CHILD NUTRITION FUND
2025 ANNUAL REPORT

CHILD NUTRITION FUND

unicef
for every child

August 2026

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CHILD NUTRITION FUND
2025 Annual Report

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Acknowledgements

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Contents

From our founding partners

"Shrinking resources and escalating crises are driving child mortality up, leaving governments with impossible choices. The Child Nutrition Fund helps countries navigate these pressures by supporting the supply of essential nutrition commodities, aligning donors to national priorities and matching domestic funding. As part of a broader effort to strengthen nutrition financing, the CNF has helped demonstrate new ways to mobilize and deploy resources more effectively, enabling governments to reach more families, faster. Every dollar invested in the Child Nutrition Fund works harder, helping more women and children not just survive, but thrive."

Rahul Rawat
Deputy Director, Maternal, Newborn and Child Health
Gates Foundation

"The Child Nutrition Fund is demonstrating how meaningful collaboration can drive real change for children at scale. Through strong partnerships between donors, governments, civil society, and UN agencies, we are seeing how country-led plans are expanding access to proper nutrition for the most vulnerable women and children. In 2025, there have been remarkable gains, including tripling maternal nutrition reach and five multi-year country partnerships helping to give children a healthier start in life. These sustained partnerships are not only improving nutrition today, but also scaling high-impact interventions to deliver lasting impacts for children and communities around the world for generations to come."

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

"The United Kingdom is proud to continue supporting the Child Nutrition Fund. We are helping get more funding for nutrition, which reaches more women and children with essential services. With new approaches to how we raise money, another strong year for the CNF shows what's possible when countries lead their own health systems to deliver lasting results at scale."

Jenny Chapman
UK Minister for Development and Africa
United Kingdom Foreign, Commonwealth and Development Office

Powered by collaboration

We thank all of our partners for their leadership and trust. Together, we are supporting countries to expand essential nutrition services, strengthen systems and reach the most vulnerable with the support they need to live free from undernutrition.

Founding partners:

unicef for every child

Gates Foundation

CIFF CHILDREN'S INVESTMENT FUND FOUNDATION

Foreign, Commonwealth & Development Office

With generous support from:

The Bezos Family

Susan and Dan Boggio

In partnership with Canada

THE CHURCH OF JESUS CHRIST OF LATER-DAY SAINTS

ELEVA CAPITAL FOUNDATION

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مبادرات محمد بن راشد آل مكتوم العالمية
Mohammed Bin Rashid Al Maktoum Global Initiatives

Surgo Foundation

WTA FOUNDATION

In partnership with:

Gavi
The Vaccine Alliance

SOCCER AID
itv unicef

UNCDF
Impact Capital for Development

At the **Faux Cap Basic Health Centre in Madagascar**, Josiane, who is nine months pregnant, checks her weight during a prenatal consultation.

Through the CNF, pregnant women are supported with improved access to **nutrition counselling and micronutrient supplements** to protect their health and help give their children a healthier start to life.

Hope and action in challenging times

Over the past two decades, the world has made remarkable progress in scaling up essential nutrition services, resulting in a significant reduction in child mortality and malnutrition. This progress is real and measurable, but it is also fragile. Our challenge now is to protect and sustain it.

Child nutrition is under pressure from conflict, climate shocks and economic crises.

These forces are making it harder for children to access the nutritious food and essential services they need to grow, develop and thrive.

As these threats coalesce, needs are intensifying at the very moment when development aid is dwindling, fiscal space is narrowing and resources for maternal and child nutrition are tightening. In 2025 alone, official development assistance dropped by more than 23 per cent – the largest contraction on record – cutting into a lifeline for the most vulnerable.

We need bold and decisive action to tackle these challenges – and the CNF is one important tool for driving that action. Through strategic partnerships, funding breakthroughs and scalable solutions, the CNF is already making a notable difference after only two and a half years in existence.

By December 2025, 45 out of 63 eligible countries were drawing on its support to coordinate resources for maximum impact. It has incentivized millions in national investments through its 1:1 matching mechanism and it has secured US$939 million towards its US$2 billion 2030 goal. More than half of these funds have been received and are already being deployed for children and women in countries with the highest burdens of undernutrition.

In 2025, I have seen this impact firsthand – meeting expectant mothers receiving vital micronutrient supplements, speaking with frontline health workers bringing nutrition services to remote communities and seeing children access life-saving treatment for severe wasting.

Behind every investment is a person, a family and a stronger chance for children to grow up healthy.

Just as importantly, I have witnessed governments driving this work forward, building stronger national systems and nutrition programmes that can continue delivering for women and children long into the future.

Yet, there is so much more we can accomplish together.

Now, more than ever, we must match the scale of the crisis with the degree of our ambition and investment. We must seize this moment to build stronger, more resilient systems to protect children's nutrition today and for the next generation.

As the CNF expands its reach, we urge governments, as well as our resource partners from the private and public sector, to join this global movement.

Together, we must push forward with speed, scale and accountability to ensure that every woman and child has access to the nutrition they need to live healthy lives.

Catherine Russell
Executive Director
UNICEF

A story of progress and urgency

Hard-won gains facing growing threats

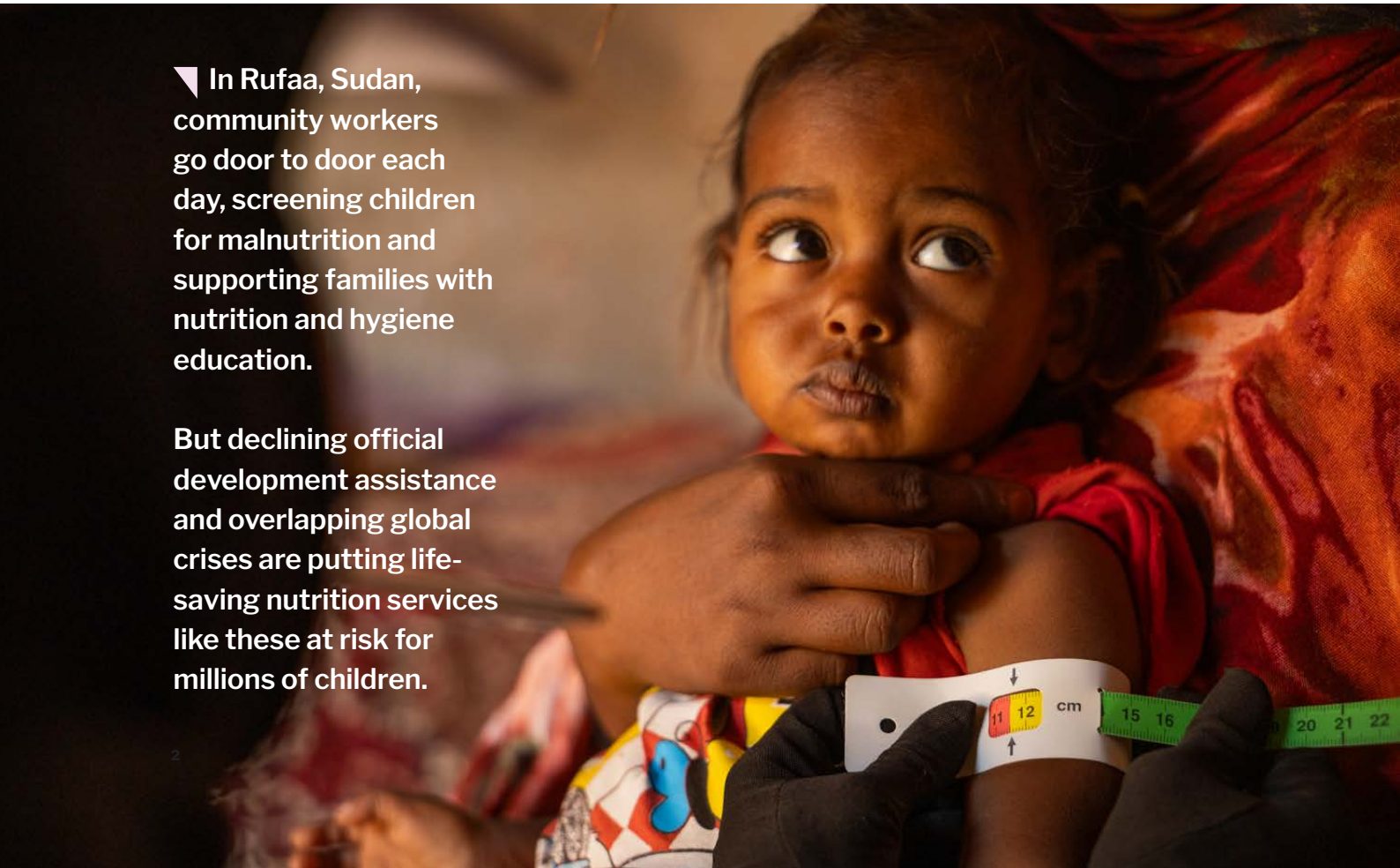
Global gains in child nutrition are setting more children on the path to survive and thrive. Over the past two decades, child mortality has declined by more than 40 per cent, while the number of children with stunting has dropped by more than a quarter over the same period.

As access to quality diets, key services and practices to protect children from undernutrition and its consequences – such as exclusive breastfeeding, vitamin A supplementation and the early detection and treatment of child wasting – has improved dramatically over this time frame, demonstrating that government commitment and investments in nutrition policies and programmes can bring us closer to a future without undernutrition for every child.

Still, much work remains to be done.

Today, around 150 million children under 5 years of age are living with stunted growth and development and 43 million are suffering from wasting. Child food poverty, which refers to the poor quality of children's diets, affects one in four children under 5 in its most severe form and is a leading cause of malnutrition.

Nearly one in three women of childbearing age worldwide is affected by anaemia. During pregnancy, the condition can have serious consequences for both mothers and babies, increasing the likelihood of low birthweight, premature delivery and developmental challenges.



In Rufaa, Sudan, community workers go door to door each day, screening children for malnutrition and supporting families with nutrition and hygiene education.

But declining official development assistance and overlapping global crises are putting life-saving nutrition services like these at risk for millions of children.

