. Our attention will also turn to practical ways that policy makers can help close the nutrition gender gap as we approach the Nutrition for Growth Summit in Paris in 2024.



Evidence generation

Driving meaningful impact through data.



Our team of technical experts are committed to expanding the global nutrition knowledge base.

By partnering with governments and other stakeholders, we generate and translate evidence and best global practices into strong technical guidance, evidence-informed policy, advocacy recommendations and better analytics and tools.

In partnership with the state governments of Gujarat and Uttar Pradesh, India, we launched the Improving Quality and Uptake of Nutrition Services Across the First 1,000 Days implementation research project to evaluate a model to strengthen the capacity of healthcare systems to deliver comprehensive, integrated and quality nutrition and health interventions for mothers and their children.

In August 2022, we released the Cost of Not Breastfeeding Tool 2.0, developed in partnership with Alive & Thrive. With updated methods and datasets for more than 160 countries, the user-friendly online tool provides policy makers and advocates with data on the health, human capital and economic costs of not breastfeeding at the country level.

In collaboration with the Harvard T.H. Chan School of Public Health, we conducted a first of its kind study

to quantify the intergenerational impacts of antenatal micronutrient supplementation on non-communicable diseases, by age and sex at the global, regional and national levels across 132 low- and middle-income countries.

Together with Emory University and the Food Fortification Initiative, we are investigating the nutritional causes of anaemia in women of reproductive age and the potential contribution of large-scale fortification to reduce the global burden of anaemia. With the advancement of technology, we are exploring how to leverage artificial intelligence to use a systematic data-driven approach to locate children under five to better target the delivery of nutrition and immunization interventions, with an initial focus on VAS. Once developed, this platform will be able to extend to be utilized for other combinations of interventions and data layers, including climate risks or emergencies.

LOOKING AHEAD

We are investing in generating evidence on new interventions and approaches to address the multiple causes of malnutrition. This includes testing the effectiveness of double-fortified salt with iodine and folate in Ethiopia, quantifying the long-term effects of early nutrition interventions in delaying the onset of non-communicable diseases and studying the barriers and facilitators to the successful scale up of proven interventions such as MMS in regions with historically high need and low uptake of supplementation, like Pakistan and Nigeria. To advance Nutrition International's key objectives in the areas of child survival and anaemia, we are investing in research to generate evidence on the use of artificial intelligence and digital technologies to better target interventions and identify vulnerabilities. Leveraging the success of our user-friendly data for decision-making tools, we are developing a new Cost of Inaction Tool to empower decision makers with the data they need to inform advocacy, policy making and investments in nutrition.

FIELD STORY

Vitamin A supplementation

Strengthening health systems and saving lives.



We know that vitamin A supplementation for children under five boosts immunity and reduces rates of childhood morbidity, but the program itself presents its own opportunity, an entry point for building capacity and improving availability of other key nutritional services.

Our Vitamin A Portfolio Director in Africa, Banda Ndiaye, looks at what that means in the context of the Democratic Republic of Congo.

In 2022, I was in Kinshasa, the capital of the Democratic Republic of Congo (DRC), attending a workshop on VAS. The workshop brought together government officials, Nutrition International and other Global Alliance for Vitamin A (GAVA) partners to discuss how to increase and sustain high coverage of VAS – a cornerstone of child survival interventions.

In DRC, the mortality rate for children under five is estimated at 81 per 1,000 live births. Recent data on vitamin A deficiency is lacking, but a 1998 study conducted by the National Nutrition Program reported that 61% of children under three were affected. Meaning this is a high-need, high-burden country.

But delivering health and nutrition services in the DRC can be challenging. The country boasts a large land mass with great cultural and geographical diversity, making some areas more difficult to access and areas of conflict that require thoughtful navigation. Twenty-six different Provincial Health Directorates operate separate health jurisdictions, leading to disparate policies and implementation.

While the challenges of infrastructure and logistics are great, so too is the opportunity.

