



2024 Annual Report

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“Malnutrition is a silent crisis for women and children around the world – responsible for half of child deaths, and one in five maternal deaths. But this is a solvable crisis. Prenatal vitamins are one of the most cost-effective tools to improve nutrition across generations, and thanks to the Child Nutrition Fund, they are now available to more women in low- and middle-income countries. Investing in the health of women and children is not a zero-sum game – it’s an investment with ripple effects that benefit everyone.”

Anita Zaidi
President of Gender Equality
Gates Foundation

“The mission of the Child Nutrition Fund is now more important than ever, and its model represents a sustainable and impactful response to the challenge of undernutrition. The Children’s Investment Fund Foundation is pleased to see the growing number of families, mothers and children benefitting from the nutrition services and commodities powered by the Child Nutrition Fund, as well as the increased support from governments and donors. We are excited to continue and to grow our partnership with the goal of reducing the global burden of undernutrition.”

Anna Hakobyan
Chief Impact Officer and Executive Director of Nutrition
Children’s Investment Fund Foundation

“I am delighted to celebrate the progress and growth of the Child Nutrition Fund, of which the United Kingdom is a founding member. The Child Nutrition Fund is successfully scaling up services to prevent and treat child malnutrition by focusing on sustainable financing and genuine partnerships. Working together, we will transform nutrition outcomes for millions of vulnerable mothers, babies and children.”

David Whineray
Director of Global Health
United Kingdom Foreign, Commonwealth
and Development Office

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WHY THIS MOMENT MATTERS

Global efforts have ignited a transformative era for child and maternal survival and development. Driven by bold leadership, targeted investments and evidence-based interventions, millions more children are growing, learning and thriving.

But this hard-won progress is at risk. Deepening inequalities, shrinking resources and escalating crises are leaving too many children without the nutrition they need to live lives to their full potential. Women's health is also under threat, with far-reaching consequences for the next generation. Without urgent action, we risk losing momentum – and failing those who need us most.

In response, the Child Nutrition Fund (CNF) – inaugurated in November 2023 at the Global Food Security Summit in London – has become a cornerstone of global efforts to combat child and maternal undernutrition. It is not simply another fund. It is a strategic platform that brings governments, donors, and partners together to transform how nutrition is financed and delivered.

At its heart is an unwavering commitment: that every child and woman should have access to the nutrition they need. This mission is grounded in evidence, equity and efficiency. We know what works – and through the CNF, we are scaling those proven interventions with purpose and precision.

Sixty-three countries with the highest level of need are eligible to benefit from CNF financial support to advance national nutrition priorities. From supporting micronutrient supplementation for pregnant women in Pakistan to integrating nutrition and immunization services in Ethiopia, the CNF is turning ambition into measurable results. More than US\$275 million in funding was secured by December 2024, with dozens of national programmes now leveraging CNF resources to deliver lasting impact.

But this is only the first step. Ending undernutrition in children and women demands more than short-term interventions. It requires long-term partnerships with governments to build systems that are properly financed.

That is why the CNF places governments at the centre, aligning resources with national plans, incentivizing domestic investment and building local manufacturing capacity to ensure resilient supply chains. The CNF is designed not just to fill immediate gaps, but to drive systemic change and sustainability in nutrition financing.

This approach represents a new way of doing development: proactive, not reactive; catalytic, not fragmented; enduring, not episodic. With each partnership, the CNF is not only delivering essential services and supplies, but it is building national ownership, trust and the infrastructure for long-term success.

As we look to 2025 and beyond, I believe that the CNF can help rewrite the future for millions of children and women. But we cannot do it alone. Our collective progress will continue to rely on sustained, strategic investments from governments, philanthropies and global institutions alike. Only together can we reach the scale needed to close the nutrition financing gap and meet the targets we have set.

To every partner who has joined us in this mission, thank you. Your support to the CNF is more than a contribution – it is an investment in a healthier, more equitable world. With your continued partnership, the CNF will remain a trusted beacon of innovation and impact.

Let us stay bold. Let us stay united. And let us stay focused. We must build a future where every child and woman is nourished, healthy and able to reach their full potential.



Catherine Russell
Executive Director,
UNICEF

CHILD AND MATERNAL NUTRITION

The global picture

TANGIBLE PROGRESS FOR THE MOST VULNERABLE

Around the world, more children are not only surviving – but growing and developing to reach their full potential. Thanks to sustained global efforts, significant strides have been made in realizing every child's right to good nutrition, health and development.

Since 1990, the global under-5 mortality rate has dropped by 61 per cent, sparing millions of young lives and laying the foundation for healthier childhoods. Over the past two decades, stunting – a key indicator of chronic undernutrition – has decreased by one-third, allowing 55 million more children to grow, learn and reach their full potential. At the same time, exclusive breastfeeding rates have risen by more than 10 percentage points in the past decade, offering infants the nutrition and protection they need during the most critical stage of development.

These gains are no coincidence. They are the result of bold leadership, targeted investments and evidence-based interventions implemented at scale. Together, they demonstrate what is possible when the world unites behind a common goal: protecting the nutrition and future of every child.

RISING TO THE CHALLENGE

Yet progress remains fragile. The global nutrition landscape is increasingly threatened by persistent inequalities, fragile food systems, escalating conflict, and the growing impact of climate change. Funding gaps and shifting global priorities further jeopardize the ability to sustain momentum and protect recent advances.

The stakes are high. Today, an estimated 148 million children under 5 are affected by stunted growth, while 45 million more suffer from wasting. Even more alarming, 181 million children face severe food poverty – lacking access to even the most basic nutritious diets needed for survival and development. According to the latest estimates, 29.9 per cent of women suffer from anaemia. In pregnancy, this negatively impacts their health and well-being, and puts their babies at risk of low birthweight, preterm birth and impaired cognitive development.

The call to action is clear: we must act urgently, decisively and together to ensure that every child has good nutrition and a fair chance to thrive.



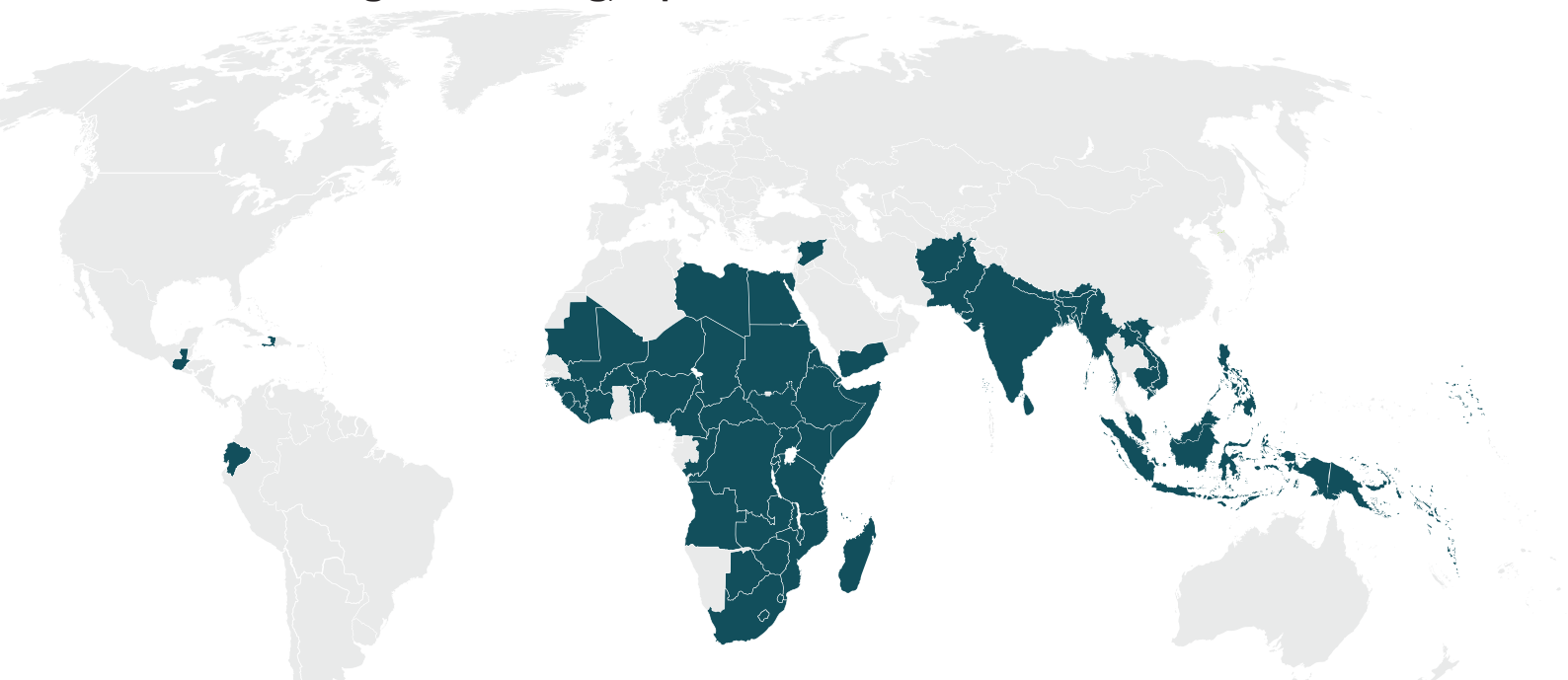
THE CHILD NUTRITION FUND

Scaling up efforts to end undernutrition in high-need countries

The CNF is a UNICEF-led, multi-partner financing platform established to accelerate the fight against undernutrition in children and women. It brings governments, philanthropies and private sector actors together to deliver sustainable solutions for children and women in the world's most vulnerable regions.

Undernutrition remains a silent emergency – contributing to nearly half of all child deaths globally. The CNF aims to rewrite this story by transforming better funding into better action. Through three powerful mechanisms – the **Programme Window**, the **Match Window** and the **Supplier Window** – the CNF funds what works, where it is needed most.

The CNF focuses its efforts on 63 high-burden countries with high and very high levels of child stunting and/or wasting, as per the Joint Malnutrition Estimates



Afghanistan, Angola, Bangladesh, Benin, Bhutan, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Ecuador, Egypt, Eritrea, Eswatini, Ethiopia, Guatemala, Guinea, Guinea-Bissau, Haiti, India, Indonesia, Kenya, Lao People's Democratic Republic, Lesotho, Liberia, Libya, Madagascar, Malawi, Malaysia, Mali, Marshall Islands, Mauritania, Mozambique, Myanmar, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, Rwanda, Sierra Leone, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Syrian Arab Republic, Timor-Leste, Togo, Uganda, United Republic of Tanzania, Vanuatu, Yemen, Zambia and Zimbabwe.



Programme Window

Accelerating sustainable scale up of high impact actions to prevent, detect and treat undernutrition.



Match Window

Doubling domestic investments for critical nutrition supplies.



Supplier Window

Boosting local manufacturing of life-saving products.

HIGH-IMPACT NUTRITION ACTIONS

The CNF exists for children and women just like Rozan and Zameer in Sindh, Pakistan (below). Rozan received essential nutrition services and supplies thanks to a community-based package supported by the CNF, leading to a healthy birth and a stronger start to life for her newborn son.