Today's global nutrition landscape is undergoing profound upheaval that risks stalling or reversing years of progress in realizing women's and children's right to nutrition. Converging threats such as conflict, climate crises and economic shocks are jeopardizing the access to the nutrition they need for healthy and productive lives. These pressures are compounded by constrained financing, including limited domestic investments, competing priorities, tightening fiscal space, increasing debt distress and declines in official development assistance.

These challenges are complex, but they are not insurmountable. Evidence-based and cost-effective solutions exist and are being deployed every day by governments and partners to prevent undernutrition before it starts and ensure life-saving treatment for children when this prevention falls short – even in the most fragile and crisis-affected contexts.

With UNICEF leadership and the power of the CNF to mobilize resources, coordinate investments and incentivize domestic spending, governments are better equipped to scale up and deliver high-impact nutrition actions and essential nutrition supplies to reach the children and women who need them most.

Together, we can and must build stronger systems and more sustainable resources to protect children's nutrition today and for generations to come.

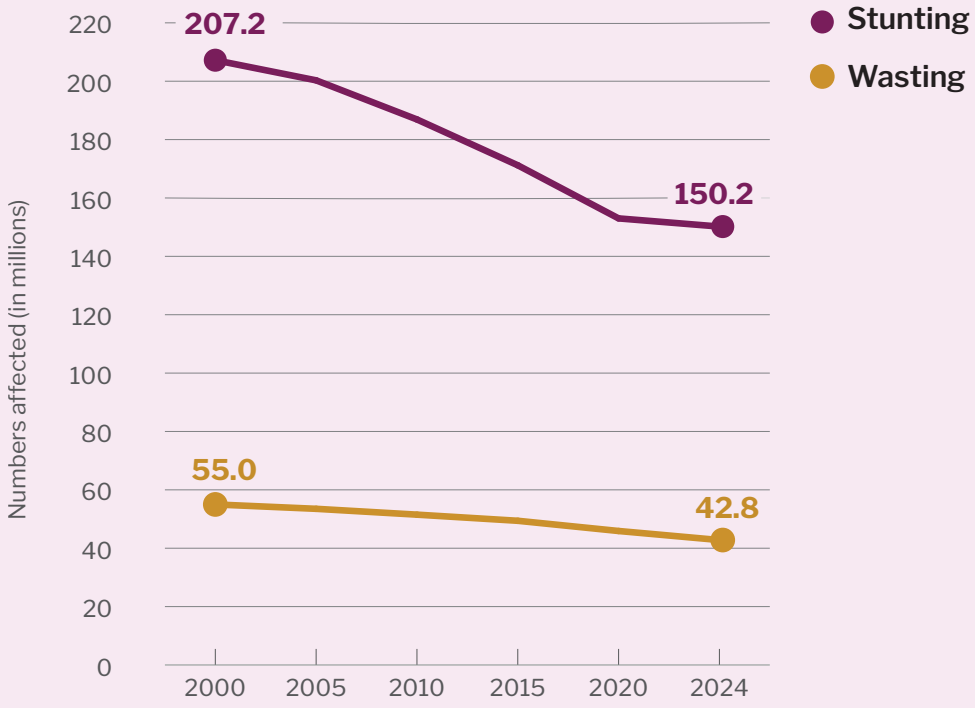
Global aid funding declined sharply in 2025. Official development assistance from the Organisation for Economic Cooperation and Development's Development Assistance Committee members and associates fell by 23.1 per cent to US$174.3 billion compared to 2024 – the largest annual drop on record – bringing aid levels back to where they stood at the start of the 2030 Agenda for Sustainable Development.

↓23%

Global gains: Key nutrition indicators

Number of children under 5 affected by stunting and wasting (2000–2024).

Source: UNICEF, World Health Organization (WHO), World Bank Group Joint Malnutrition Estimates, 2025 edition.



From financing to results

How the CNF supports country-led action for children and women

Global progress on nutrition is under pressure. Declining aid and constrained national budgets are limiting the scale-up of proven solutions – while needs continue to rise.

This is where the CNF comes in. By bringing together governments, donors and partners, the CNF coordinates financing to turn proven solutions into large-scale action – supporting countries to strengthen their nutrition programmes, expand access and reach those most at risk of undernutrition.

At its core, the CNF is about one thing: ensuring that all children and women have access to the nutrition they need to survive, grow and thrive.

The CNF does this through three complementary approaches:

Matching domestic investments

Directing grant funding where needs are greatest

Unlocking innovative financing solutions

At the same time, the CNF helps strengthen public financial management and the broader financing environment for nutrition. It supports nationally owned system strengthening across key areas, including governance and coordination, data, monitoring and accountability, service delivery systems, resource mobilization and financing strategies, as well as improved planning, prioritization and budgeting.

This approach ensures that resources go further, systems grow stronger and results last longer.

REACHING THE COUNTRIES WITH THE GREATEST NEEDS

The CNF focuses on countries facing the highest burden of child undernutrition, including stunting and wasting. To ensure resources remain targeted to the most affected contexts, the list of CNF-eligible countries is periodically reviewed and updated based on the latest available evidence.[1]

GLOBAL RELEVANCE

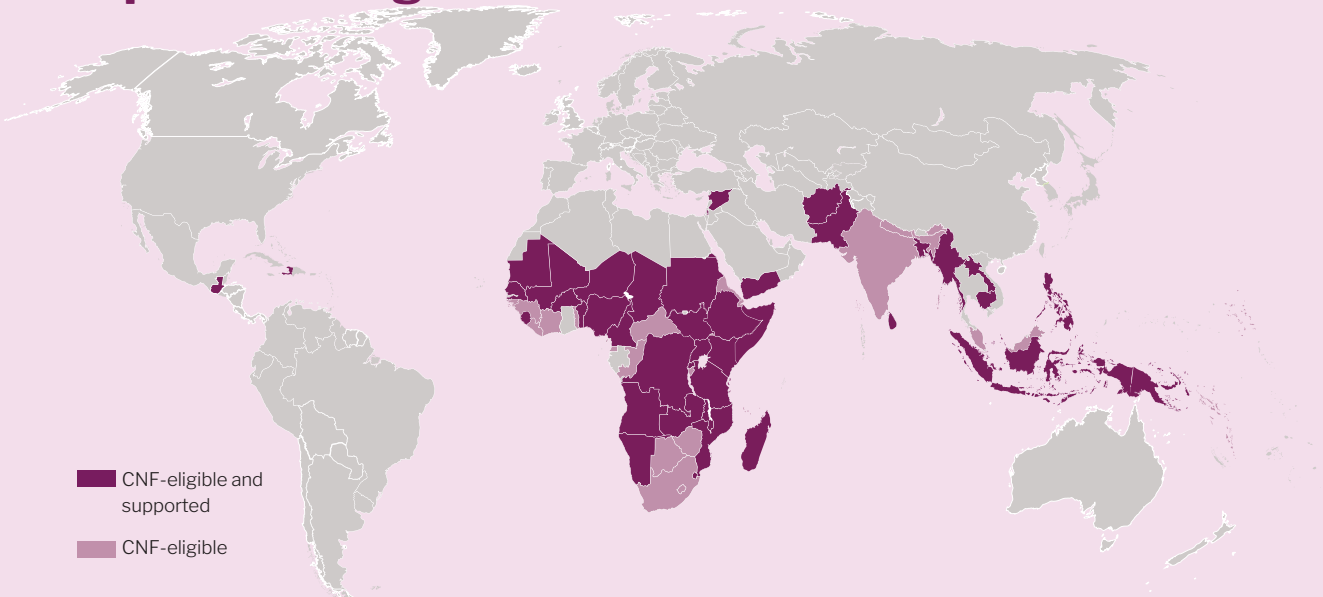
From fragile and conflict-affected settings to stable development contexts, the CNF supports countries across a wide range of operating environments – each with unique challenges, but a shared need for stronger, more sustainable national systems and nutrition programmes.

By working across these diverse environments, the CNF helps countries to ensure that life-saving interventions reach those who need them most – no matter where they live.

But reaching scale requires more than funding alone.

It requires the right financing approaches designed to support countries, strengthen systems and deliver results.

Map of CNF eligible countries



As of December 2025,[2] the following 63 countries from Africa, Asia, the Middle East and Latin America are eligible to receive CNF support: Afghanistan, Angola, Bangladesh, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Guatemala, Guinea, Guinea-Bissau, Haiti, India, Indonesia, Kenya, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Malaysia, Mali, Marshall Islands, Mauritania, Mozambique, Myanmar, Namibia, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, Rwanda, Senegal, Sierra Leone, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, State of Palestine, Sudan, Syrian Arab Republic, Timor-Leste, Togo, Uganda, United Republic of Tanzania, Vanuatu, Yemen, Zambia and Zimbabwe.

1 Country eligibility is determined using global nutrition data from UNICEF, WHO and the World Bank's Joint Malnutrition Estimates. Since 2025, it has also been informed by the Integrated Food Security Phase Classification (IPC) for Acute Malnutrition. All eligibility updates are reviewed and endorsed by the CNF Steering Committee to ensure that decisions remain evidence-based and aligned with the CNF's mandate.

2 Following the 2025 eligibility review, Bhutan, Comoros, Ecuador, Egypt and Libya were removed from the list of eligible countries, while the Congo, Equatorial Guinea, Namibia, Senegal and the State of Palestine were added.

Matching domestic investments

Doubling impact and strengthening national ownership

The CNF works with governments to ensure that national investments in nutrition go further. By matching domestic financing, the CNF is helping countries expand access to essential nutrition services and supplies while strengthening the systems that deliver them.

This approach addresses a critical gap: the lack of incentives and mechanisms to support a transition from external funding to sustainable, domestically financed nutrition programmes.

WHAT THIS ENABLES

- **A match for programmes** that provides predictability and catalyses government action to scale nutrition interventions over the long-term
- **A match for supplies**, such as one carton of ready-to-use therapeutic food or one bottle of multiple micronutrient supplements matched with the same product through the CNF

WHY IT MATTERS

Countries are empowered to move from reliance on external support towards sustainable, nationally financed nutrition programmes.

This mechanism includes what was previously referred to as Programme Window C and the Match Window, both of which continue under this new framing.

Directing grant funding where needs are greatest

Reaching the most vulnerable without delay

Not all countries can co-finance nutrition. In fragile and crisis-affected settings, limited fiscal space, high debt burdens and competing priorities make domestic investment difficult or impossible. In these contexts, grant financing is essential.