During the workshop we discussed moving more intentionally from vitamin A delivered through campaigns to delivery through routine health services. Both methods have merit, but while campaigns mobilize a lot of people, they also require extensive resources while under time constraints. This means that without adequate systems in place that support the delivery of VAS through routine health services, children will miss critical doses. We can't let that happen.

We have a chance to develop an integrated approach that alleviates pressure on the whole system. Ultimately, VAS is an entry point to increase childhood survival by strengthening health services and key child survival programs, which include access and utilization of other services, nutrition education, growth monitoring and promotion, and deworming.



There is a lot of work to do, but we are together in our commitment.

– **BANDA NDIAYE**

Nutrition International's Vitamin A Portfolio Director in Africa

- ◀ Vitamin A deficiency is a public health problem in many low- and middle-income countries. A lack of vitamin A weakens the immune system, putting a child at greater risk of disease and early death, and it is also the leading cause of preventable child blindness. Nutrition International works closely with UNICEF and other partners to support ministries of health to deliver VAS programs to children aged 6–59 months.

We can do this by taking a health systems strengthening approach, including at the community level, with the aim of reaching children and offering integrated child health and nutrition services such as growth monitoring and promotion, active screening for acute malnutrition, monitoring the use of mosquito nets, seasonal malaria chemoprevention, integrating VAS service delivery into primary healthcare services, mentoring providers with hands-on technical training and optimizing platforms, resources and time management.

With this approach, our shared goal of consistently reaching at least 80% of eligible children with two doses of vitamin A every year is possible. If we have strong VAS

programs and coverage is high, we can reduce up to 12% of all causes of child death globally. Parents should know about that. Decision makers should know about that. VAS is cost-effective, efficient and it saves lives. Vitamin A deficiency weakens the immune system and the health of communities. Addressing VAS is part of a comprehensive pandemic response. It should be on top of the public health agenda for sub-Saharan Africa.

For me, there is no greater motivation than contributing to saving the lives of children. While I joined the Nutrition International team in 2006, I had been working in public health and nutrition programming for more than two decades. Like me, many of my colleagues at Nutrition

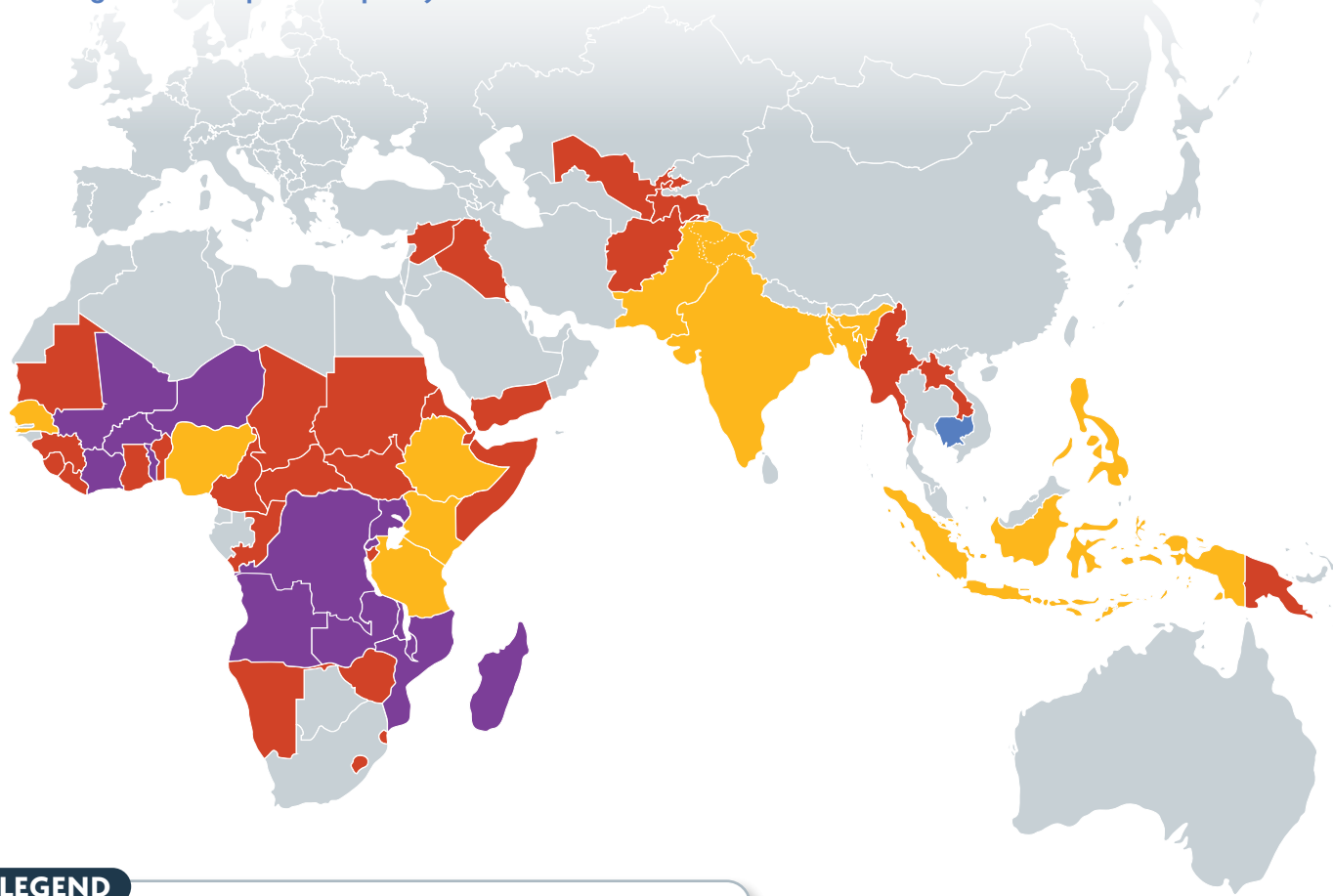
International are technical experts and leaders in their field. I know the team will draw on its vast experience working with national and provincial governments to address the acute needs of micronutrient deficiency while building capacity and creating better synergy in local health systems.