Our mission is to support global efforts to reach 320 million children and women annually by 2030, through:



MATERNAL NUTRITION

services, such as antenatal care counselling and micronutrient supplementation, including multiple micronutrient supplements (MMS)



BREASTFEEDING

protection, promotion and support, and improving infant and young child feeding (IYCF) practices



COMPLEMENTARY FEEDING

support, including improved diets, and provision of multiple micronutrient powders (MNPs) and small-quantity lipid-based food supplements (SQ-LNS)



MICRONUTRIENT SUPPLEMENTATION AND DEWORMING

including two annual doses of vitamin A supplementation, and deworming prophylaxis



EARLY DETECTION AND TREATMENT OF CHILD WASTING

through screening and ready-to-use therapeutic food (RUTF)

PROGRESS TOWARDS 2030 TARGETS

The CNF Strategic Results Framework (2025–2030) charts an ambitious path toward a world where no child or mother is left behind by undernutrition. Yet with just six years to meet our 2030 targets, bold, coordinated action is non-negotiable – especially for the most marginalized communities where crises hit hardest.

2024: A YEAR OF RESILIENCE AMID RISING CHALLENGES

Despite relentless pressures – from climate shocks to conflict – governments, communities and global partners stood united for nutrition. Across 63 high-burden countries,¹ this unwavering commitment translated into life-saving services for

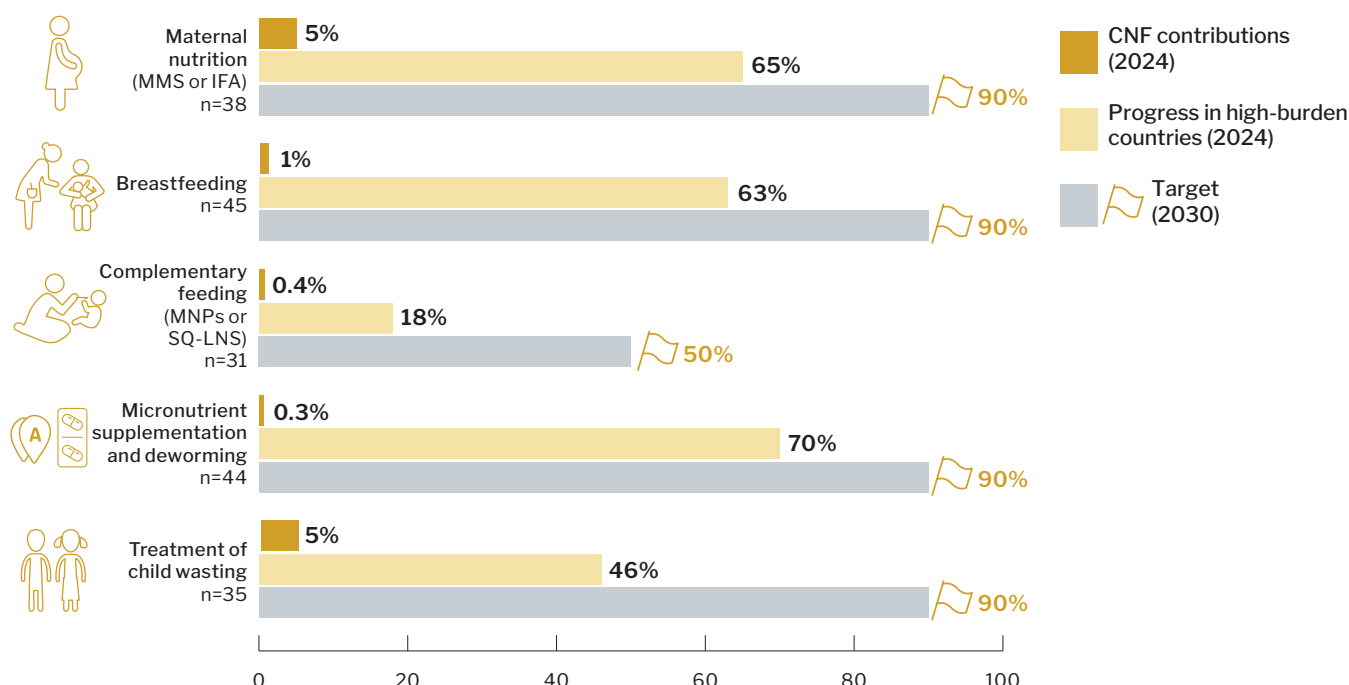
millions of vulnerable children and women, proving progress is possible even in complex national and regional contexts.

But the data tell a sobering truth: current coverage falls critically short of the scale demanded by the CNF Framework and the World Bank Investment Framework for Nutrition. Without rapid acceleration, we risk failing a generation.

REACHING THE FURTHEST BEHIND: FIVE HIGH-IMPACT PRIORITIES

To close the gap, we must relentlessly scale these evidence-driven actions. Below are the 2024 global results.

Percentage of children and women reached in high-burden countries*



MMS = Multiple micronutrient supplements
 IFA = Iron and folic acid supplementation
 MNPs = Micronutrient powders
 SQ-LNS = Small-quantity lipid-based nutrient supplements
 n = number of high-burden countries

1. The results represent progress made in 62 countries (India has been excluded due to population size) with the highest burden of undernutrition. Figures reflect the collective efforts of governments, with support from national, regional and international partners.

Number of children and women reached in high-burden countries

Target (2030) Progress in high-burden countries (2024) CNF contributions (2024)

MATERNAL NUTRITION

47 million pregnant women received prenatal supplements such as MMS and IFA to prevent anaemia and birth complications. **Yet one in three mothers remain unreached, jeopardizing their health and their babies' survival.**



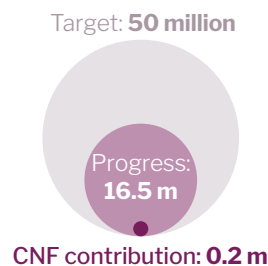
BREASTFEEDING

IYCF counselling reached 67 million caregivers, equipping them with the knowledge and skills to protect, promote and support breastfeeding and give children the best start in life. **But coverage must nearly double by 2030. Every missed child faces irreversible setbacks in growth, learning and development.**



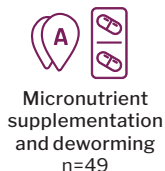
COMPLEMENTARY FEEDING

Over 16 million children aged 6–23 months received SQ-LNS or MNPs – **vital tools to bridge the nutrient gap when diets are inadequate.**



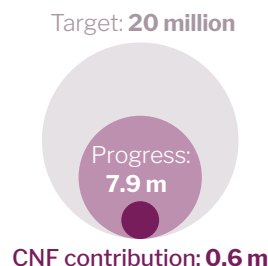
MICRONUTRIENT SUPPLEMENTATION AND DEWORMING

Over 219 million children received two annual doses of vitamin A supplementation or deworming prophylaxis. **These simple interventions prevent blindness, disease, and death, yet millions still lack this basic protection.**



TREATMENT OF CHILD WASTING

Treatment reached 7.9 million children. This lifeline must extend further: **nearly two in three children battling severe wasting still wait for care in a race against time.**



The message is clear: while progress is visible, urgent and scaled up action is essential.

The CNF and its partners are committed to bridging these gaps through stronger systems, equitable delivery and sustained investment to ensure that children and women everywhere receive the nutrition they need.

CNF CONTRIBUTIONS²

In 2024, the CNF demonstrated the power of partnerships to drive results for children and women. Through close collaboration with governments, philanthropic partners, international financial institutions and implementing agencies, the CNF enabled more coordinated and predictable financing for nutrition in some of the world's highest-burden countries.

MATERNAL NUTRITION

2.8 million women reached with MMS



MMS

Hundreds of millions of women suffer from undernutrition, anaemia or micronutrient deficiencies – conditions that weaken immunity, increase maternal mortality and raise the risk of low birthweight and child stunting. This not only harms women's health and dignity but also impacts child survival and development.

In 2024, the CNF scaled up financing to deliver a more comprehensive approach to maternal

nutrition. In the **Democratic Republic of the Congo**, **Nigeria** and **Rwanda**, 2.8 million pregnant women received MMS alongside nutrition counselling and community-based support, with CNF financial inputs. These efforts are part of broader, country-led maternal nutrition programmes that aim to ensure women have the knowledge, services and essential nutrients they need for healthy pregnancies and safe deliveries – with lasting benefits for both mothers and their children, including improved birth outcomes and better child growth and development.



**A BOLD INVESTMENT IN
MATERNAL NUTRITION**

In a major contribution to maternal nutrition through the CNF, **Kirk Humanitarian** provided a US\$34.4 million in-kind donation of MMS to reach 16 million women across 16 priority countries in 2024 and 2025. In 2024, 2.8 million women had already benefited from this support through the CNF, an early testament to the power of collaboration in advancing maternal nutrition. An additional gift from Kirk Humanitarian is expected in 2025, highlighting the strength of this innovative partnership.

“Country demand and readiness to scale this life-saving intervention has never been greater, and mechanisms like the Child Nutrition Fund enable collaboration between governments and donors like never before.”
– Spencer Kirk, Founder and Managing Director,
Kirk Humanitarian

2. Some figures in this section, including estimates of the number of children and women reached, reflect a combination of verified and estimated data compiled from multiple sources and reporting systems. Variations may occur due to differences in country-level rollout or other reporting sources.

BREASTFEEDING

1.5 million women received IYCF support



Breastfeeding is vital for child survival, development and long-term health. Breastmilk supplies all the energy and nutrients that babies need in the early months and remains a key source of nutrition as they grow. The global rate of exclusive breastfeeding has increased steadily, rising from 44.1 per cent in 2021 to 48 per cent in 2024 – an encouraging sign that the world is on track to achieve the World Health Assembly target of 50 per cent by 2025.

Nearly 1.5 million women received CNF-funded support to adopt essential IYCF practices in 2024 – laying the foundation for healthier futures.

In **Cambodia**, 248,000 caregivers of children aged 0–23 months were reached with IYCF counselling through health facility visits and community outreach, which also included growth monitoring and promotion services. In **Pakistan**, more than 716,000 mothers and caregivers benefited from community-based outreach efforts to protect, promote and support breastfeeding. Families in the **Democratic Republic of the Congo, Ethiopia, Madagascar** and **Malawi** were also reached through CNF-backed IYCF initiatives, helping transform nutrition practices at scale across some of the world's most vulnerable communities.

COMPLEMENTARY FEEDING

219,000 children reached with home fortification



In many low-resource settings, families struggle to provide young children with the nutrition they need due to poverty and limited access to diverse diets. In such cases, MNPs and SQ-LNS help fill critical gaps. These home fortificants support healthy growth and significantly reduce the risk of stunting, wasting and anaemia – especially when diverse, nutritious foods are not readily available.

In 2024, the CNF reached nearly 200,000 children with MNPs and 20,000 children with SQ-LNS in **Burkina Faso**, the **Democratic Republic of the Congo, Malawi, Nigeria, Pakistan** and the **Syrian Arab Republic**, helping safeguard healthy growth where nutritious foods are often out of reach.