The CNF addresses another key global issue: the absence of a coordinated platform to direct funding towards the highest-impact nutrition actions and the most underserved populations.

WHAT THIS ENABLES

- **Flexible, pooled funding** to respond rapidly to evolving needs
- **Targeted grants** for high-burden countries and contexts
- **Strategic allocation** guided by data and country priorities

WHY IT MATTERS

Life-saving interventions reach children and women in the most challenging environments – quickly, efficiently and at scale.

This mechanism includes what was previously referred to as Programme Windows A and C, both of which continue under this new framing.

Unlocking innovative financing solutions

Ensuring supply meets demand

There is growing recognition that new financing solutions are needed to accelerate progress on nutrition. The CNF is helping to advance this agenda by testing approaches that address barriers beyond funding alone.

Through its financing solutions, the CNF is supporting mechanisms to strengthen the supply systems that deliver life-saving commodities and expand access to finance in low- and middle-income countries, while exploring additional opportunities to mobilize new resources for nutrition in the years ahead.

WHAT THIS ENABLES

- **Concessional financing and guarantees** for manufacturers[3]
- **Pre-financing mechanisms** to accelerate production
- **Investment in local and regional supply chains**

WHY THIS MATTERS

Essential nutrition supplies are available, affordable and delivered on time.

This mechanism includes what was previously referred to as the Supplier Window, which continues under this new framing.

A unified model delivering results

Individually, each approach addresses a critical gap in the global nutrition landscape. Together, they form a unified model that:

- Aligns global and domestic financing
- Strengthens national systems
- Expands equitable access to proven interventions
- Ensures reliable supply of essential commodities

The result is greater than the sum of its parts: a coordinated, scalable approach that enables countries to deliver lasting progress against undernutrition.

[3] Implemented in partnership with the United Nations Capital Development Fund (UNCDF).

Five priorities for impact at scale

Nutrition interventions for lasting change

The CNF is a UNICEF-led coordination mechanism designed to strengthen policies, programmes and supply systems to end child and maternal undernutrition in countries with high needs. To do so, the CNF supports government-led actions to improve diets, practices and services across the following five focus areas, in both development and fragile contexts:

MATERNAL NUTRITION

Before, during and after pregnancy, nutritious diets and essential services to prevent anaemia and other forms of undernutrition are critical to meet women's nutrient needs and those of their growing child.

The CNF supports countries to deliver a package of interventions to women during pregnancy and breastfeeding, including iron and folic acid supplementation (IFA) or multiple micronutrient supplementation (MMS), counselling on nutritious and safe diets, physical activity and rest, and weight-gain monitoring.

BREASTFEEDING

Breastfeeding saves lives, shields children from disease, boosts brain development and guarantees children a safe and nutritious food source that is uniquely adapted to their needs, no matter where they live.

The CNF supports actions to protect, promote and support breastfeeding, such as counselling on infant and young child feeding (IYCF), training for health workers and health systems strengthening to help health facilities and communities best support breastfeeding mothers and babies.

COMPLEMENTARY FEEDING

What, when and how children are fed is more important between 6 and 23 months of age than at any other time in life. Nutritious foods build strong immune systems, fuel growing bodies and nourish developing brains.

The CNF supports actions to improve the quality, diversity, affordability and availability of children's first foods and bridge nutrient gaps with multiple micronutrient powders (MNPs) and small-quantity lipid-based food supplements (SQ-LNS).

MICRONUTRIENT SUPPLEMENTATION AND DEWORMING

Vitamin A supplementation is a low-cost, high-impact intervention for improving child survival. It helps maintain strong immune systems, reduce the incidence of diarrhoea and measles and prevent blindness and hearing loss.

The CNF supports life-saving vitamin A supplementation and deworming for vulnerable children in countries with a high prevalence of vitamin A deficiency, and helps countries integrate these services within primary health care services.

EARLY DETECTION AND TREATMENT OF CHILD WASTING

Child wasting is the most life-threatening form of malnutrition. Children with wasting are too thin for their age and their immune systems are weak. They need early detection, treatment and care to save their lives and set them back on the path to healthy growth and development.

The CNF supports timely screening to detect children with wasting and ensure they receive urgent treatment and care through health care facilities and communities. This includes integrating services within primary health care and training and equipping families and communities to identify children in need and provide treatment within their own homes and communities.

GLOBAL NUTRITION RESULTS

Progress towards 2030 targets

Despite shrinking aid budgets, conflict, climate shocks and growing pressures on stretched health systems, countries continued to stem the tide of undernutrition in 2025. Alongside its network of UNICEF country offices and development partners, the CNF supported governments to expand access to nutritious diets, quality services and improved care practices.

In a world of ongoing polycrises, millions of children and women received essential nutrition services and supplies to support good nutrition, healthy growth and save lives.

These results, reported against the CNF Strategic Results Framework (2025–2030) and aligned with the UNICEF Nutrition Strategy 2020–2030, show the continued push to scale proven nutrition solutions in the countries hardest hit by undernutrition.

At a time of rising need and declining global financing, continued investment, stronger systems and sustained government leadership will be essential to keep the world moving forward.

The CNF aims to support global efforts to reach 320 million children and women annually by 2030

70 million women
reached annually with services for the prevention of undernutrition

230 million children
reached annually with services for the prevention of undernutrition

20 million children
reached annually with treatment for life-threatening forms of undernutrition

Children and women reached in high-burden countries[4]

The CNF Strategic Results Framework focuses on five high-impact nutrition priorities that can change the trajectory of a child's life – from supporting healthier pregnancies and protecting breastfeeding, to improving children's diets and treating life-threatening wasting.

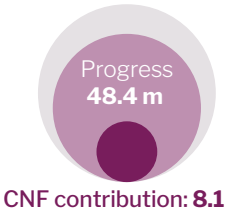
In 2025, the 63 high-burden countries sustained efforts to deliver these proven interventions despite rising humanitarian pressures, strained health systems and declining global aid. The results below reflect the scale of efforts already underway and the urgency of accelerating progress to reach the 2030 targets.

MATERNAL NUTRITION

(+1.3 million women from 2024)

An estimated **48.4 million** pregnant women received interventions to prevent anaemia, including MMS and IFA. These supplements are most often delivered through antenatal care platforms, alongside other essential nutrition services such as counselling and weight gain monitoring. Improving maternal nutrition through this integrated approach helps protect women's health while reducing the risks of low birthweight, premature birth and developmental challenges for children.

Maternal nutrition (MMS or IFA) n=44

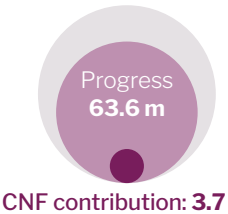


BREASTFEEDING

(-3.3 million caregivers from 2024)

Nearly **63.6 million** caregivers received IYCF counselling and support to promote breastfeeding and improve feeding practices during the earliest years of life. Expanding access to counselling and community support remains key to reaching the global breastfeeding target of more than 50 per cent exclusive breastfeeding.

Breastfeeding n=46

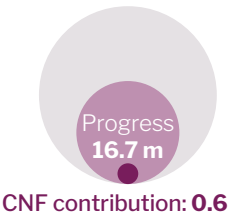


COMPLEMENTARY FEEDING

(+138,000 children from 2024)

More than **16.7 million** children aged 6–23 months received MNPs and/or SQ-LNS to help improve the quality of their diets and prevent nutrient deficiencies during a period of rapid growth and development. These results must more than double to meet 2030 nutrition targets.

Complementary feeding (MNPs or SQ-LNS) n=39



MICRONUTRIENT SUPPLEMENTATION AND DEWORMING

(-14.1 million children from 2024)

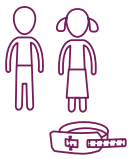
Almost **205.4 million** children received vitamin A supplementation or deworming prophylaxis. These effective and affordable interventions continue to play a major role in protecting children's health and development, but coverage still falls short in many high-burden countries.

Micronutrient supplementation and deworming n=48

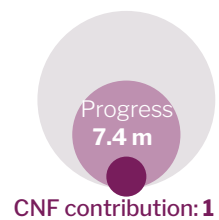
TREATMENT OF CHILD WASTING

(-546,000 children from 2024)

Around **7.4 million** children with wasting were admitted for treatment. While progress continues, far too many children affected by this life-threatening condition still do not receive the care they need, underlining the urgency of faster scale-up of community-based early detection and treatment services.



Treatment of child wasting n=47



[4] Figures reflect the collective efforts of governments, with support from national, regional and international partners. Results are based on 62 countries (excluding India). The number of countries reporting progress for each indicator varies year to year, hence the difference in the numerator ('n') across priority interventions.

Target (2030) · Progress in high-burden countries (2025) · CNF contributions (2025)

CNF contributions[5]

2025 was a year of enormous pressure for global nutrition efforts, but countries continued pushing forward to protect children and women from the devastating effects of undernutrition. Working alongside governments and partners, the CNF helped expand the reach of nutrition services across some of the world's highest-burden communities – supporting countries to scale prevention, strengthen frontline services and deliver life-saving treatment.

8.1 million women
reached with MMS and IFA
(Of the 8.1 million women reached, 7.6 million received MMS)

MATERNAL NUTRITION
(+5.2 million women from 2024)

Maternal undernutrition and anaemia continue to place millions of women and newborns at risk, contributing to poor birth outcomes, illness and impaired child development. In 2025, the CNF supported countries to expand access to MMS, IFA, nutrition counselling and other services as part of delivering a comprehensive package of maternal nutrition services through antenatal care and community platforms.

For instance, **Nigeria** reached more than 4.5 million women with MMS, while **Afghanistan** delivered enough MMS to support almost 1.5 million women. In **Pakistan**, a combination of MMS and IFA programming reached more than 472,000 women, helping improve access to nutrition support during pregnancy.

As more countries prioritize maternal nutrition within national health programmes, demand for MMS and related interventions continues to grow rapidly.

3.7 million caregivers
reached with counselling support

BREASTFEEDING
(+2.2 million caregivers from 2024)

Breastfeeding gives children the healthiest possible start in life, supporting survival, growth and cognitive development. The CNF continued supporting countries to expand counselling on breastfeeding and other optimal feeding and care practices for infants and young children (0–23 months) through health facilities, community outreach and frontline health workers.