I returned home from the workshop with the uplifting knowledge that VAS is top of mind for the DRC Ministry of Health, Nutrition International and GAVA partners. There is a lot of work to do, but we are together in our commitment.

Country highlights

Creating lasting change around the world.

Across Africa and Asia, we deliver comprehensive initiatives from the national to local level, collaborating with governments and partners across sectors to implement policies, expand the knowledge base and provide quality nutrition interventions.



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

We 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.

Nutrition International signed a memorandum of understanding with the Directorate of Secondary and Higher Education and we are collaborating to implement the WIFAS and nutrition education program in over 2,000 schools in 10 districts, reaching thousands of adolescents.

We contributed to the development and distribution of the National Vitamin A Plus Campaign (NVAC) Management Guidelines to government facilities nationwide. Subsequently, an NVAC e-learning platform was launched to build the capacity of key personnel, reducing the need for in-person training and its related costs.

Nutrition International district coordinators visited 3,153 new mothers in their homes and trained 2,671 field functionaries on data reporting and nutrition counselling to support maternal and newborn health and nutrition programming.



Ethiopia

Ethiopia is grappling with its worst food crisis in decades due to prolonged drought, ongoing conflict and soaring food prices. We are collaborating with the government and other partners to implement impactful nutrition initiatives to improve the nutritional status of adolescent girls, women and newborns, and infants and young children.

Nutrition International developed capacity-building training materials at the regional, zonal and woreda levels on gender-transformative adolescent nutrition programming. Key themes of the training included nutrition education, WIFAS, gender equality basics, and menstrual health and hygiene, among others.

300,000 pregnant women attended at least one antenatal care visit within areas covered by Nutrition International, while 285,000 pregnant women in Nutrition International-supported woredas received 90 or more IFA tablets.

In Nutrition International-supported areas, the Vitamin A Next Schedule Tracking Tool was piloted to improve data quality and allow health extension workers to track and identify children who are due for their next dose or those who missed their age-appropriate dose.