MICRONUTRIENT SUPPLEMENTATION AND DEWORMING

1 million children reached with vitamin A and deworming

Micronutrient supplementation is crucial for child survival, especially in places where diets lack essential nutrients. Vitamin A boosts immunity and can reduce child mortality by up to 24 per cent, while regular deworming improves nutrient absorption, supporting growth and development. Together, these low-cost, high-impact interventions help protect children from infection, reduce illness and lay the foundation for a healthier future.



The CNF-Gavi integrated nutrition and immunization partnership in **Ethiopia** made significant strides in 2024, helping to reach more than 560,000 children with two annual doses of vitamin A supplementation and 410,000 children with deworming prophylaxis. Programmes in **South Sudan** and the **Syrian Arab Republic** also reached the most vulnerable children in crisis settings.

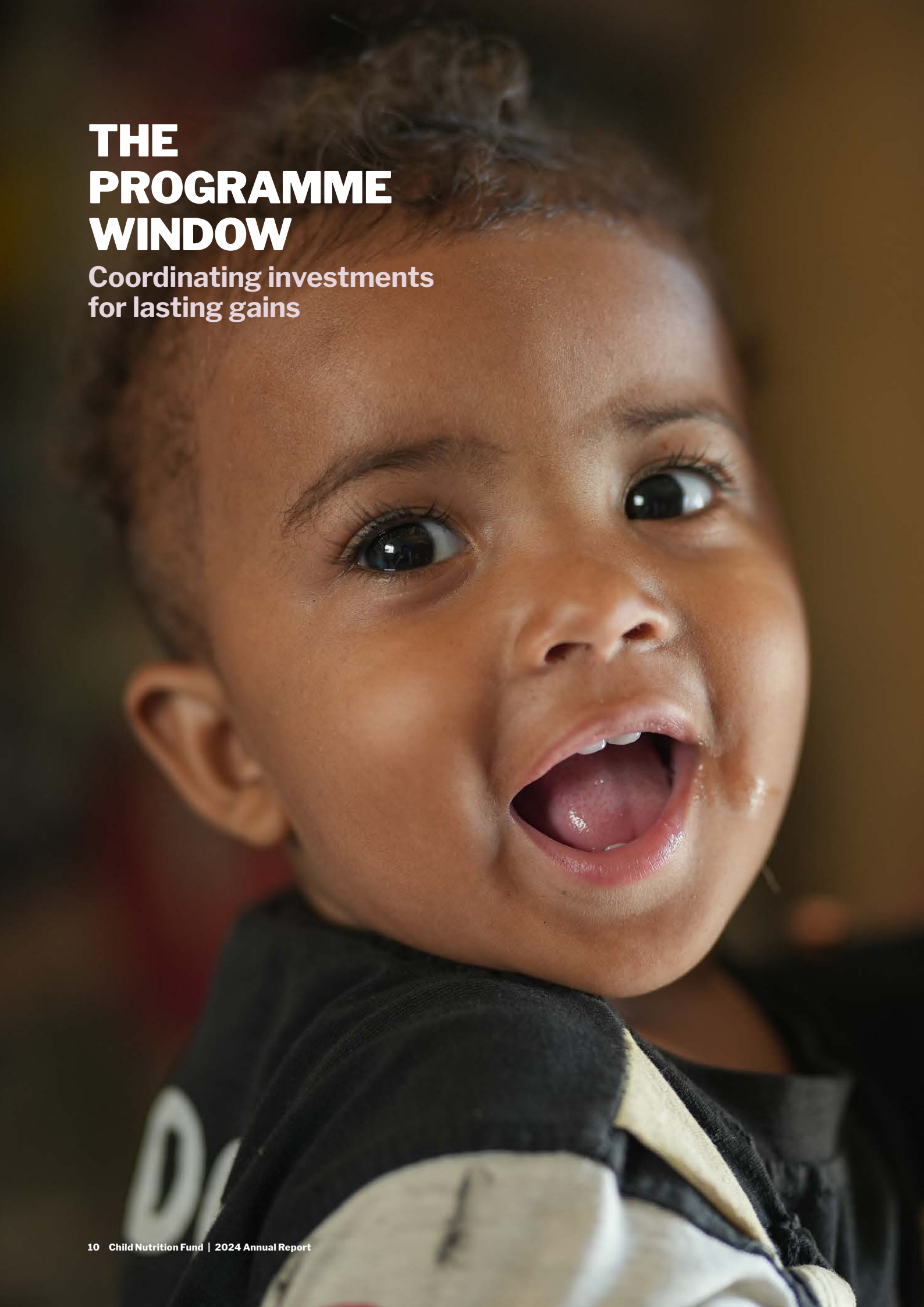
TREATMENT OF CHILD WASTING

582,000 children treated with ready-to-use therapeutic food



Ready-to-use therapeutic food (RUTF) is a proven, effective treatment for severe wasting, helping malnourished children regain strength and recover at home. But its impact depends on early detection. Community-based screening, especially using colour-coded measurement tapes, is essential to identify children before their condition becomes critical. When wasting is caught early, RUTF can make the difference between recovery and long-term harm.

In 2024, the CNF financed the procurement of enough RUTF to treat 582,000 children in 23 countries, with the Match Window supporting 48 per cent of the supply. In **Cambodia, Ethiopia, Malawi, Pakistan** and **Timor-Leste**, CNF-supported screening for wasting reached 3.4 million children under 5 years of age.



THE PROGRAMME WINDOW

Coordinating investments
for lasting gains



Now more than ever, nutrition donors need clear visibility into who is doing what, where, and when to ensure their contributions have the greatest possible impact.

The CNF Programme Window provides a strategic platform to make this possible – coordinating financing and governance to prevent, detect, and treat undernutrition, and enabling the effective scale-up of evidence-based interventions. This includes leveraging parallel financing, where CNF investments augment and increase government investments, and expanding services and accountability for nutrition gains, particularly direct service delivery.

The Programme Window's success underscores the critical importance of well-aligned partnerships, data-driven decisions and adaptable, country-specific funding. Early engagement with government and community stakeholders was essential in overcoming implementation barriers and tailoring programmes to each country's needs. The experience highlighted the need for integrated health and nutrition services, fostering greater resilience within local systems, and reinforced the value of operational research in refining programme strategies.

The Programme and Match Windows also work in tandem to ensure that every investment is backed by programmatic support, including logistics and systems strengthening, to get services and supplies to those who need them most.

Looking ahead, the CNF aims to broaden the Programme Window's reach by building and expanding multi-year partnerships with governments, particularly through parallel financing models that enhance flexibility and align with specific country needs. This approach positions the CNF as a champion for a more equitable and effective global response to the challenge of undernutrition.

PROGRAMME WINDOW FUNDING

- **Funds received:** US\$69 million in 2024 (US\$159 million cumulative)
- **Expenditure:** US\$41 million in 2024 (US\$57 million cumulative)
- **Countries supported in 2024:** Afghanistan, Burkina Faso, Cambodia, the Democratic Republic of the Congo, Ethiopia, Haiti, Indonesia, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nigeria, Pakistan, the Philippines, Rwanda, Somalia, South Sudan, the State of Palestine, Sudan, the Syrian Arab Republic, Timor-Leste and Yemen.



THE MATCH WINDOW

Doubling the impact for children and women



National governments are increasingly willing to invest more in nutrition and essential supplies – but they need a structured mechanism to make it happen.

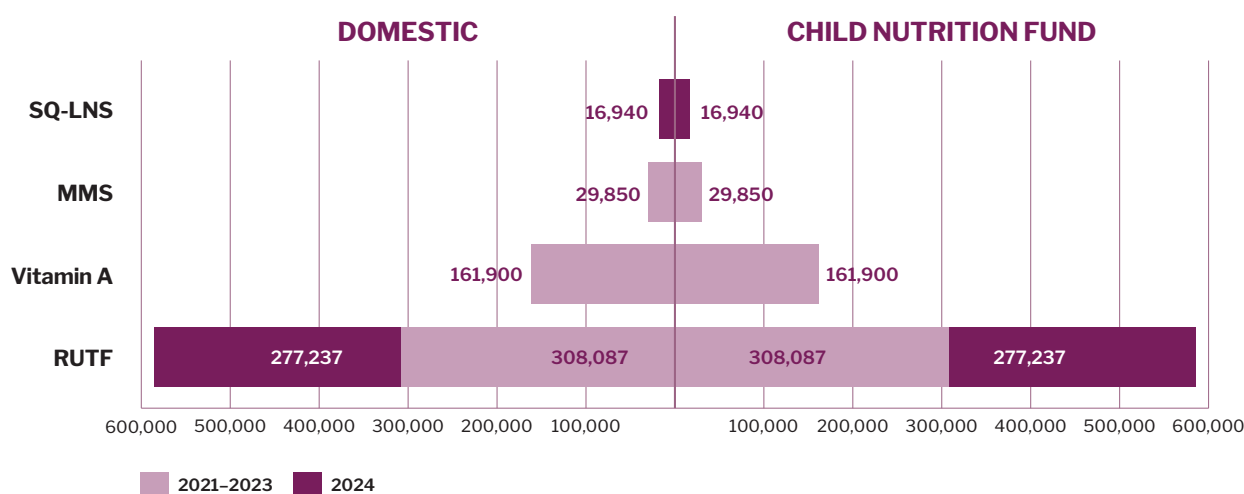
That's where the Match Window comes in. For every dollar a government contributes, the CNF matches it – doubling the investment and creating a powerful multiplier effect. This approach is already accelerating progress toward national nutrition goals and proving to be a catalytic tool for preventing, detecting, and treating undernutrition.

It has grown substantially since its launch in 2020, increasing from an initial US\$5 million investment to reach US\$60.5 million (secured and committed) by December 2024. Eighteen countries subscribed to date are sustainably allocating and gradually increasing their domestic resources to procure essential nutrition supplies, transforming the landscape of child nutrition support globally.

This model reinforces national ownership in addressing nutrition challenges while increasing the scale and reach of life-saving, preventive interventions, as well as treatment supplies such as RUTF and MMS. In 2024, the Match Window matched US\$13.3 million from eight countries to leverage CNF partner contributions, doubling to US\$26.6 million in co-financed resources (combined domestic funding and the CNF) for nutrition commodities. Thanks to this matching, the CNF delivered life-saving treatment to more than 500,000 children battling severe wasting and provided over 30,000 children with SQ-LNS, combating malnutrition at its roots. Each number represents a child given a stronger chance to survive and thrive – but the urgency continues.