Nigeria supported more than 691,000 caregivers with breastfeeding support services, while **Ethiopia** provided counselling and community-based support to more than 631,000 families to improve feeding practices. In **Pakistan**, 546,000 mothers and caregivers benefited from programmes designed to strengthen feeding practices during the earliest years of a child's life.

CNF-supported programmes also continued to strengthen links between nutrition counselling, growth monitoring and referral services for the treatment of malnutrition.

5 These results reflect outcomes from programmes implemented in countries receiving CNF funding, where a demonstrable link exists between the reported results and CNF-supported activities. The results are associated with, but not solely attributable to, CNF funding.

579,000 children reached with home fortification

COMPLEMENTARY FEEDING
(+360,000 children from 2024)

As children grow, they need more nutrients than breastmilk alone can provide. But in many communities, families still struggle to access diverse and nutritious foods for young children. In 2025, the CNF supported countries to expand the delivery of MNPs and SQ-LNS, helping improve diets and reduce nutrient deficiencies during early childhood.

Overall, more than 579,000 children across six countries benefited from complementary feeding interventions supported through the CNF. This included approximately 423,000 children reached with MNPs and nearly 156,000 children supported with SQ-LNS.

Burkina Faso, **Malawi** and **Pakistan** were among the largest implementing countries, with the CNF matching domestic financing and delivering grant funding to help scale national nutrition programmes and strengthen community-based nutrition delivery systems.

6.1 million children reached with vitamin A supplementation and/or deworming

MICRONUTRIENT SUPPLEMENTATION AND DEWORMING
(+5.2 million children from 2024)

Vitamin A supplementation and deworming remain among the most widely delivered nutrition interventions for children worldwide. CNF-supported programmes helped countries scale delivery through campaigns, integrated child health services and community outreach.

Ethiopia reached more than 2.2 million children with vitamin A supplementation and deworming prophylaxis through integrated nutrition-immunization programming. **South Sudan** delivered vitamin A services for about 1.0 million children, while **Senegal** harnessed the CNF domestic match mechanism to reach 1.6 million children through large-scale vitamin A supplementation efforts.

Integrated approaches linking nutrition, immunization and primary health care continued to help countries expand coverage and reach children more efficiently.

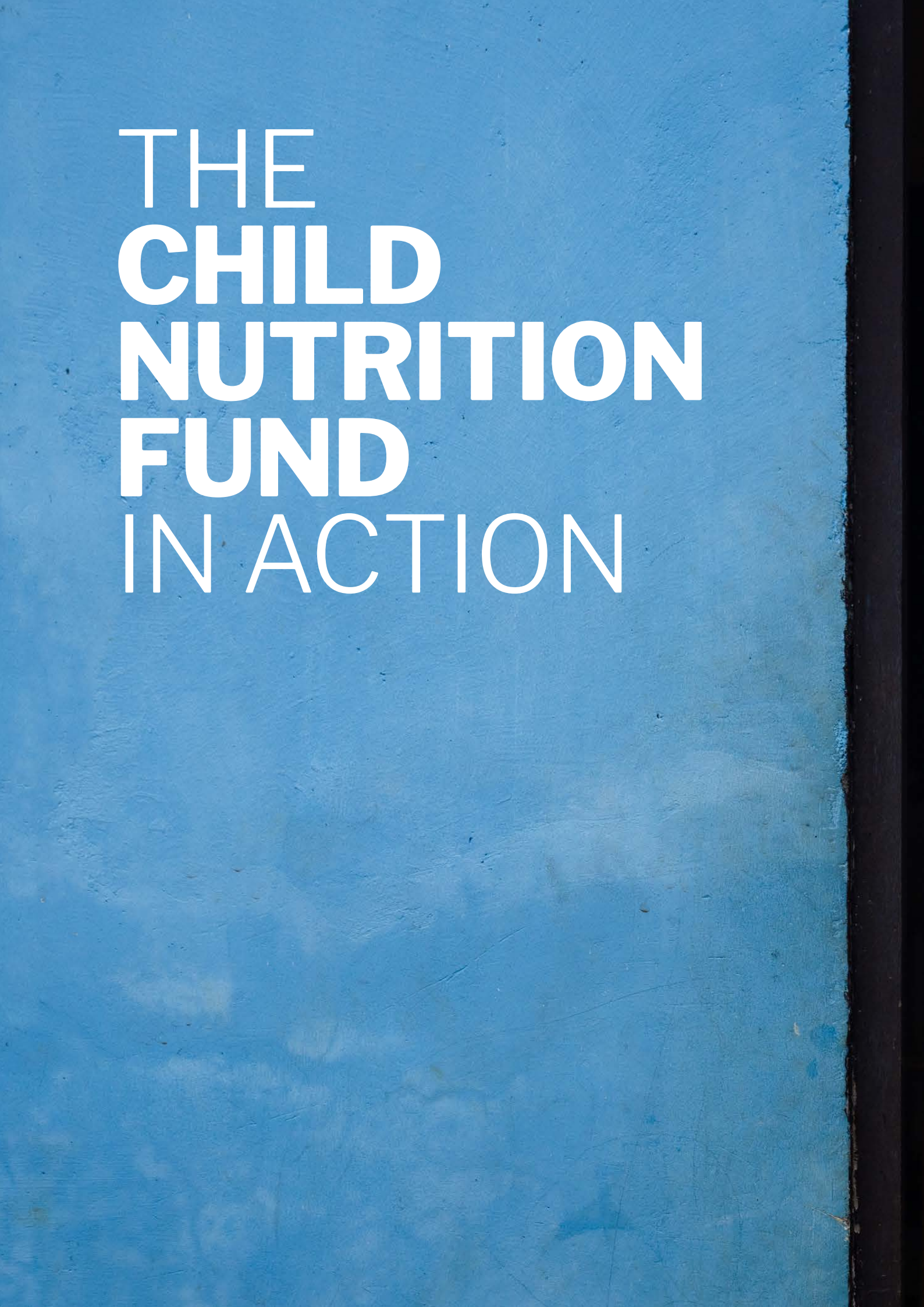
1 million children reached with wasting treatment support

TREATMENT OF CHILD WASTING
(+453,000 children from 2024)

Child wasting remains one of the deadliest forms of undernutrition, but early detection and timely treatment can save lives. Last year, the CNF continued helping countries to expand screening, strengthen community-based care and improve access to ready-to-use therapeutic food (RUTF).

Countries such as **Haiti**, **Mali** and **South Sudan** benefited from CNF grant funding, while the Governments of **Pakistan** and **Uganda** were among those utilizing the CNF's financial matching support.

Alongside treatment, countries also continued investing in community screening and referral systems to help identify children earlier and connect them with care before their condition became life-threatening.



THE **CHILD NUTRITION FUND** IN ACTION

Matching domestic investments

Governments are increasingly investing in nutrition, but many still face financing gaps that limit the scale-up of proven interventions and essential supplies.

The CNF's approach to matching domestic investments helps countries go further by combining catalytic financing with national resources to expand services, strengthen systems and increase access to life-saving nutrition commodities.

The CNF approach has two complementary components:

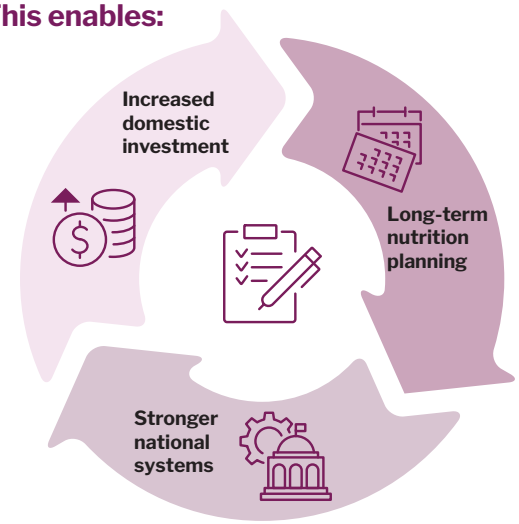
MATCH FOR PROGRAMMES

Supporting long-term government action

Through multi-year partnerships, the CNF helps governments scale nutrition programmes and strengthen national systems over time.

By combining CNF support with domestic financing and partner resources, countries can expand services with greater predictability and sustainability.

This enables:



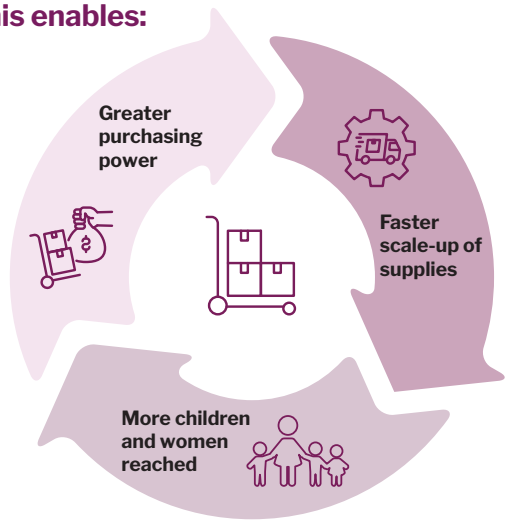
MATCH FOR SUPPLIES

Expanding access to essential products

Through the supply matching mechanism, the CNF provides a 1:1 contribution alongside government investments in nutrition supplies – effectively doubling available resources.

The mechanism also includes contributions-in-kind, including a US$50 million commitment from Kirk Humanitarian to scale up MMS.