India

In India, essential health and nutrition services began to resume as COVID-19 cases declined. We continued to work alongside government ministries and partners to provide key 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, Civil Supplies and Consumer Affairs in Telangana for technical assistance to introduce and scale up fortified rice in the state.

Our delivery support reached an additional 1.4 million in-school and out-of-school adolescent girls with the recommended dose of WIFAS.

We are conducting two implementation research projects in selected districts to improve the awareness, consumption and adherence of iron and folic acid and calcium supplementation during pregnancy and postpartum and to demonstrate a model for improved nutrition services across the first 1,000 days.



Indonesia

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

Our advocacy efforts alongside technical and financial support led to the Ministry of Health incorporating a national serum retinol assessment into the Indonesia National Health Survey 2023, providing the first data on vitamin A deficiency in preschool-aged children since 1992.

189,000,000 additional people had access to adequately fortified wheat flour as a result of Nutrition International's support.

In an effort to promote adolescent nutrition, Nutrition International hosted a hybrid event in West Java province that saw over one million school-going adolescent girls simultaneously consume one iron and folic acid tablet.



Kenya

Working alongside both national and county governments, we aim to strengthen policies and secure increased resources for nutrition programming with the goal of ensuring equitable access to essential nutrition, particularly for women, girls and children.

Nutrition International hosted the inaugural Cross County Learning Forum on Domestic Resource Mobilization for Nutrition and Health in Kenya, where 12 country governors signed a declaration to reinforce their joint commitment to ending malnutrition.

2,050 facility healthcare workers and 11,800 community health volunteers were sensitized on diarrhoea treatment with zinc and low-osmolarity oral rehydration salts.

We provided technical expertise and financial support to develop the Adolescent Nutrition Advocacy Strategy for the East, Central and Southern Africa Health Community. The strategy aims to reduce anaemia, increase programming and advance advocacy efforts for adolescent nutrition.



Nigeria

Working in collaboration with our partners, we support the government to deliver quality nutrition programs and ensure they are available for those who need them.

We partnered with the Society for Women Development and Empowerment in Nigeria to conduct a sex- and gender-based analysis to reveal the barriers and enablers of maternal and child health programs in six target states.

More than 90,000 bottles of multiple micronutrient supplementation (MMS) procured to support distribution to more than 45,000 pregnant women through MMS implementation research in Bauchi State.

93,396 caregivers reached with information on prevention and management of childhood diarrhoea at the community level.



Pakistan

Pakistan faces a severe malnutrition crisis, exacerbated by the 2022 floods that devastated a third of the country. As a key partner to the government and other global stakeholders, we remain committed to improving child, adolescent and maternal malnutrition indicators through our nutrition programs.

Nutrition International conducted multiple micronutrient supplementation (MMS) implementation research in Swabi district, Khyber Pakhtunkhwa, to inform the scale up of MMS for pregnant women, ultimately enhancing health outcomes for women and their babies.

15,800 safe delivery kits and 2,000 hygiene kits were donated to the provincial governments to ensure safe deliveries by skilled birth attendants amidst the devastating floods.

Nutrition International's technical assistance led to the enactment of mandatory food fortification legislation in Khyber Pakhtunkhwa.



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.

Nutrition International convened a three-day regional technical meeting, attended by more than 100 delegates from 16 countries, that focused on what is needed to achieve high coverage of vitamin A supplementation delivered through routine primary healthcare systems.

740,107 adolescents were reached with a behaviour change intervention digital campaign on adolescent nutrition.

We provided technical and financial assistance to the Ministry of Health for the development, implementation and progress review of 46 micro-plans and a regional salt quality control plan for effective and efficient quality control of iodized salt.



Tanzania

We supported the government to operationalize the country's National Multisectoral Nutrition Action Plans to ensure the right nutrition gets to those in need, particularly women, adolescent girls and children.

We conducted an assessment of the health system's preparedness to integrate vitamin A supplementation into routine primary healthcare contact points. Findings and recommendations have been submitted to the Ministry of Health for endorsement.