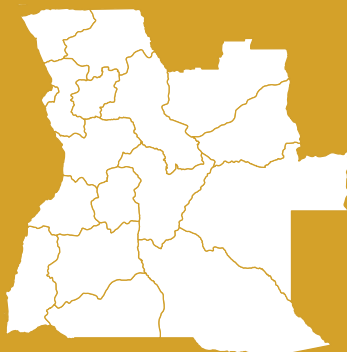
Number of children and women reached through the Match Window³ (2021–2024)



MATCH WINDOW FUNDING

- **Funds secured:**⁴ US\$15.4 million in 2024 (\$60.5 million cumulative)
- **Expenditure:** US\$13.3 million in 2024 (\$27.4 million cumulative)
- **Countries supported (2021–2024):** Angola, Burkina Faso, **Cambodia**, Eswatini, **Ethiopia**, Honduras, Indonesia, Kenya, **Mauritania**, **Namibia**, **Nigeria**, **Pakistan**, Papua New Guinea, Senegal, Sierra Leone, Timor-Leste, **Uganda** and Zambia (countries in **bold** were supported in 2024)

EXPANDING THE REACH OF TREATMENT: ANGOLA'S STORY



Prolonged drought, food insecurity and limited health care access continue to drive child undernutrition in Angola.

In 2024, the country allocated US\$509,000, enough to treat over 9,800 children with life-saving RUTF. This investment represented almost one-quarter of the total RUTF procured by Angola in 2024 and helped expand critical nutrition services to children suffering from severe wasting.

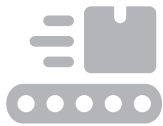
Thanks to the matching support, Angola extended severe wasting treatment to nine additional provinces, many of which had not previously received RUTF through UNICEF or other partners. The additional supply helped sustain Angola's national RUTF pipeline through December 2024, ensuring uninterrupted treatment for vulnerable children. Building on this progress, the country is preparing to renew its application to access CNF matching support in 2025.

3. The figures are based on procurement data and provide an estimate of the number of children who received treatment or prevention support. To calculate this, the CNF uses standard guidelines. For example, one carton of RUTF treats one child with severe acute malnutrition (aged 6–59 months), and 180 sachets of SQ-LNS provide a full supplement for one child (aged 6–23 months). To reach children and women, broader programmatic investments are required, including in logistics, warehousing, service delivery, etc.

4. Funds secured refers to the formal agreements signed between national governments and the CNF, confirming the allocation of domestic resources for the procurement of nutrition supplies.

THE SUPPLIER WINDOW

Scaling up production to save lives



Access to essential nutrition supplies, such as RUTF, SQ-LNS and MMS, remains limited in many countries.

To address this critical gap, the Supplier Window – an

ambitious initiative designed to unlock bottlenecks in nutrition supply chains and strengthen local production – was launched in 2022 by the Gates Foundation, the UNICEF USA Impact Fund and others, with UNICEF coordinating operations.

The Supplier Window has worked through two innovative financing mechanisms. The first, the RUTF Advance Payment Facility, launched in 2022 and now phased out, has provided US\$144.4 million in advance payments to global suppliers, generating US\$345 million in RUTF orders since it began. This enabled procurement to reach more than 7.9 million children. The facility demonstrated how upfront financing can accelerate emergency response. In Kenya, advance payments helped boost supplier liquidity, enabling investments in raw materials, additional shifts and other operational measures to expand production within the region's largest RUTF manufacturing plant.

A complementary mechanism, the United Nations Capital Development Fund (UNCDF) Supplier Financing Facility began in 2024 to support regional manufacturers. With an initial CNF investment of US\$5 million, the facility disbursed US\$2.5 million to Ariel Foods in Nigeria to upgrade legume-processing equipment, which will help to directly address affordability and supply gaps.



The RUTF Advance Payment Facility

Covering upfront production costs to ensure RUTF is procured and delivered without delay.



Agreement signed

UNICEF signs a long-term agreement with an RUTF supplier.



UNICEF issues purchase orders to eligible suppliers

Suppliers that pass UNICEF's additional risk assessment for advance payments are eligible for payment.



Supplies delivered while funding is finalized

RUTF is delivered on schedule and the balance of the purchase order value is paid to the supplier. Donor funds are reserved to reduce the risk of advance payments and are then processed and reimbursed.

Despite growing production capacity, global demand for essential nutrition products still outpaces procurement funding. Strategic partnerships and predictable financing are essential to ensuring the availability of critical supplies.

The Supplier Window model has proven the power of investing in local systems to deliver life-saving nutrition commodities. By pairing financing with technical support and partnerships, the CNF is enabling countries to expand local production capacity. Moving forward, the Supplier Window will expand beyond RUTF to support the production of other essential nutrition supplies – laying the foundation for resilient health systems and sustainable access to nutrition for the world's most vulnerable children and women.

UNCDF Supplier Financing Facility

Catalytic investment capital for local suppliers of RUTF and other essential nutrition supplies.



UNCDF screens UNICEF suppliers

An analysis of trusted UNICEF suppliers is undertaken for investment consideration.



UNCDF provides loans and guarantees to mobilize private capital

Selected suppliers can make long term investments in improved production and supply chain development.



Supplier delivers and repays loan

After fulfilling the order and receiving payment, the supplier repays the loan, enabling continued production.



SUPPLIER WINDOW FUNDING

- **Total funds received:** US\$50 million in 2024
- **Total advance payments:** US\$43.7 million in 2024 (\$144.4 million cumulative 2022–2024)

STORIES OF IMPACT





ETHIOPIA

Stronger together: immunization and nutrition for the hardest-to-reach

In recent years, Ethiopia has made significant strides in improving child health and nutrition, with a 77 per cent decrease in under-five mortality rates between 1990 and 2023. Despite this progress, major issues remain, especially in conflict-affected and remote pastoralist areas where coverage, access and utilization of life-saving health and nutrition services are still limited. The impact of climate change is also taking its toll, jeopardizing food security and survival.

Ethiopia has the third highest number of 'zero-dose' children in the world – those who have not received even a single dose of routine vaccines – with more than 900,000 children unprotected from deadly, preventable diseases such as measles, tetanus and polio. At the same time, only 8 per cent of children receive a minimally diverse diet, and an estimated 900,000 children are at risk of severe wasting due to drought and displacement.



These overlapping deprivations are often found in what are referred to as ‘zero-dose communities’ – where children miss out on both vaccines and essential nutrition. To confront this reality, Ethiopia has adopted a unified, child-centred approach called Immunization-Nutrition Integration (INI). By delivering services in a coordinated way, INI aims to ensure that no child falls through the cracks. This means addressing a child’s nutrition and immunization needs, while also taking into account measures to prevent and treat exposure to dangers such as waterborne diseases.

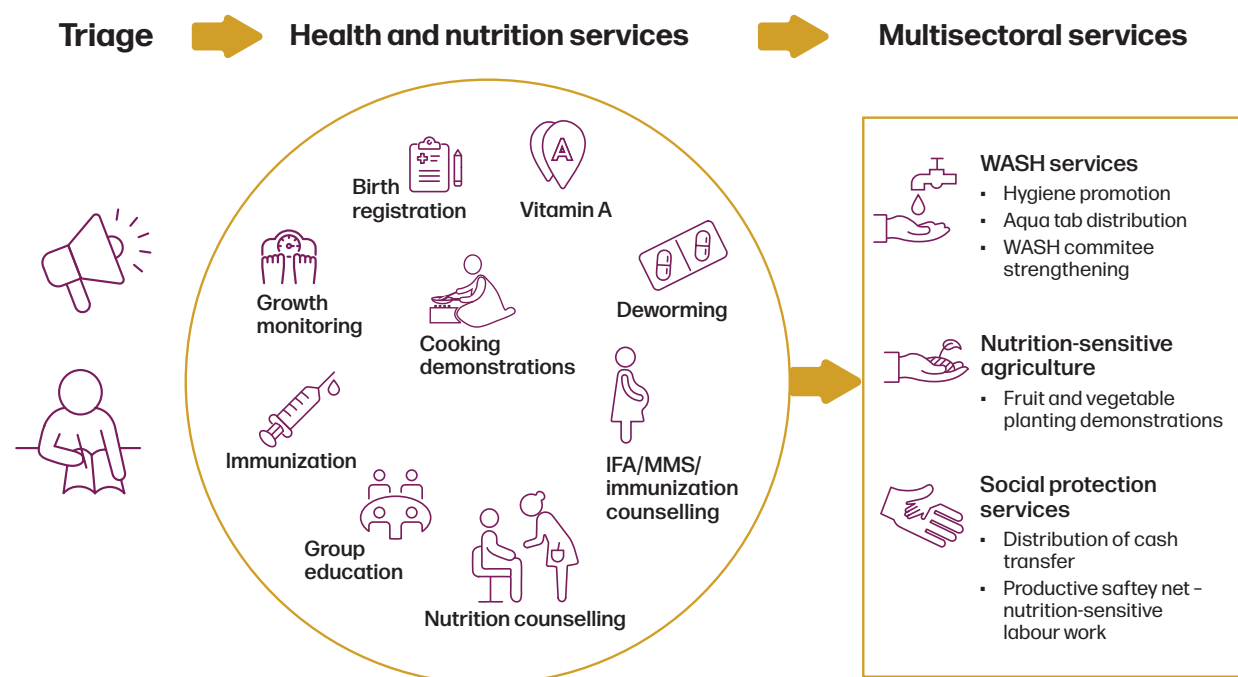
In 2024, the CNF supported UNICEF to join forces with the Government of Ethiopia and Gavi, the Vaccine Alliance, to develop a pioneering model that combines routine immunization with essential nutrition support. The US\$30 million joint initiative targets hard-to-reach children, particularly in Afar, Amhara, Oromia, Sidama and Somali, with a comprehensive package of integrated immunization, nutrition, social protection and birth registration services. The service package includes administering routine vaccines, vitamin A supplementation, deworming, growth monitoring,

treatment for severe wasting and planned introduction of SQ-LNS, all delivered by health facilities, mobile health and nutrition teams, village-based outreach and community health days. The goal is to reach more than 10 million children by 2026.

Since the programme began, more than 560,000 children have received vitamin A supplementation, 410,000 have been dewormed and 570,000 have been screened for malnutrition. As part of immunization outreach, 96 per cent of identified zero-dose children and 88 per cent of under-vaccinated children received Penta 1 and 3 vaccines, marking a major step towards closing equity gaps.

Early successes from the initiative set a powerful example of how integrated services can reach children in hard-to-reach areas. As Ethiopia continues to learn and adapt in real time, support from the CNF and Gavi is helping to build a practical, cost-effective model that can be scaled nationwide, with the goal of driving lasting improvements in child health and nutrition.

A community-level health and nutrition platform



PAKISTAN

Advancing maternal nutrition

Over the past decade, Pakistan has made important progress in maternal and child health, reducing child mortality by 26 per cent between 2010 and 2020, while increasing awareness about the role of maternal nutrition in healthy pregnancies. Despite these improvements, Pakistan continues to face protracted malnutrition challenges, which have been exacerbated by climate-induced shocks, frequent food price hikes and disease outbreaks.

The rising price of food – doubling between 2020 and 2023 – has left approximately 60 per cent of the population unable to afford healthy diets. Food insecurity is particularly acute in Balochistan and Sindh, where 38 per cent of children under 5 experience severe food poverty and 47 per cent face moderate food poverty, intensifying health and developmental risks.

To address critical needs, UNICEF, backed by the CNF, launched a comprehensive effort to support the Government of Pakistan's maternal nutrition programming. The initiative has mobilized and trained health care providers, nutrition assistants and Lady Health Workers to administer a life-changing intervention: MMS, a blend of 15 essential vitamins and minerals proven to enhance maternal health and nutrition.