This enables:

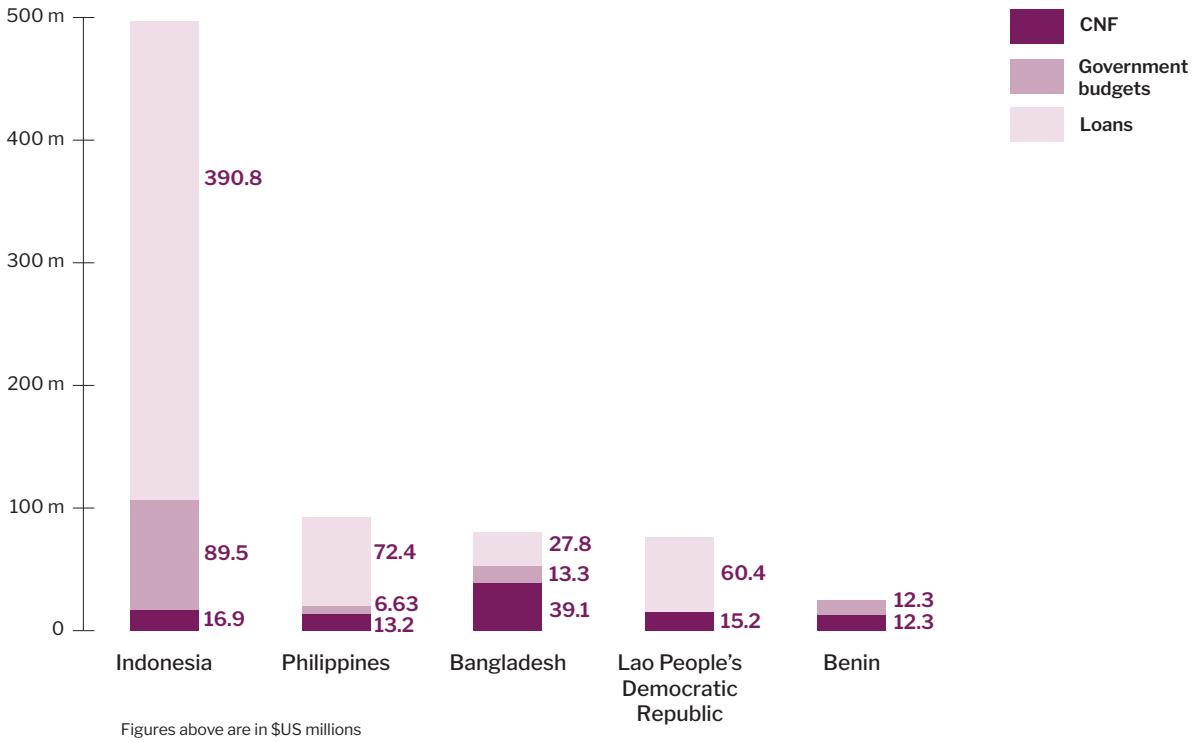


Match for programmes

Investing in government-led nutrition systems

In 2025, the CNF established multi-year partnerships with five countries – Bangladesh, Benin, Indonesia, the Lao People's Democratic Republic and the Philippines – helping governments scale nutrition programmes through longer-term, coordinated financing approaches.

Across these partnerships – ranging from three to five years – the CNF has committed US$96.8 million over the next five years, complementing an additional US$673.1 million in government investments planned over the same period, financed through domestic resources and loans from international financing institutions.



Figures above are in $US millions

COUNTRY	TOTAL INVESTMENT	HIGH-IMPACT AREAS COVERED	PARTNERSHIP DETAILS
Bangladesh	US$80.2 million	Maternal nutrition	Building the foundations for nationwide scale-up of multiple micronutrient supplements
Benin	US$24.6 million	Breastfeeding, complementary feeding, micronutrient supplementation, treatment of wasting	Supporting the first 1,000 days programme to expand child nutrition services and community-based delivery nationwide
Indonesia	US$497.2 million	Maternal nutrition, treatment of wasting	Supporting policy reform and programme scale-up to improve maternal nutrition and wasting services
Lao People's Democratic Republic	US$75.6 million	Maternal nutrition, treatment of wasting	Strengthening nutrition services in 11 high-burden provinces
Philippines	US$92.2 million	Maternal nutrition, complementary feeding, micronutrient supplementation	Strengthening nutrition services in the first 1,000 days

Match for supplies

Turning national resources into greater impact

2025 AT A GLANCE

A snapshot of domestic investments and CNF matching for supplies

DOMESTIC INVESTMENT

US$20.6 million (2025)

(US$52.7 million cumulative, 2021–2025)

CNF MATCH

US$18.9 million (2025)

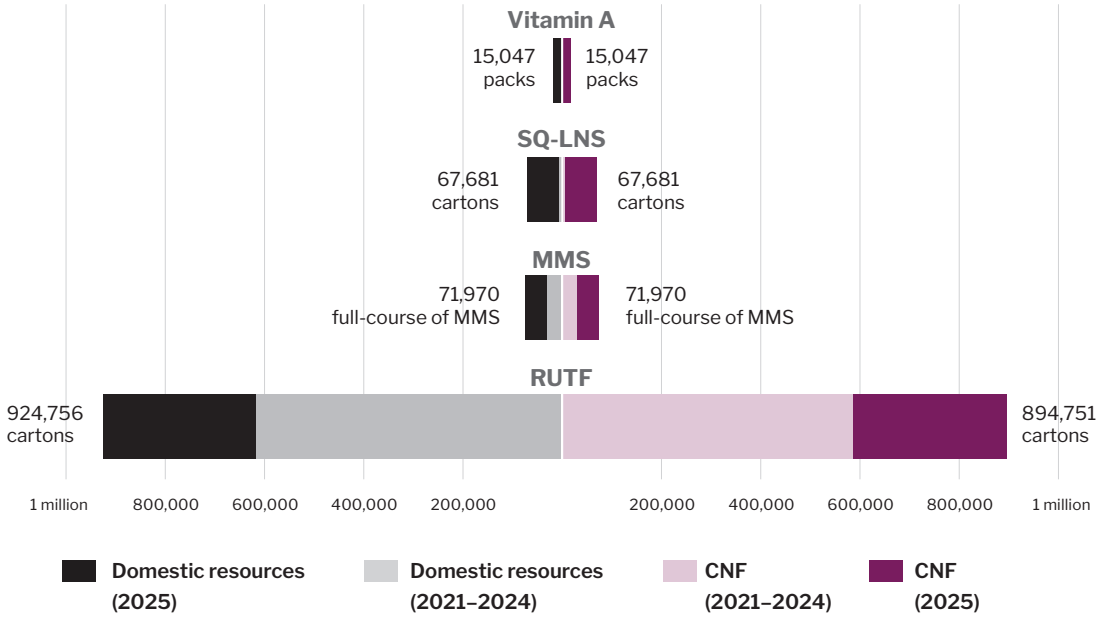
(US$45.8 million cumulative, 2021–2025)

COUNTRIES SUPPORTED

12 (2025)

(18 cumulative, 2021–2025)

PROCUREMENT OF SUPPLIES



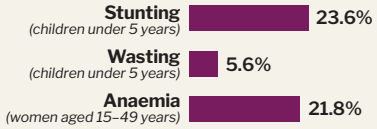
Estimated beneficiary equivalents **since 2021** based on standard commodity conversion assumptions. **Vitamin A:** 15,047 packs provide two annual doses for 3.8 million children. **SQ-LNS:** 67,681 cartons safeguard 226,000 young children. **MMS:** Provides essential micronutrients for 71,970 pregnant women. **RUTF:** CNF-supported procurement is sufficient to treat 895,000 children with severe wasting.

In 2025, matched investments through the CNF helped expand access to essential nutrition supplies for millions of children and women. This equated to:

- RUTF to treat more than **309,000** children with severe wasting
- SQ-LNS to fill nutrient gaps for more than **209,000** children
- MMS to support healthier pregnancies for **42,000** women
- Vitamin A to boost immunity and provide life-saving protection with two annual doses to more than **3.6 million** children

COUNTRY PROFILE

THE PHILIPPINES



Reaching children at a critical time

Turning national investments into long-term results for women and children

The first 1,000 days – from pregnancy to a child's second birthday – is a critical window for growth and development. Poor nutrition during this period can have lifelong consequences, increasing the risk of stunting, wasting, impaired cognitive development and reduced future productivity.

Latest estimates (2023) show that nearly one in four children under 5 in the Philippines is affected by stunting, while around 500,000 children are suffering from wasting. The burden is even more severe in the Bangsamoro Autonomous Region in Muslim Mindanao, where stunting (34.4 per cent) and wasting (6.9 per cent) rates remain among the highest in the country.

CATALYTIC CHANGE IN PROGRESS

In 2025, the Philippines and the CNF – building on the Government's own domestic financing and World Bank investments – launched a multi-year effort to strengthen the coverage, quality and equity of nutrition services during the first 1,000 days.

The partnership, which includes a US$13.2 million investment by the CNF alongside US$79 million from the Government and partners, focuses on reducing stunting and wasting by improving the coverage and quality of maternal and child nutrition services. The CNF supports the Government through a catalytic financing model that links domestic public resources with global funding and drives greater public investment in nutrition.

This is important now because it builds on national nutrition priorities already set out through the First 1,000 Days Law and other national nutrition programmes. It also directly contributes to the Philippine Plan of Action for Nutrition 2023–2028 and the Global Action Plan on Child Wasting by improving maternal nutrition, reducing low birthweight and improving child health through universal health coverage, including access to quality essential services for all.

A central priority is institutionalizing these services through national policies, health financing mechanisms such as PhilHealth – the national health insurance provider – and strong delivery systems, so they can be sustained and expanded over time.

STRENGTHENING MATERNAL AND CHILD NUTRITION SYSTEMS AT SCALE

One of the programme's early achievements has been supporting the national transition from IFA supplementation to MMS. In 2025, more than 62,000 pregnant women received MMS, building on government-led progress that institutionalized MMS through its inclusion in the Essential Medicines List and integration into national health information systems. In a major step towards sustainability, the Government also allocated US$1 million for MMS procurement in the 2026 national budget.

At the same time, preventive child nutrition services continued to be delivered at scale through a combination of financing sources, including significant government investment. The CNF helped lay the policy and systems foundations that enabled this expansion and supports its continued delivery.

In 2025, 1.5 million children received two annual doses of vitamin A supplementation, 3.3 million received deworming tablets and nearly 296,000 children aged 6–23 months received MNPs. More than 883,000 children were screened for wasting across 235 municipalities, helping strengthen early identification and referral for treatment.

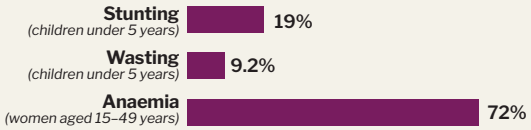
The partnership is also supporting key reforms to strengthen nutrition services over the long-term. In 2025, clinical guidelines for the Philippines Integrated Management of Acute Malnutrition were finalized, 100 primary health care facilities were accredited under the PhilHealth Severe Acute Malnutrition outpatient care package, and nutrition leadership and workforce training was rolled out across 275 municipalities.