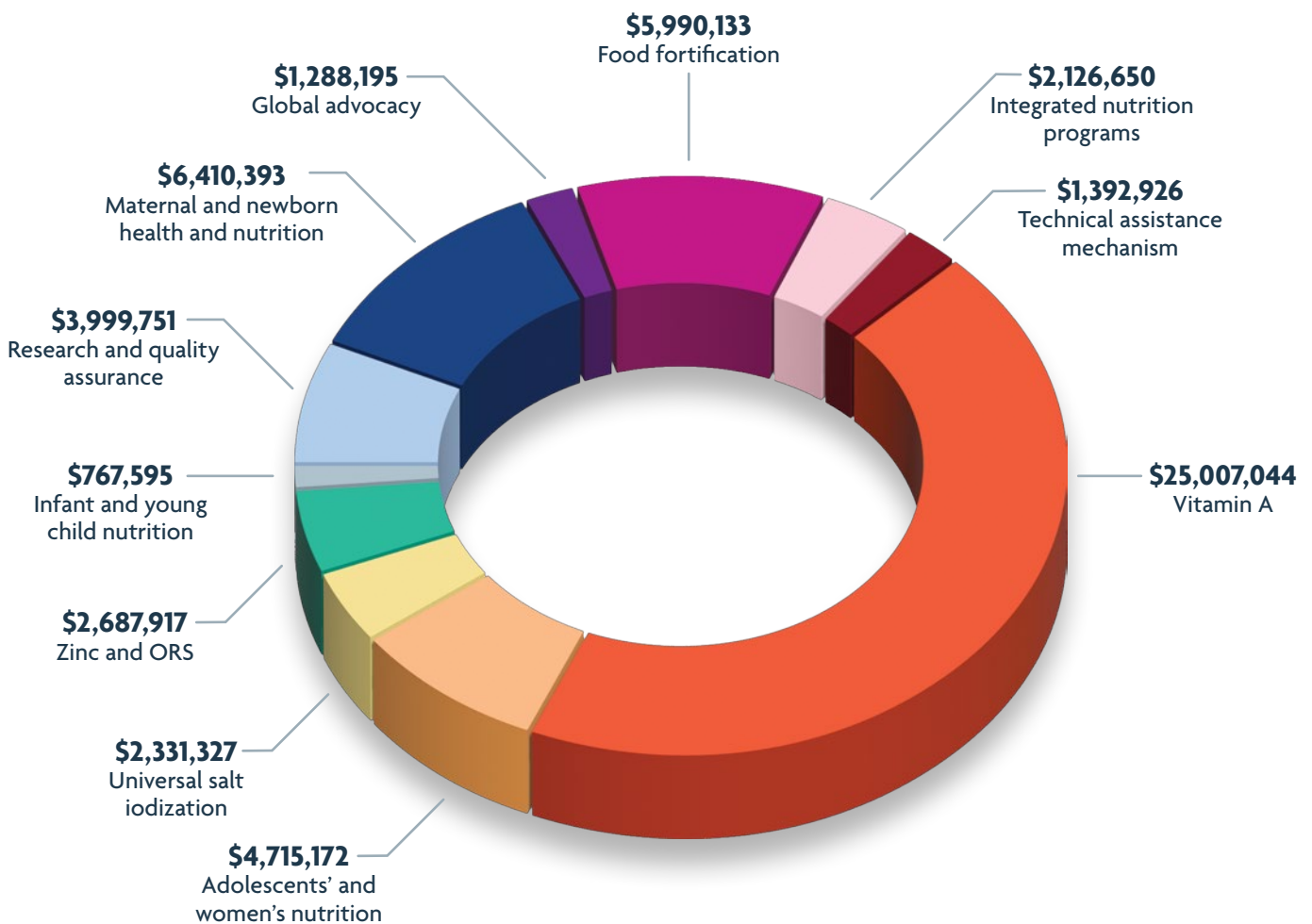
We supported the procurement of five modern iodization machines for local production and donated them to five salt-producing councils to improve iodization capacity and boost commitment for iodine fortification.