Building on this progress, the CNF, UNICEF, the Pakistan Ministry of National Health Services and Provincial Departments of Health are now ramping up the programme to reach 1.75 million women with MMS by 2027 – all as part of UNICEF's Maternal Nutrition Acceleration Plan.



PAKISTAN

The CNF also supported IFA supplementation for almost 299,000 pregnant and breastfeeding women. Community engagement was critical, with over 716,000 mothers and caregivers receiving IYCF counselling, reinforcing healthy habits at home.

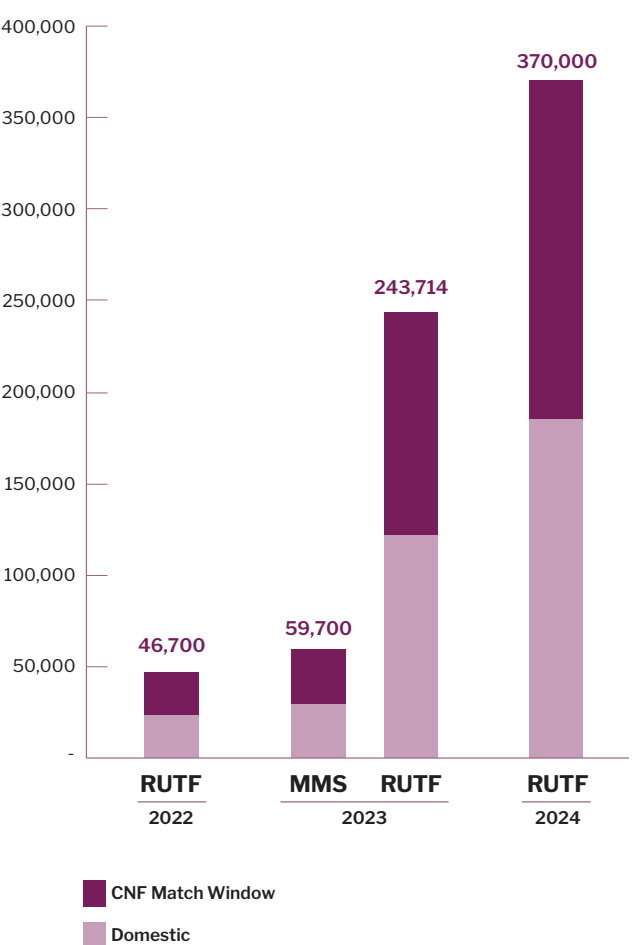
Looking ahead, the CNF aims to further expand nutrition interventions to additional districts

and improve quality in existing areas. By focusing on maternal nutrition, strengthening the health system, empowering health workers and preventing child undernutrition, this CNF-supported initiative is transforming lives, strengthening families and setting a sustainable path towards a healthier future for Pakistan's most vulnerable populations.

SUSTAINED ACTION: THE MATCH WINDOW AT WORK

The CNF Match Window has catalyzed transformative nutrition outcomes in Pakistan. By doubling government investments, the initiative significantly amplified support for maternal and child health. In 2023, over 59,700 women received vital MMS, directly contributing to healthier pregnancies and birth outcomes. Simultaneously, domestic investments in life-saving RUTF grew steadily, scaling up treatment from 46,700 children in 2022 to reach over 370,000 severely wasted children in 2024.

Number of children and women reached with RUTF and MMS through the Match Window



CAMBODIA

Empowering families and strengthening nutrition systems

Cambodia continues to face high levels of undernutrition, particularly among the poorest communities. Malnutrition rates among children under 5 years are some of the highest in the region: 22 per cent of children have stunted growth, while 10 per cent have moderate to severe wasting. Undernutrition rates in infants under 6 months of age have surpassed 10 per cent across all indicators, including underweight, stunting and wasting.

In 2024, the CNF and partners, working alongside the Ministry of Health, made significant gains to scale up effective, community-based nutrition interventions and reinforce the health system's ability to identify and treat the most vulnerable children and women.

A major focus was empowering parents and frontline health and nutrition workers to identify children with severe wasting using colour-coded measurement tapes. The Family MUAC (Mid-Upper Arm Circumference) approach was expanded to reach 1,095 villages across three priority provinces, representing 8 per cent of the total villages in Cambodia. With support from local partners, 2,190 Village Health Support Group members were trained to screen children for wasting. As a result, nearly 20,000 children were assessed, and more than 500 children with moderate or severe wasting were identified and referred for treatment.

The Family MUAC

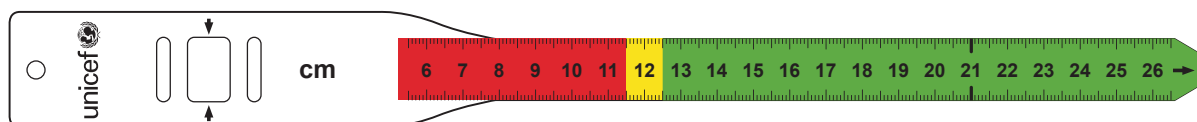
What is it?

A simple, life-saving tool that helps parents detect malnutrition early at home using a colour-coded tape.



How does it work?

Caregivers are trained to measure a child's mid-upper arm.



Colour zones on the tape show nutrition status:

- Green = Healthy
- Yellow = Moderate malnutrition
- Red = Severe malnutrition



Early detection = early treatment, especially in hard-to-reach areas

CAMBODIA

Promoting IYCF practices and growth monitoring was also a major focus area. Over 248,000 caregivers of children under two received IYCF counselling through facility visits and community outreach, helping embed nutrition-focused behaviours in homes during the critical first 1,000 days of life. Growth monitoring was integrated into routine health services, and frontline workers were trained to use the data to detect early signs of undernutrition and ensure timely referrals.

To strengthen service quality, health centre staff in 132 facilities were trained in severe wasting case management and data reporting, completing CNF's effort to upskill all health centres in six target provinces.

Screening efforts for wasting also reached more than 324,000 children under 5, with more than 10,500 children with severe wasting diagnosed and treated in health facilities nationwide. Through the Match Window, CNF support enabled the procurement of RUTF for more than 11,100 children with severe wasting, which is part of the country's continued and consistent applications for match funding support from the CNF.

Cambodia is expected to continue its partnership with the CNF to build stronger, more responsive national systems that empower and protect families and children from the life-long consequences of undernutrition.



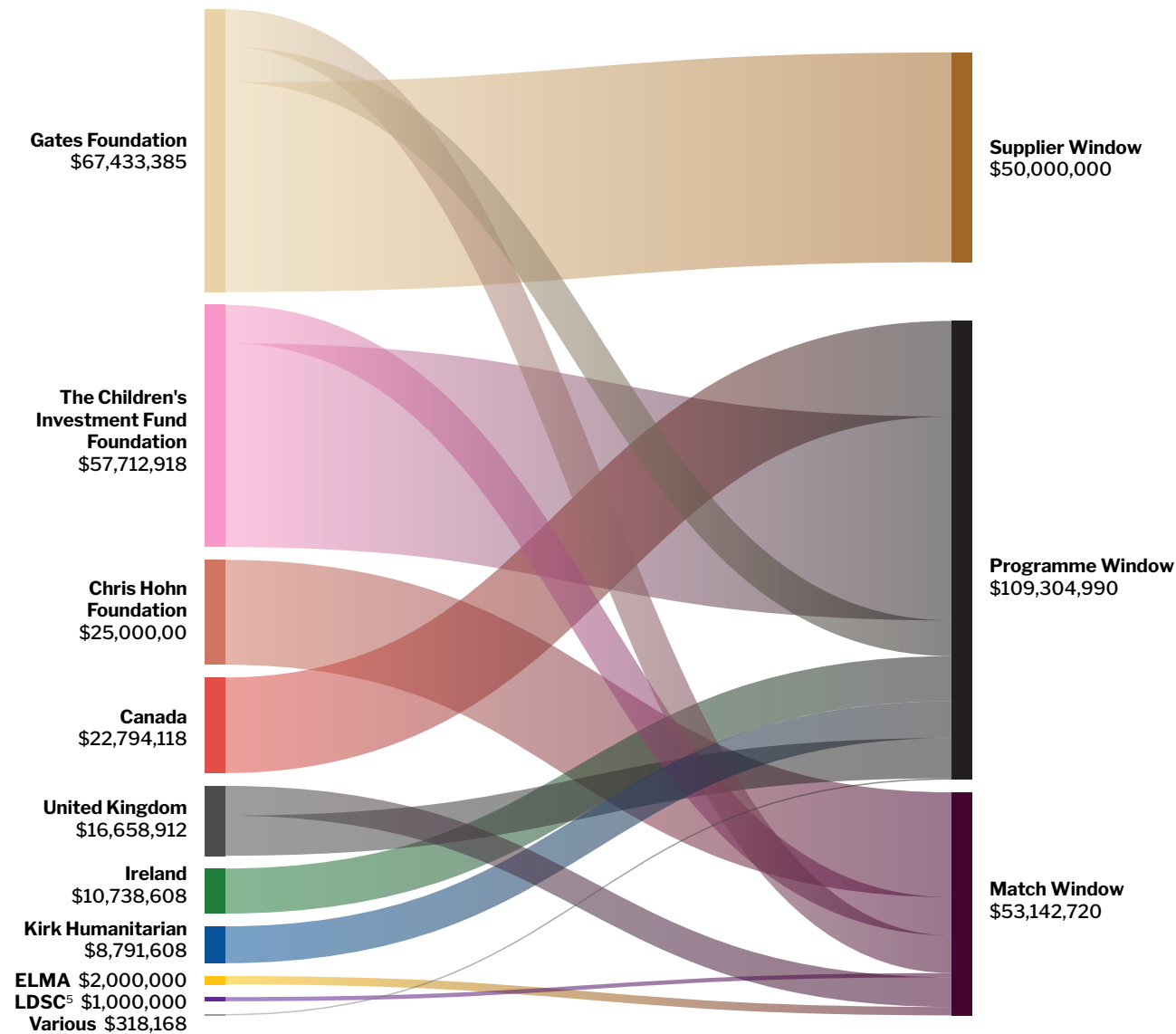
FINANCIALS

Fundraising progress

The CNF is advancing decisively towards its goal of mobilizing US\$2 billion by 2030 to address global undernutrition. As of December 2024, the CNF has secured US\$275 million through agreements, with US\$212 million received (US\$78 million received in 2024). This interim progress reflects commitments from bilateral donors, private sector individuals and philanthropic institutions. With momentum building, future contributions are expected to triple over the coming years.

These resources will support scalable, high-impact nutrition actions – spanning prevention, early intervention and treatment of undernutrition – to reach populations in the world’s most vulnerable regions. The funds already provide direct support for nutrition programmes, helping communities in urgent need.