A strong partnership with the National Nutrition Council has also advanced the nutrition financing agenda. Through a public finance for children strategy, the CNF supports UNICEF and the Council to strengthen budget tracking, prioritize and cost early childhood nutrition programmes, and advocate for increased national and local funding.

Over the coming years, the programme aims to expand access to priority services nationwide. Maternal supplementation is projected to support 70 per cent of pregnant women, while a range of nutrition services are expected to reach up to 8.4 million children under 5 years of age. By strengthening systems and aligning financing, the partnership is helping ensure that more women and children can access the services they need, no matter where they live.

COUNTRY PROFILE

BURKINA FASO



Prevention at the heart of progress

How match financing is supporting the rollout of home fortification using SQ-LNS for the most vulnerable children

Across Burkina Faso, families are navigating an increasingly fragile reality shaped by insecurity, displacement, food shortages and repeated climate shocks. In many regions, accessing health and nutrition services has become harder each year, particularly for communities cut off by violence or living far from basic infrastructure. Global reductions in humanitarian funding have added further pressure, limiting the ability of partners to maintain essential services at the scale required.

For children and women, the consequences are profound. Around one in five children under 5 years of age is affected by stunting, while wasting continues to threaten the lives of hundreds of thousands of children. Maternal undernutrition and anaemia remain widespread, contributing to poor birth outcomes, weakened immunity and long-term developmental risks for children. In areas heavily affected by insecurity and displacement, fragile nutrition programmes are under growing strain.

Against this backdrop, Burkina Faso is demonstrating the importance of national leadership and domestic investment in nutrition. Through the CNF, the Government is working with partners to expand access to essential nutrition

interventions while strengthening the country's ability to sustain services over time.

UNLOCKING GREATER IMPACT THROUGH MATCHED FINANCING

A central pillar of the CNF model is its ability to encourage and amplify domestic investment. In Burkina Faso, this approach helped unlock US$3.9 million of Government financing for SQ-LNS, an important intervention that helps prevent undernutrition among young children during critical stages of development.

In 2025 the CNF matched the Government's investment, which utilized World Bank resource support, to procure enough SQ-LNS to reach more than 85,000 children. By doubling the financing, the collaboration enabled Burkina Faso to expand access to preventive nutrition support while reinforcing Government ownership of the response.

The investment reflects a broader shift towards more sustainable nutrition financing, with the Government gradually taking a leading role in funding nutrition programmes alongside implementing them. In Burkina Faso, CNF-matched financing in 2025 supported the procurement of more than 53,000 cartons of SQ-LNS, helping expand the national programme into emergency and high-security-challenge regions, including Centre-Est, Est and Sahel.

The support builds on a strategy launched in 2022 across pilot regions. Through a community-based delivery platform, community agents distribute SQ-LNS directly to families, including in hard-to-reach areas and localities affected by insecurity, ensuring that children continue to receive nutrition support where needs are greatest.

At a time when external funding is becoming more constrained, this co-financing approach is helping protect nutrition services while giving governments greater capacity to plan, expand and sustain programmes over the long-term. It also sends an important signal: nutrition is increasingly being recognized as a national investment in healthier pregnancies, stronger child growth and better opportunities for children to thrive.

BUILDING ON BROADER CNF SUPPORT

By also directing grant funding for the highest-need programmes, the CNF is supporting Burkina Faso to strengthen both prevention and treatment services for malnutrition. In 2025, CNF-enabled procurement provided enough RUTF to help stabilize national supplies and treat 14,000 children with severe wasting in priority districts. Last-mile delivery systems also helped 43,000 children aged 6–23 months receive SQ-LNS as part of the national prevention strategy.

At the same time, infant and young child feeding counselling and community outreach reached more than 63,000 pregnant and lactating women, helping families strengthen nutrition and feeding practices during the earliest stages of life.

While needs across Burkina Faso remain immense, the country's growing commitment to domestic nutrition financing demonstrates what can be achieved when national leadership is matched with catalytic support. Through its partnership with the Government, the CNF continues to help protect essential services today while laying the foundations for stronger, more resilient nutrition programmes in the future.

WHAT IS SQ-LNS?

- **Made with peanuts, milk powder, vegetable oil, sugar and essential vitamins and minerals**
- **Helps prevent stunting, wasting and micronutrient deficiencies in young children**
- **One carton of UNICEF-procured SQ-LNS can support 200 children for one month**

Grant funding where needs are greatest

In many high-burden countries, undernutrition is compounded by conflict, climate shocks, economic instability and overstretched health systems. At the same time, declining aid and growing humanitarian needs are placing immense pressure on nutrition financing.

By directing grant funding where the needs are greatest and there is low fiscal space, the CNF is supporting governments and partners to sustain critical nutrition services and reach the most vulnerable children and women.

The CNF approach has two complementary components:

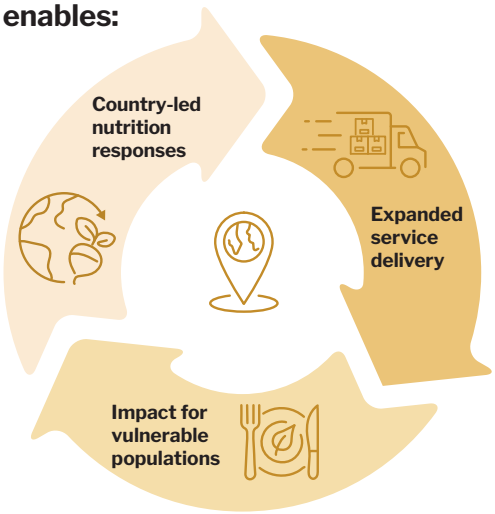
TARGETED COUNTRY SUPPORT

Driving nutrition action in high-need settings

The CNF provides grant support to countries facing high levels of undernutrition, helping sustain services and expand access to proven interventions.

Support is tailored to national priorities and focused on reaching the most vulnerable communities.

This enables:



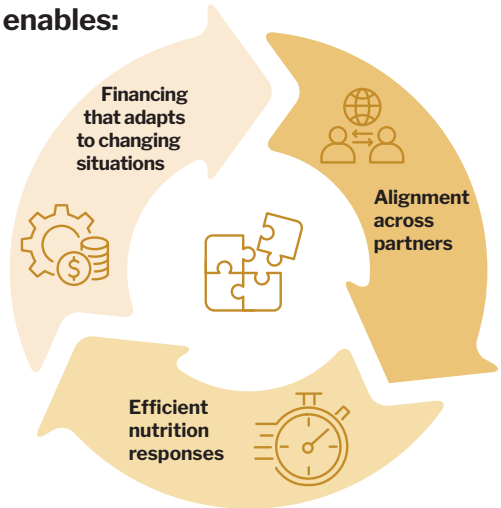
FLEXIBLE POOLED FUNDING

Responding rapidly where time is of the essence

Flexible pooled funding allows resources to be directed quickly to emerging nutrition needs.

This approach helps UNICEF and partners respond with greater speed, coordination and flexibility.

This enables:



2025 AT A GLANCE

A snapshot of CNF grant funding

CNF EXPENDITURE

US$75.2 million (2025)

(US$132 million cumulative, 2021–2025)

COUNTRIES SUPPORTED

32 (2025)

(33 cumulative, 2021–2025)

REACHING HIGH-NEED COUNTRIES

From humanitarian crises to chronic undernutrition hotspots, in 2025 the CNF supported 33 countries to expand access to proven nutrition interventions for children and women.[6]

Tanzania

As part of the UNICEF-led First Foods Africa initiative – supported by the CNF – UNICEF is working with government and partners to improve access to safe, nutritious, affordable and sustainable first foods for young children in priority regions of Tanzania.

Together, a joint plan to **incentivize high-quality production of first foods** and **strengthen policies** to **make nutritious foods more available and affordable** has been developed.

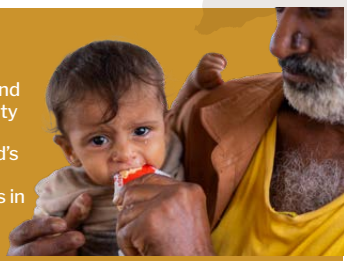
From 2026, UNICEF will support local food producers, generate evidence on barriers to access, and help caregivers make informed feeding choices, contributing to healthier diets for children.

WHAT IS FIRST FOODS AFRICA?

First Foods Africa is a UNICEF-led initiative that transforms local food systems and supports local production and consumption of nutritious, safe, affordable and sustainable first foods and food supplements for young children in Africa, by Africa, for Africa. It is aligned with UNICEF's Nutrition Strategy 2020–2030 and Strategic Plan 2026–2029 and contributes to the African Union Agenda 2063. By strengthening local markets, improving policies and standards, and encouraging healthier feeding practices, the initiative aims to reduce child food poverty and malnutrition while helping give children the best possible start in life.

Yemen

Years of conflict and economic instability have contributed to one of the world's most severe child malnutrition crises in Yemen.



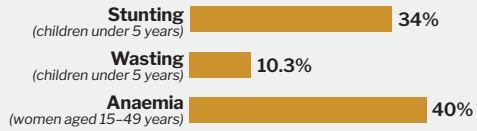
In 2025, with CNF financing, mobile teams reached hard-to-access communities with screening, referral and treatment services for severe wasting.

More than **10,000 children** under 5 received treatment support with RUTF, while thousands of caregivers received infant and young child feeding counselling to help improve nutrition practices in vulnerable communities.

6 This map includes countries that have received CNF funding historically and may not reflect the most recent list of eligible countries

COUNTRY PROFILE

AFGHANISTAN



Delivering nutrition where it matters most

Expanding access to treatment and services in the hardest-to-reach communities

Afghanistan remains one of the world's most complex humanitarian contexts, where decades of conflict, climate shocks and economic instability continue to drive high levels of undernutrition. An estimated 22.9 million people required humanitarian assistance in 2025, including 12 million children. Food insecurity remains widespread, with millions of households unable to meet basic dietary needs, while recurrent drought and displacement further strain already fragile systems.