Nutrition International provided technical guidance to the Tanzania Food and Nutrition Centre (TFNC) toward finalizing the road map for executing the National Accelerated Action and Investment Agenda in Adolescent Health and Well-being and sensitized TFNC officials to understand the importance of prioritizing adolescent nutrition.

Financial highlights

PROGRAM INTERVENTIONS 2023

March 31, 2023 (in U.S. dollars)



Consolidated statement of operations		
Year ended March 31, 2023, with comparative information for 2022 (in U.S. dollars)	2023	2022
REVENUE:		
Grants and contributions	\$63,529,197	\$60,262,979
Change in fair value of investments	(226,535)	(237,537)
Other income	1,359,913	5,332
	64,662,575	60,030,774
EXPENSES:		
Program interventions	\$56,717,103	\$55,077,869
Management and administration	\$6,855,330	\$5,189,869
	\$63,572,433	\$60,267,738
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	\$1,090,142	(\$236,964)

Consolidated statement of financial position		
Year ended March 31, 2023, with comparative information for 2022 (in U.S. dollars)	2023	2022
ASSETS		
Current assets:		
Cash	\$9,943,344	\$28,556,608
Short-term investments	22,907,143	20,874,485
Accounts receivable	3,267,721	4,175,841
Prepaid expenses	1,110,953	1,259,181
	37,229,161	54,866,115
Investments	4,132,340	4,614,045
Tangible capital and intangible assets	1,421,150	698,254
Total	\$42,782,651	\$60,178,414
LIABILITIES & NET ASSETS		
Current liabilities:		
Accounts payable and accrued liabilities	\$5,256,061	\$4,557,786
Deferred contributions	24,270,241	42,418,452
	29,526,302	46,976,238
Net assets:		
Unrestricted	13,960,321	12,870,179
Cumulative translation adjustment	(703,972)	331,997
	13,256,349	13,202,176
Total	\$42,782,651	\$60,178,414

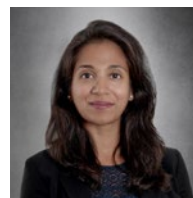
Our board of directors

Global governance for nutrition delivery.

Comprised of leaders from multilateral institutions, academia, non-profits and more, the world-renowned leadership and expertise of our directors are invaluable as we work to make a difference in the lives of millions of people.



David de Ferranti – Board Chair
Director, 3iE, Washington, DC, USA



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



Masood Ahmed – Board Vice-Chair
President, Center for Global Development, Washington, DC, USA



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



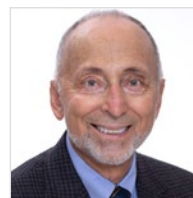
His Excellency Dr. Ibrahim Assane Mayaki
Former Prime Minister of Niger and African Union Special Envoy for Food Systems



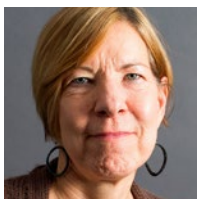
Vivian Onano
Social entrepreneur and humanitarian



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



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



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



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

Partners and donors

Delivering impact through partnerships and in-kind contributions.

Nutrition International's mission to end malnutrition is only made possible thanks to the support and generosity of our esteemed partners and donors. Their essential contributions and unique skills enable us to influence policy, improve delivery and better integrate nutrition interventions to make a real and sustainable difference for the people we serve. Here are just some of the partners and donors we're proud to work with:

- African Development Bank
- African Union
- Aliko Dangote Foundation
- Alive & Thrive
- Alliance for Anaemia Action
- Bangladesh Knitwear Manufacturers and 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
- HarvestPlus
- HOPE-Spina Bifida and Hydrocephalus
- Institute of Development Studies, University of Sussex
- International Federation for Spina Bifida and Hydrocephalus
- International Food Policy Research Institute
- ISF Advisors
- James Percy Foundation
- McGill University, School of Population and Global Health
- Micronutrient Forum
- PanAfricare
- Power of Nutrition
- 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
- United Nations Office for Project Services
- University of California at Davis
- University of Toronto
- U.S Agency for International Development
- WaterAid Canada
- World Bank
- World Food Programme
- World Health Organization
- World Vision
- Young and Alive Initiative



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