CNF fundraising progress (total as of December 2024)

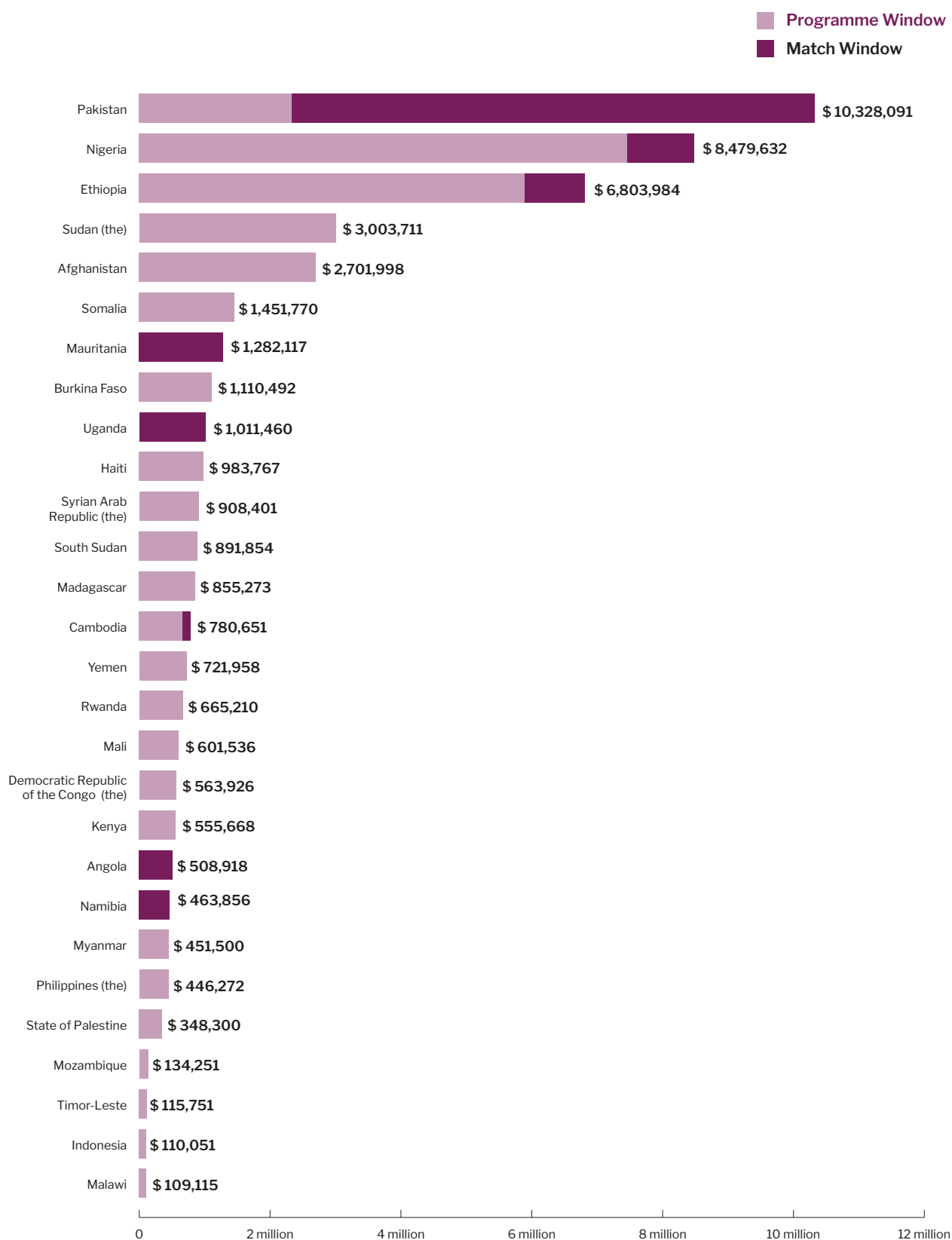


5. The acronym, LDSC, is The Church of Jesus Christ of Latter-day Saints.

EXPENDITURE

In 2024, US\$46 million was expensed through the Programme Window and Match Window across 28 countries to deliver high-impact nutrition actions, leveraged alongside domestic co-financing to amplify results.

Expenditures across the Programme and Match Windows (as of December 2024)





THE ROAD AHEAD

United by ambition, partnerships and a vision for change

The CNF remains anchored in a bold, unwavering vision: a world where millions of children and women have access to the nutrition they need to survive, grow and thrive. This is more than an aspiration – it is a commitment to rewrite futures. As we turn the page into 2025, this commitment is propelling the CNF into a new phase of scale, impact and country-led transformation.

Yet this progress is unfolding against a backdrop of declining global official development assistance, which is straining availability and accessibility of essential nutrition services and supplies. The CNF will continue to serve as a stabilizing force, working with partners to help mitigate the effects of these reductions through predictable, pooled financing and country-driven co-investments.

DEEPENING COUNTRY ENGAGEMENT

In the year ahead, the CNF will broaden its multi-year country partnerships – deep collaborations designed not only to address immediate nutritional needs, but to build the systems and capacities needed for long-term resilience. These efforts are a cornerstone of the CNF's strategic intent: to foster systemic change and enable sustainable, nationally led financing for nutrition. The first of these flagship partnerships, with Bangladesh, is set to integrate MMS into national health services, reaching more than 2 million mothers annually by 2029. This will be done as part of the country's broader commitment to strengthen maternal nutrition services.

Multi-year partnership negotiations will continue with countries such as Benin, Indonesia, Madagascar, Nigeria and the Philippines, aiming to respond to diverse national contexts. These partnerships will combine direct nutrition programming with policy reform, supply chain innovation and local manufacturing – placing national leadership at the centre of nutrition financing.

MEETING THE MOMENT: STRATEGIC FINANCING AND INNOVATION

The CNF enters 2025 with historic momentum and it is time to seize the opportunities this provides. The CNF has secured more catalytic investments, including those that are innovative – such as match challenges, which have the potential to double the amount of contributions from multiple donors and countries. Meanwhile, the Programme Window and Match Window are being leveraged to mobilize domestic resources, boost co-financing and promote joint planning with governments and financial institutions. This includes affecting lasting change in country programmes, such as supporting the transition from IFA to MMS through improved supply access and delivery systems.

To help stabilize vital nutrition supply chains in light of declining overseas development assistance, particularly RUTF, the CNF will coordinate with partners to ensure that high-impact actions will continue to mitigate funding volatility, protect life-saving treatment pipelines and ensure timely delivery of essential nutrition commodities and services.

STRENGTHENING ADVOCACY, VISIBILITY AND SUPPORT

Recognizing that visibility and voice are key to scale, the CNF is also launching efforts for greater strategic communications and data monitoring efforts that will support targeted advocacy and reporting. This will help amplify the case for investment and galvanize action towards the CNF's US\$2 billion goal by 2030.

Together, we can build a world where every child is nourished and ready to embrace the opportunities life offers. While the path ahead may present challenges, we believe that, with your support and the strength of our growing partnerships, we can realize this vision.

Let us inspire hope and nurture the leaders of tomorrow.

OUR DEEPEST THANKS

To the Child Nutrition Fund donors, partners and implementing agencies: thank you for being our trusted and dedicated champions. Your generosity is unlocking brighter futures for the most vulnerable children and women. Together, we made progress in 2024 possible, which will continue to spark lasting change that ripples across communities worldwide.

WITH GENEROUS SUPPORT FROM:



Gates Foundation



WTA FOUNDATION



IN PARTNERSHIP WITH:





2024 CNF Annual Report **DATA ANNEX**

DATA ANNEX 1

CNF Strategic Results Framework

I. IMPACT-LEVEL INDICATORS

Impact indicators	Baseline	Latest update	Sustainable Development Goal target 2030
1.1. Under-five mortality rate	38.1 per 1,000 live births (2021)	36.7 (2023)	25 per 1,000 live births
1.2. Percentage of children under 5 years of age with wasting (SDG 2.2.2)	6.8% (2020)	6.8 % (2022)	<3%
1.3. Percentage of children under 5 years of age with stunting (SDG 2.2.1)	22% (2020)	22.3% (2022)	12.8%
1.4. Percentage of adult women with anaemia (SDG 2.2.3)	29.9% (2019)	29.9% (2019)	14.3%

II. OUTCOME-LEVEL INDICATORS

Outcome indicators	Baseline	Progress (2024)	CNF target 2030
2.1. Percentage of pregnant women who benefit from programmes to prevent anaemia	59%	65%	90%
2.2. Percentage of children under 2 years of age who benefit from infant and young child nutrition	48%	63%	90%
2.3. Percentage of children aged 6-23 months who benefit from home fortification using MNPs or SQ-LNS	9%	18%	50%
2.4. Percentage of children under 5 years of age who benefit from two annual doses of vitamin A supplementation and deworming prophylaxis	43%	70%	90%
2.5. Percentage of children under 5 years of age with life-threatening wasting who are admitted for treatment	41%	46%	90%
2.6. Percentage of children under 5 years of age treated for life-threatening wasting who recover	86%	93%	>75%

III. OUTPUT-LEVEL INDICATORS

Output indicators (values in millions)	Baseline	Progress (2024)	Milestones					Ambition
			2025	2026	2027	2028	2029	
3.1. Number of pregnant women who benefit from programmes to prevent anaemia	39	47	54	58	62	64	68	70
3.2. Number of children under 2 years of age who benefit from infant and young child nutrition	55	67	62	70	78	86	92	100
3.3. Number of children aged 6-23 months who benefit from home fortification using MNPs or SQ-LNS	16	16.5	22	26	32	38	44	50
3.4. Number of children under 5 years of age who benefit from two annual doses of vitamin A supplementation and deworming prophylaxis	205	219	210	214	218	222	226	230
3.5. Number of children under 5 years of age with life-threatening wasting who are admitted for treatment	9	7.9	11	13	15	16	18	20

IV. ENABLING ENVIRONMENT INDICATORS

Sustainable financing (values in US\$ millions)	Baseline	Progress (2024)	Milestones					
			2025	2026	2027	2028	2029	2030
4.1. \$ value of donor resources allocated to the CNF (annual)	98	78	310	300	300	300	300	300
4.2. \$ value of donor resources allocated to the CNF (cumulative)	190	275	500	800	1,100	1,400	1,700	2,000
4.2.a. Programme Window	75	159	250	430	600	780	1,000	1,150
4.2.b. Match Window	60	65	175	300	420	530	610	750
4.2.c. Supplier Window	55	50	63	70	80	90	90	100
4.3. \$ value of domestic resources leveraged through the CNF (cumulative)	14	33	30	100	250	400	600	800
4.4. Number of countries with multi-year partnership frameworks with the CNF (cumulative)	0	0	2	4	6	8	10	> 12
4.5. Number of individual donors contributing to the CNF (cumulative)	6	10	8	9	10	11	12	13