Malnutrition is a persistent and life-threatening challenge. Afghanistan has one of the highest burdens of child undernutrition globally, with high levels of stunting and wasting. Poor dietary diversity, limited access to nutritious food and inadequate infant feeding practices continue to drive a cycle of malnutrition that begins in early childhood and often persists across generations. At the same time, an estimated 1.5 million children were at high risk of wasting, including severe wasting going into 2026.

SUSTAINING LIFE-SAVING TREATMENT AT SCALE

Against this backdrop, the CNF has supported UNICEF and partners to sustain and scale up essential nutrition services across the country, ensuring that children and women can access life-saving interventions even in the most challenging settings.

Through support from the Government of Canada, US$2.9 million was invested to strengthen the treatment of severe wasting. This financing enabled the procurement and delivery of enough RUTF to treat 45,000 children under 5, ensuring continuity of treatment services across all 34 provinces. To support this, insulated mobile storage units were deployed to maintain the quality and safety of the RUTF, protecting supplies from heat and ensuring reliable access in remote and high-temperature locations.

As a result, the programme achieved a recovery rate of 83 per cent – well above global standards. This support played a critical role in maintaining supply pipelines and preventing interruptions to treatment, particularly in hard-to-reach areas.

SCALING UP MATERNAL NUTRITION THROUGH MMS

Beyond treatment, support to maternal nutrition has been expanded to address the intergenerational drivers of undernutrition, with increased efforts to improve access to essential maternal nutrition services. Through support from Kirk Humanitarian, nearly 1.5 million women were reached with MMS, helping to improve maternal health and reduce the risk of low birthweight and poor child growth outcomes in all 34 provinces.

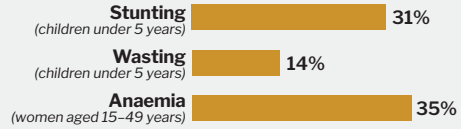
These investments are not only saving lives but also strengthening health systems. By ensuring consistent supply chains, supporting frontline health workers and expanding access to services through health facilities and community platforms, CNF support is helping improve the early detection and treatment of malnutrition. Integration with broader health services is also enhancing efficiency and reach, ensuring that children and mothers receive a more comprehensive package of care.

This includes reinforcing the integration of nutrition within primary health care services and supporting the transition from IFA supplementation to MMS for pregnant women across health facilities in Afghanistan.

While needs remain immense, early results demonstrate what is possible when financing is aligned with country-led delivery systems. Continued support from the CNF and its partners will be essential to sustain progress, expand coverage and ensure that no child is left behind in Afghanistan's response to undernutrition.

COUNTRY PROFILE

SUDAN



Sustaining treatment in a growing crisis

Ensuring uninterrupted access to life-saving nutrition services for children in the face of famine risk and conflict

Sudan is facing an escalating nutrition crisis, driven by conflict, displacement and worsening food insecurity. Millions of children are at risk of wasting, with conditions in some areas approaching or already reaching famine thresholds. In this context, maintaining access to life-saving treatment is critical to preventing large-scale loss of life.

MAINTAINING A CONTINUOUS SUPPLY OF LIFE-SAVING TREATMENT

With support from the CNF and its partners, UNICEF has kept a steady supply of life-saving nutrition treatment services in place, helping them continue despite major challenges on the ground. Through the procurement of RUTF and therapeutic milks (F75 and F100), this support helped treat at least 65,000 children with severe wasting, providing life-saving care through both community-based programmes and health facilities.

By keeping these supplies available through health facilities and mobile teams, CNF financing has helped ensure that children can continue to access treatment, even in some of the most crisis-affected areas.

EXPANDING ACCESS THROUGH STRENGTHENED DELIVERY SYSTEMS

This support has contributed to strengthening the systems required to deliver nutrition services at scale. Therapeutic supplies have been distributed through a nationwide network of more than 2,600 health facilities and over 180 mobile teams, ensuring that services reach children in both urban centres and remote, underserved communities. CNF-financed supplies covered 10 per cent of the total national need for these commodities in 2024 and 2025.

A diversified supply approach – including cross-border and cross-line delivery routes – has enabled partners to overcome access constraints and maintain the flow of essential commodities into high-burden areas. This has been particularly important in regions affected by active conflict, where traditional supply chains are frequently disrupted.

Across UNICEF-supported programmes, more than 5 million children were screened for malnutrition in 2024 and 2025, helping to identify cases early and link children to treatment before their condition became life-threatening. CNF financing has helped sustain the supply of essential commodities that make this early detection meaningful by ensuring children identified can access timely treatment.

These combined efforts – ensuring supply continuity, expanding service delivery platforms and strengthening community-level detection – are helping to stabilize access to life-saving care in an extremely volatile context.

While the scale of need continues to grow, CNF support demonstrates the critical role of flexible, targeted financing in sustaining essential services. Continued investment will be essential to maintain treatment coverage, prevent further deterioration of children's nutritional status and protect the lives of Sudan's most vulnerable children.

CNF-supported impact in Sudan

CHILDREN TREATED

>65,000

children treated for severe wasting with RUTF

DELIVERY AT SCALE

2,600

health facilities supported

180

mobile teams delivering services

5 million

children screened (2024–2025)

Innovative financing solutions

Expanding access to essential nutrition supplies

In 2025, rising demand for nutrition commodities collided with shrinking aid budgets, higher supply costs and growing pressure on health systems. For many countries, maintaining access to products such as RUTF, SQ-LNS and MMS became increasingly difficult at a time when needs continued to grow.

As calls for innovative financing solutions gained momentum across the global nutrition community, the CNF stepped up efforts to explore new ways of mobilizing and deploying financing to address supply chain bottlenecks, strengthen local production and improve access to essential nutrition supplies.

CNF support focused on building capacity to produce and secure critical commodities, helping to create stronger supply networks that can respond faster, reduce costs over time and provide more reliable access for children and women.

NUTRITION SUPPLIER FINANCE FACILITY

Investing in local manufacturing and humanitarian supply chains

In 2025, the United Nations Capital Development Fund (UNCDF)-led Nutrition Supplier Finance Facility continued supporting manufacturers to expand production and strengthen regional supply chains for nutrition commodities.

In Nigeria, the US$2.5 million investment supported Ariel Foods to upgrade legume-processing equipment used in the production of RUTF, which is expected to create a new market for locally grown peanuts and other nutrient-rich legumes and strengthen livelihoods and community resilience in marginalized farming regions of northern Nigeria.

Additional financing preparations are also underway in countries such as Ethiopia, helping broaden regional manufacturing capacity and improve the availability of essential nutrition products closer to where they are needed.

HIGH IMPACT WINDOW

Helping countries respond faster to urgent supply needs

Launched in late 2025, the High Impact Window (HIW) is an up to US$200 million revolving fund housed within UNICEF's Vaccine Independence Initiative, designed to keep essential health, nutrition and immunization supplies flowing when countries face temporary funding gaps.

Through a pre-financing mechanism, the HIW enables UNICEF to act quickly when government budgets are delayed or cash flow is constrained. Rather than waiting for funds to become available, UNICEF can place orders immediately, ensuring life-saving supplies reach communities without interruption.

Once domestic financing is released, countries reimburse the mechanism, allowing resources to be recycled and used again.

The HIW focuses on larger and more complex investments, situations where repayment is less predictable, and opportunities that can strengthen markets, improve supply chains and increase access to essential products at scale.

Backed by private donors, the HIW helps protect supply chains from disruption, prevents critical stockouts and ensures children and families continue to receive the essential products they depend on.

For nutrition, this offers an important complement to the CNF, helping countries avoid interruptions in the procurement of essential nutrition commodities while reinforcing efforts to expand access, strengthen country ownership and build more sustainable nutrition programmes.

The CNF Match Challenge

Together we can go twice as far

What if we could turn one act of generosity into two? What if every dollar invested in ending undernutrition could generate twice the impact for children?

The CNF Match Challenge helps us answer these questions – giving us a chance to double our impact and make our ambitions for child nutrition a reality. It works by matching eligible CNF contributions dollar-for-dollar – effectively doubling the resources available to deliver life-saving nutrition services and supplies to the children and women most in need.

Backed by a historic commitment from the Bezos family, the CNF Match Challenge will match eligible contributions from private and public donors to the CNF up to US$500 million. The commitment was announced at the Nutrition for Growth Summit in Paris in March 2025 and is a critical opportunity to accelerate progress towards a future without undernutrition for children and women globally.

By the end of 2025, the Match Challenge had already catalysed key results.

US$92 million unlocked through the CNF Match Challenge

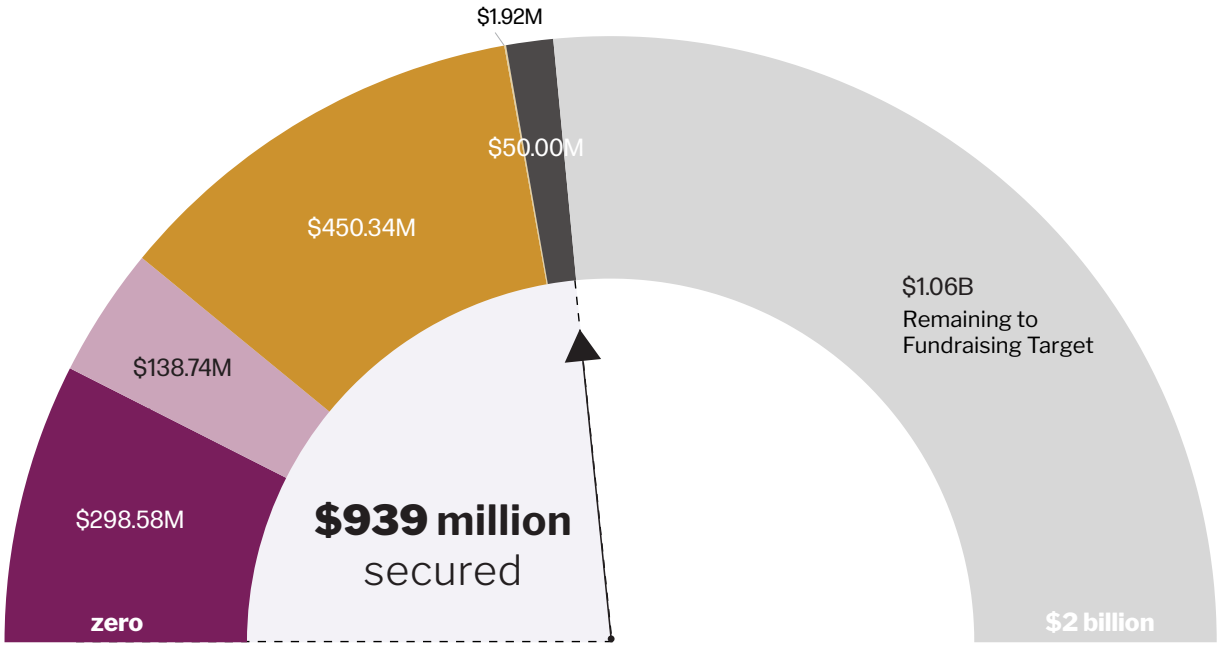
By strengthening the systems that deliver services and commodities and ensuring financing is aligned with national priorities, the partnership is helping countries reach more women and children with the support they need.