DEFINITION OF INDICATORS

1.1. Under-five mortality rate	Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.
1.2. Percentage of children under 5 years of age with wasting	Percentage of children aged 0–59 months with wasting (moderate and severe). Moderate wasting = weight-for-height below -2 standard deviations from the WHO Child Growth Standards median; severe wasting = weight-for-height below -3 standard deviations.
1.3. Percentage of children under 5 years of age with stunting	Percentage of children aged 0–59 months with height-for-age below -2 standard deviations from the WHO Child Growth Standards median.
1.4. Percentage of adult women with anaemia	Percentage of women aged 15–49 years with inadequate hemoglobin levels. Thresholds: <11g/dL for pregnant women; <12g/dL for non-pregnant women (WHO 2001; WHO 2006).
2.1. Percentage of pregnant women benefiting from anaemia prevention programmes	Percentage receiving an integrated anaemia prevention package including: <ul style="list-style-type: none"> • (a) MMS, or • (b) IFA.
2.2. Percentage of children under 2 years benefiting from infant and young child nutrition support	Percentage of caregivers of children aged 0–23 months receiving infant and young child feeding counselling, growth monitoring, and promotion services.
2.3. Percentage of children aged 6–23 months benefiting from home fortification	Percentage receiving home fortification with MNPs or SQ-LNS.
2.4. Percentage of children under 5 years receiving vitamin A supplementation or deworming prophylaxis	Highest coverage percentage among: <ul style="list-style-type: none"> • Children aged 6–59 months receiving two annual vitamin A doses. • Children aged 12–59 months receiving deworming prophylaxis.
2.5. Percentage of children under 5 years with wasting admitted for treatment	Percentage of children aged 6–59 months with wasting (weight-for-height < -2 SD) admitted for treatment nationally during the reporting year. Severe wasting burden calculations incorporate country-specific incidence correction factors (typically 2.6).
2.6. Percentage of children under 5 years treated for severe wasting who recover	Percentage of children aged 6–59 months with severe wasting (weight-for-height < -3 SD) admitted for treatment who achieve recovery.
3.1. Number of pregnant women benefiting from anaemia prevention programmes	Total receiving: <ul style="list-style-type: none"> • (a) multiple micronutrient supplements (MMS), or • (b) iron and folic acid supplementation (IFA).
3.2. Number of children under 2 years benefiting from infant and young child nutrition support	Number of caregivers of children aged 0–23 months receiving infant and young child feeding counselling.
3.3. Number of children aged 6–23 months benefiting from home fortification with MNPs or SQ-LNS	Number of children receiving MNPs or SQ-LNS.
3.4. Number of children under 5 years receiving vitamin A supplementation or deworming prophylaxis	Highest count between: <ul style="list-style-type: none"> • Children aged 6–59 months receiving two annual vitamin A doses. • Children aged 12–59 months receiving deworming prophylaxis.
3.5. Number of children under 5 years with wasting receiving treatment	Number of children aged 6–59 months with: <ul style="list-style-type: none"> • Severe wasting (weight-for-height < -3 SD). • Moderate wasting (weight-for-height < -2 SD) who receive treatment.

4.1. \$ value of donor resources allocated to CNF (annual)	Annual contributions received per signed agreements with UNICEF.
4.2. \$ value of donor resources allocated to CNF (cumulative)	Cumulative contributions received, disaggregated by: <ul style="list-style-type: none"> • a) Programme Window • b) Match Window • c) Supplier Window
4.3. \$ value of domestic resources leveraged through CNF (cumulative)	Cumulative value leveraged for: <ul style="list-style-type: none"> • a) supplies (RUTF/non-RUTF) • b) service financing
4.4. Number of countries with CNF multiyear partnership frameworks (cumulative)	Total countries with frameworks to access Match/Programme/Supplier Windows, funded by national governments or multilateral development banks.
4.5. Number of individual CNF donors (cumulative)	Cumulative count of contributing entities: bilateral organizations, international financial institutions, private individuals, and foundations.

DATA ANNEX 2

Outcome-level indicators, by country

	2.1.	2.1.	2.2.	2.3.	2.3.	2.4.	2.4.	2.5.	2.6.	
Country	% of pregnant women receiving MMS ^c	% of pregnant women receiving IFA ^c	% of children benefitting from IYCF ^{ce}	% of children receiving MNPs ^c	% of children receiving SQ-LNS	% of children receiving vitamin A ^g	% of children receiving deworming prophylaxis	% of children with wasting admitted for treatment	% of children with wasting treated and recovered	Footnote
Ambition (2030)	90%	90%	90%	30%	20%	90%	90%	90%	75%	
Progress (2024)^e	10%	55%	63%	19%	1%	70%	42%	46%	93%	
Afghanistan	77%		100%	d		d		73%	87%	f
Angola		a	a	a		a		a	a	
Bangladesh		27%	18%		0.2%	99%		d	85%	
Benin		d	63%			14%	30%	22%	92%	
Bhutan		100%		d		76%				
Botswana										
Burkina Faso	3%	83%	100%	26%	11%	d	d	83%	93%	
Burundi		85%	100%	38%		78%	72%	d	89%	
Cambodia		80%	100%			74%	64%	d	80%	
Cameroon			40%	9%		96%	d	d	89%	
Central African Republic (the)		76%	60%			93%		100%	86%	
Chad			24%			d	97%	88%	96%	
Comoros (the)										
Côte d'Ivoire				1%	0.2%	d		d		
Democratic Republic of the Congo (the)	0.2%	88%	100%	22%	3%	96%	54%	48%	97%	
Djibouti										
Ecuador						37%				f
Egypt			a							
Eritrea		a	a			a		a	a	
Eswatini		a	a			a	a		a	
Ethiopia	2%	78%	100%			70%	52%	69%	96%	
Guatemala		91%		d		15%	87%	d		f
Guinea		d	100%	1%		d	d	32%	91%	
Guinea-Bissau						78%	84%	15%	85%	
Haiti	21%	82%	100%	15%	2%	14%		46%	79%	
India ^b										
Indonesia	a	a		a		a		a	a	f
Kenya		18%	83%			82%		69%	82%	
Lao People's Democratic Republic (the)		45%				34%	5%	d		
Lesotho		93%	48%	20%		20%		51%	80%	

	2.1.	2.1.	2.2.	2.3.	2.3.	2.4.	2.4.	2.5.	2.6.	
Country	% of pregnant women receiving MMS ^c	% of pregnant women receiving IFA ^c	% of children benefitting from IYCF ^{ce}	% of children receiving MNPs ^c	% of children receiving SQ-LNS	% of children receiving vitamin A ^g	% of children receiving deworming prophylaxis	% of children with wasting admitted for treatment	% of children with wasting treated and recovered	Footnote
Ambition (2030)	90%	90%	90%	30%	20%	90%	90%	90%	75%	
Progress (2024)^e	10%	55%	63%	19%	1%	70%	42%	46%	93%	
Liberia		94%	100%			12%		85%	58%	
Libya										
Madagascar	5%	d	100%			3%		40%	89%	
Malawi		79%	100%			13%		71%	92%	
Malaysia										
Mali	1%	d	100%	9%		58%	d	68%	95%	
Marshall Islands (the)										
Mauritania				19%			61%	82%	90%	
Mozambique		76%	92%	51%		71%	28%	58%	81%	
Myanmar	a	a	a	a		a		a	a	f
Nepal		63%	44%	39%		80%	67%			
Niger (the)		74%	99%	5%		93%	66%	d	94%	
Nigeria	33%	35%	30%	4%	1%	96%	40%	d	96%	
Pakistan	13%	34%	40%	13%		87%		43%	96%	f
Papua New Guinea			34%	26%				25%		f
Philippines (the)	12%	37%		9%		13%	12%	3%	79%	
Rwanda	a	a	a	a			a	a	a	
Sierra Leone		d	100%		1%	72%		48%	96%	
Solomon Islands		68%		9%		21%		3%	94%	
Somalia	34%	66%	100%			6%	60%	d	97%	
South Africa										
South Sudan			100%			86%	d	70%	96%	
Sri Lanka	a	a	a	a						
Sudan (the)		a	a			a	a	a	a	
Syrian Arab Republic (the)		30%	100%	89%	26%	37%		11%		f
Timor-Leste		a	a	a		a	a	a	a	f
Togo		56%	100%		3%	89%	d	34%	87%	
Uganda		61%	100%			36%	13%	29%	74%	
United Republic of Tanzania (the)	1%	97%	75%					d	70%	f
Vanuatu			a	a		a	a		a	
Yemen		d	100%	69%		11%	12%	70%	91%	f
Zambia		71%	100%			45%	51%	19%	74%	
Zimbabwe		a	a	a		a		a		

DATA ANNEX 3

Output-level indicators, by country

	3.1.	3.1.	3.2.	3.3.	3.3.	3.4.	3.4.	3.5.	
Country	Number of pregnant women receiving MMS	Number of pregnant women receiving IFA	Number of children benefitting from IYCF ^e	Number of children receiving MNPs	Number of children receiving SQ-LNS	Number of children receiving vitamin A ^g	Number of children receiving deworming prophylaxis	Number of children with wasting admitted for treatment	Footnote
Ambition (2030)	70,000,000	70,000,000	100,000,000	30,000,000	20,000,000	230,000,000	220,000,000	20,000,000	
Progress (2024)	5,848,914	41,217,783	66,977,143	15,876,998	642,288	219,504,819	72,595,175	7,906,007	
Afghanistan	1,411,033		2,756,429	3,351,921		9,413,862		628,307	f
Angola		a	a	a		a		a	
Bangladesh		894,815	1,191,809		9,300	19,580,113		18,631	
Benin		661,563	568,834			283,024	593,051	35,253	
Bhutan		9,000		17,952		33,301			
Botswana									
Burkina Faso	24,104	973,253	1,368,948	266,947	114,782	3,731,514	3,335,987	147,934	
Burundi		568,342	883,217	254,000		1,533,617	1,411,709	50,268	
Cambodia		290,808	718,082			1,182,067	1,044,241	6,103	
Cameroon			716,030	117,074		6,190,462	5,631,620	85,243	
Central African Republic (the)		198,129	243,268			948,520		86,319	
Chad			366,337			4,563,201	3,171,608	458,217	
Comoros (the)									
Côte d'Ivoire				14,282	2,948	4,275,333		53,690	
Democratic Republic of the Congo (the)	7,017	3,673,761	8,122,036	1,356,612	167,155	20,745,803	9,501,872	596,238	
Djibouti									
Ecuador						532,610			f
Egypt			a						
Eritrea		a	a			a		a	
Eswatini		a	a			a	a		
Ethiopia	95,212	4,159,731	7,861,645			12,240,919	8,965,221	671,027	
Guatemala		340,530		1,098,475		247,219	1,452,048	1,251	f
Guinea		670,654	907,893	10,125		2,803,411	2,287,255	30,451	
Guinea-Bissau						254,485	227,237	1,011	
Haiti	104,167	408,885	495,792	54,401	9,000	157,591		48,285	
India ^b									
Indonesia	a	a		a		a		a	f
Kenya		263,924	2,380,055			5,229,563		134,165	
Lao People's Democratic Republic (the)		110,344				224,196	37,176	2,521	
Lesotho		49,532	50,276	15,655		47,059		4,447	
Liberia		152,733	317,900			85,033		19,747	

	3.1.	3.1.	3.2.	3.3.	3.3.	3.4.	3.4.	3.5.	
Country	Number of pregnant women receiving MMS	Number of pregnant women receiving IFA	Number of children benefiting from IYCF ^e	Number of children receiving MNPs	Number of children receiving SQ-LNS	Number of children receiving vitamin A ^g	Number of children receiving deworming prophylaxis	Number of children with wasting admitted for treatment	Footnote
Ambition (2030)	70,000,000	70,000,000	100,000,000	30,000,000	20,000,000	230,000,000	220,000,000	20,000,000	
Progress (2024)	5,848,914	41,217,783	66,977,143	15,876,998	642,288	219,504,819	72,595,175	7,906,007	
Libya									
Madagascar	47,448	1,400,968	1,894,047			136,162		86,346	
Malawi		600,469	1,266,786			353,848		44,573	
Malaysia									
Mali	8,066	1,912,153	1,752,703	115,959		2,735,472	4,784,624	213,470	
Marshall Islands (the)									
Mauritania				46,666			445,808	30,091	
Mozambique		2,385,152	2,166,789	906,797		3,749,292	1,470,353	55,935	
Myanmar	a	a	a	a		a		a	f
Nepal		465,940	500,000	328,873		1,990,835	1,659,802		
Niger (the)		972,357	1,962,544	77,605		6,261,138	2,793,053	493,758	
Nigeria	2,323,508	2,507,034	4,230,377	428,801	136,103	42,515,137	12,169,101	1,021,205	
Pakistan	863,213	2,215,620	5,208,186	1,270,698		35,389,091		638,502	f
Papua New Guinea			170,984	95,201				18,411	f
Philippines (the)	220,510	823,446		318,526		1,370,892	1,004,748	6,632	
Rwanda	a	a	a	a			a	a	
Sierra Leone		703,716	480,328		2,333	1,010,924		32,028	
Solomon Islands		14,358		2,925		19,562		253	
Somalia	460,253	493,388	1,441,229			202,702	1,882,970	540,431	
South Africa									
South Sudan			619,741			2,482,060	2,105,816	338,811	
Sri Lanka	a	a	a	a					
Sudan (the)		a	a			a	a	a	
Syrian Arab Republic (the)		153,549	980,998	590,628	187,301	1,029,082		12,291	f
Timor-Leste		a	a	a		a	a	a	f
Togo		169,556	550,550		13,366	1,459,222	1,323,443	10,052	
Uganda		1,439,962	3,282,234			3,322,863	949,368	66,565	
United Republic of Tanzania (the)	28,331	2,555,846	3,345,409					18,482	f
Vanuatu			a	a		a	a		
Yemen		2,345,296	2,623,146	1,961,268		626,936	700,803	432,433	f
Zambia		671,173	1,301,067			1,688,382	1,474,200	27,368	
Zimbabwe		a	a	a		a		a	

DATA ANNEX 4

Financial data

AGREEMENT AMOUNTS & FUNDS RECEIVED (IN USD)

Donors	Agreement amounts	Funds received		
		Prior years	2024	TOTAL
Grand total	274,795,658	134,099,304	78,348,406	212,447,710
Programme Window	159,815,150	40,593,547	68,711,442	109,304,990
Canada	22,794,118	-	22,794,118	22,794,118
Children's Investment Fund Foundation ^h	62,824,924	34,340,992	14,242,001	48,582,993
Gates Foundation	12,296,814	6,158,055	2,344,018	8,502,073
Ireland	10,738,601	-	10,738,601	10,738,601
Kirk Humanitarian	34,748,300	-	8,791,608	8,791,608
Mohammed Bin Rashed Al Maktoum Global Initiatives	4,864,805	-	-	-
United Kingdom	9,577,429	-	9,577,429	9,577,429
Various donors	1,970,160	94,500	223,668	318,168
Match Window	64,980,508	43,505,757	9,636,963	53,142,720
Children's Investment Fund Foundation	16,479,925	5,399,925	3,730,000	9,129,925
Chris Hohn Foundation	25,000,000	25,000,000	-	25,000,000
ELMA Relief Foundation	2,000,000	-	2,000,000	2,000,000
Gates Foundation	10,269,100	5,459,000	3,472,312	8,931,312
Latter-day Saint Charities	1,000,000	1,000,000	-	1,000,000
Mohammed Bin Rashed Al Maktoum Global Initiatives	3,150,000	-	-	-
United Kingdom	7,081,483	6,646,832	434,651	7,081,483
Supplier Window	50,000,000	50,000,000		50,000,000
Gates Foundation	50,000,000	50,000,000	-	50,000,000

EXPENDITURE BY COUNTRY (IN USD)

By country	Expenditure			Commitments
	Prior years	2024	TOTAL	
Grand total	30,673,225	54,829,392	85,502,617	13,907,757
Programme Window	15,602,174	41,234,118	56,836,292	13,907,757
Country	13,283,418	33,067,852	46,351,269	13,596,836
Afghanistan	-	2,701,998	2,701,998	3,626,570
Burkina Faso	-	1,110,492	1,110,492	162,181
Cambodia	1,467,150	659,852	2,127,002	9,280
Democratic Republic of the Congo (the)	-	563,926	563,926	12,325

By country	Expenditure			Commitments
	Prior years	2024	TOTAL	
Grand total	30,673,225	54,829,392	85,502,617	13,907,757
Ethiopia	5,470,495	5,887,232	11,357,727	1,570,228
Haiti	-	983,767	983,767	-
Indonesia	497,459	110,051	607,510	332
Kenya	777,230	555,668	1,332,898	232,345
Madagascar	-	855,273	855,273	-
Malawi	899,960	109,115	1,009,075	576
Mali	-	601,536	601,536	10,911
Mongolia	-	-	-	118,229
Mozambique	-	134,251	134,251	214,872
Myanmar	-	451,500	451,500	-
Nigeria	-	7,457,295	7,457,295	25,594
Pakistan	3,200,521	2,332,668	5,533,189	1,137,931
Philippines (the)	554,644	446,272	1,000,916	1,517,110
Rwanda	-	665,210	665,210	-
Somalia	-	1,451,770	1,451,770	1,361,796
South Sudan	-	891,854	891,854	12,887
State of Palestine	-	348,300	348,300	-
Sudan (the)	-	3,003,711	3,003,711	862,256
Syrian Arab Republic (the)	-	908,401	908,401	263,917
Timor-Leste	415,958	115,751	531,710	131,501
Venezuela (Bolivarian Republic of)	-	-	-	644,936
Yemen	-	721,958	721,958	1,681,059
Global Technical Assistance	1,988,598	7,106,223	9,094,821	65,150
Programme Division	1,637,212	6,248,216	7,885,428	65,150
Supply Division	351,386	858,007	1,209,393	-
Regional Technical Assistance	330,158	1,060,044	1,390,202	245,771
East Asia and the Pacific Regional Office, Thailand	274,841	184,517	459,358	2,004
Eastern and Southern Africa Regional Office, Kenya	55,317	335,194	390,511	190,710
Middle East and North Africa Regional Office, Jordan		540,333	540,333	53,057

By country	Expenditure			Commitments
	Prior years	2024	TOTAL	
Grand total	30,673,225	54,829,392	85,502,617	13,907,757
Match Window	15,071,051	13,595,274	28,666,325	
Country	14,153,204	13,321,662	27,474,866	
Angola	-	508,918	508,918	-
Cambodia	211,786	120,799	332,585	-
Eswatini	98,109	-	98,109	-
Ethiopia	1,096,953	916,752	2,013,705	-
Kenya	199,537	-	199,537	-
Mauritania	1,806,532	1,282,117	3,088,649	-
Namibia	-	463,856	463,856	-
Nigeria	1,063,943	1,022,337	2,086,280	-
Pakistan	6,325,915	7,995,423	14,321,338	-
Papua New Guinea	212,025	-	212,025	-
Senegal	542,867	-	542,867	-
Sierra Leone	87,759	-	87,759	-
Timor-Leste	162,804	-	162,804	-
Uganda	1,911,068	1,011,460	2,922,528	-
Zambia	433,906	-	433,906	-
Global Technical Assistance	917,847	273,612	1,191,459	
Supply Division	917,847	273,612	1,191,459	-

MAIN DATA SOURCES

United Nations Children's Fund, World Health Organization & World Bank, *The UNICEF-WHO-World Bank joint child malnutrition estimates (JME) standard methodology: tracking progress on SDG indicators 2.2.1 on stunting, 2.2.2 (1) on overweight and 2.2.2 (2) on wasting*, United Nations Children's Fund, New York, 2024.

United Nations Inter-agency Group for Child Mortality Estimation, *Levels & Trends in Child Mortality: Report 2024 – Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation*, United Nations Children's Fund, New York, 2025.

United Nations Children's Fund, *Data companion and scorecard annex to the annual report for 2024 of the Executive Director of UNICEF* (UNICEF/2025/AS-ED/Annual Report/Annex), United Nations Children's Fund, New York, 2025.

UNICEF NutriDash Programme Coverage Estimates 2024.

LEGEND FOR FOOTNOTES IN THE TABLE

- Estimates for specific countries are excluded from individual rows as their authorities did not authorize external sharing. These data are, however, included in the global aggregates presented.
- India was previously excluded from the CNF Strategic Results Framework targets due to its population size and is not reported here, as the Government of India did not authorize external dissemination of estimates.
- For Progress (2024) calculations, United Nations Population Database estimates served as the primary denominator source. National statistical authorities' data superseded these in specific cases.
- Data from jurisdictions with inconclusive coverage rates were omitted to maintain analytical integrity.
- Beneficiary counts for IYCF interventions were capped at national population levels to address potential duplication in service-based reporting. United Nations Population Database estimates provided the capping thresholds to prevent overestimation.
- Countries marked define the MNP target population as children aged 6–59 months. This differs from the CNF Strategic Results Framework and most reporting countries, where the standard cohort is children aged 6–23 months.
- Vitamin A supplementation figures are preliminary, pending final validation from select countries.
- CIFF's contribution to Programme Window A will be formally reallocated to Programme Window C and the Supplier Window upon execution of a supplementary agreement, ensuring alignment with revised funding modalities and strategic priorities.

ADVANCE PAYMENTS OR LOANS TO SUPPLIERS

RUTF Advance Payment Facility

Since its inception in November 2022, the RUTF Supplier Facility has provided US\$142.7 million as advance payments to the following RUTF suppliers. In 2024, the total advance payments were US\$43.7 million.

- Burkina Faso (InnoFaso SA)
- Ethiopia (Hilina Enriched Foods PLC)
- France (Nutriset S.A.S)
- Haiti (Meds and Food for Kids)
- India (Compact India Pvt Ltd)
- India (Hexagon Nutrition)
- India (NuflowerFoods and Nutrition)
- India (NutriVitaFoods Pvt. Ltd)
- India (Soma Nutrition Labs Pvt. Ltd)
- Kenya (INSTA PRODUCTS EPZ)
- Madagascar (Societe JB)
- Madagascar (TANJAKA FOOD)
- Nigeria (Ariel Foods FZE Ltd)
- Nigeria (NUTRIK LIMITED)
- Pakistan (Ismail Industries Ltd)
- South Africa (GC Rieber Compact)

UNCDF Supplier Finance Facility

Ariel Foods FZE Ltd. in Nigeria has received a loan of US\$2.5 million from UNCDF.



CHILD NUTRITION FUND