Financial results snapshot

2025 marked a major year of growth for the CNF, as countries and partners rallied behind the urgent need to protect nutrition services at a time of mounting global pressure. While aid budgets tightened and humanitarian needs continued to rise, support for the CNF accelerated, reflecting growing confidence in country-led, long-term solutions to undernutrition. In 2025, the CNF received nearly **US$266 million** from a diverse group of public and private donors.

By December 2025, the CNF had secured **US$939 million** through formal agreements – bringing it close to halfway towards its **US$2 billion** financing target for 2030 in just over two years. Of this amount, **US$478 million** had already been received and was being translated into nutrition services, essential supplies and stronger systems for children and women in high-burden countries.

Progress towards $2 billion fundraising target



Matching Domestic Funding
- Supplies
- Programmes

Providing Grant Funding
- Earmarked Funding
- Unearmarked funding

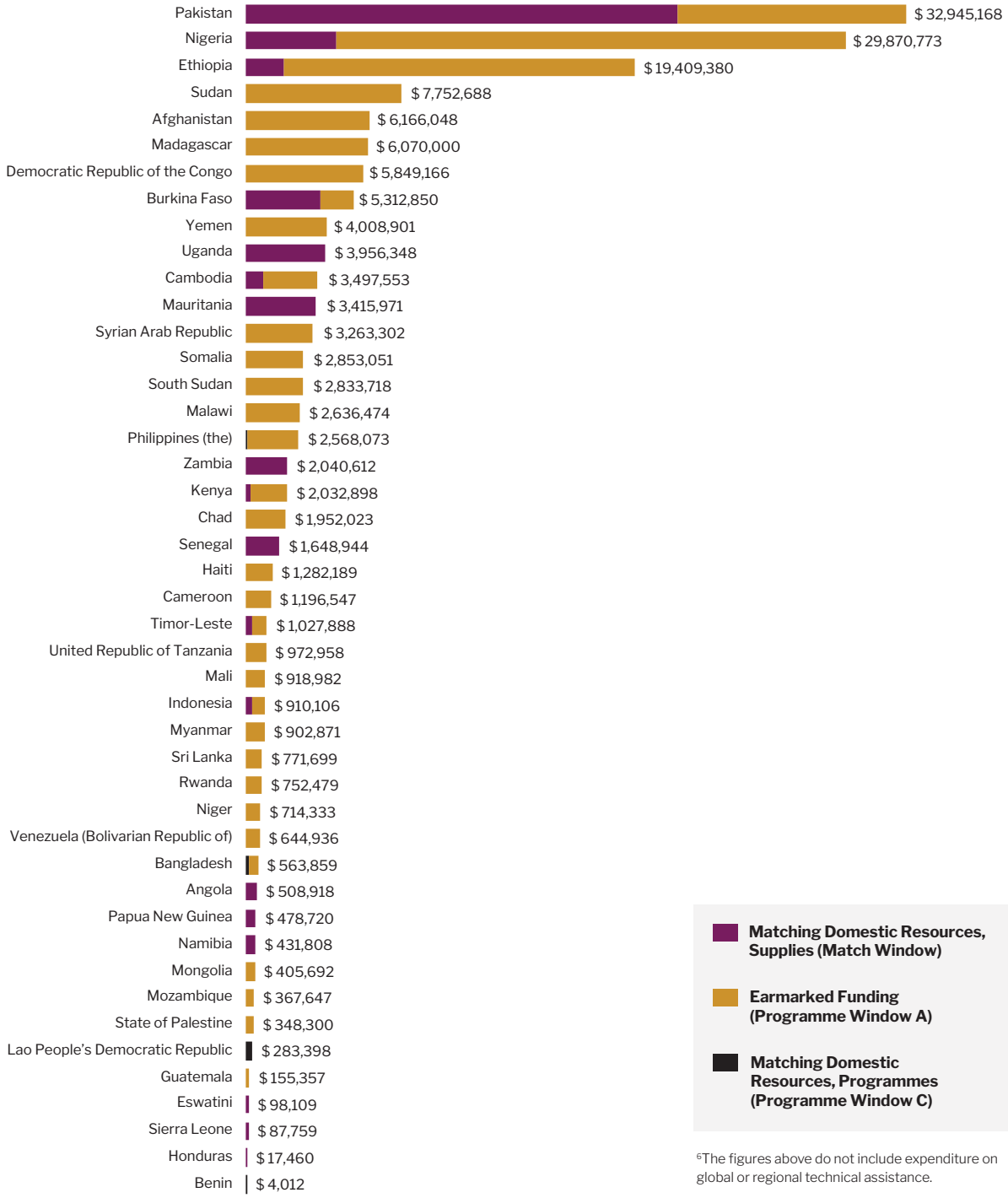
Enabling Innovative Funding
- Innovative Financing

Expenditure

The financial momentum is helping countries move faster, reach further and strengthen national nutrition programmes for the future. In 2025, almost **US$94.7 million** had been expensed to support high-impact nutrition actions. By the end of 2025, cumulative expenditures had reached **US$164 million** across **45 countries** helping governments expand life-saving services, strengthen nutrition programmes and improve access to essential supplies for children and women in some of the world's most fragile settings. While government investments in 2025 primarily matched supplies, programmatic matches are expected to increase significantly in 2026 through existing and upcoming multi-year partnership frameworks.

Expenditure: matching domestic investments and grant funding[6]

(total as of December 2025)



[6]The figures above do not include expenditure on global or regional technical assistance.

Building on momentum

With nearly US$1 billion mobilized and a growing network of country partnerships, the CNF enters 2026 focused on turning momentum into scale. The year ahead will be shaped by deeper government engagement, new financing opportunities and continued efforts to strengthen the systems that deliver nutrition services and supplies.

DEEPENING COUNTRY PARTNERSHIPS

The need for sustainable nutrition financing has never been greater. With aid budgets under pressure and countries facing growing demands on health systems, the CNF will continue to focus on helping governments protect and expand access to high-impact nutrition services while strengthening the systems needed to deliver them effectively.

Building on progress from 2025, the CNF will prioritize the expansion of domestic matching opportunities with governments, supporting countries to integrate nutrition more concretely into national plans, budgets and health systems. New multi-year partnerships are expected to advance in countries including Cambodia, Côte d'Ivoire, Pakistan and Rwanda, while ongoing collaboration with governments will help translate political commitment into sustained action.

UNLOCKING MORE RESOURCES

The year ahead will see a continued focus on generating financing for nutrition at a time of growing global need. By matching government investments in nutrition programmes and supplies, the CNF will encourage greater country ownership while helping national resources go further. At the same time, the CNF will continue to build on its fundraising momentum, moving closer to its US$2 billion goal and unlocking additional resources through the CNF Match Challenge.

DRIVING INNOVATIVE FINANCING

Innovation will play an increasingly important role in the CNF's work. Through mechanisms such as the High Impact Window and other emerging financing approaches, the CNF will explore new ways to bridge funding gaps, strengthen supply chains and improve access to essential nutrition commodities. Closer collaboration with governments, development finance institutions and global partners will help ensure that financing reaches the areas where it can have the greatest impact.

Together, these efforts will help more countries turn ambition into action, accelerating progress towards national nutrition targets and advancing the global goal of reaching 320 million children and women annually to end undernutrition.


BABY NU

Data Annex

Data annex 1

CNF Strategic Results Framework

I. IMPACT-LEVEL INDICATORS

Impact indicators	Baseline	Latest update 2025	Sustainable Development Goal target 2030
1.1. Under-five mortality rate	38.1 per 1,000 live births	37.4 (2024)	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)	6.6% (2024)	<3%
1.3. Percentage of children under 5 years of age with stunting (SDG 2.2.1)	22% (2020)	23.2% (2024)	12.8%
1.4. Percentage of adult women with anaemia (SDG 2.2.3)	29.9% (2019)	30.7% (2023)	14.3%

II. OUTCOME-LEVEL INDICATORS

Outcome indicators	Baseline	Actual 2025	CNF target 2030
2.1. Percentage of pregnant women who benefit from programmes to prevent anaemia	59%	**50%**	90%
2.2. Percentage of children under 2 years of age who benefit from infant and young child nutrition	48%	**65%**	90%
2.3. Percentage of children aged 6-23 months who benefit from home fortification using MNPs or SQ-LNS	9%	**19%**	50%
2.4. Percentage of children under 5 years of age who benefit from two annual doses of vitamin A supplementation and/or deworming prophylaxis[g]	43%	**81%**	90%
2.5. Percentage of children under 5 years of age with life-threatening wasting who are admitted for treatment	41%	**30%**	90%
2.6. Percentage of children under 5 years of age treated for life-threatening wasting who recover	86%	**83%**	>75%

III. OUTPUT-LEVEL INDICATORS

Output indicators (values in millions)	Baseline	Actual		Milestones					Ambition
		2024	2025	2025	2026	2027	2028	2029	
3.1. Number of pregnant women who benefit from programmes to prevent anaemia	39	47	**48**	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	**64**	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	**17**	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/or deworming prophylaxis	205	219	**205**	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	8	**7**	11	13	15	16	18	20

IV. ENABLING ENVIRONMENT INDICATORS

Sustainable financing (values in US$ millions)	Baseline	Actual		Milestones					
		2024	2025	2025	2026	2027	2028	2029	2030
4.1. $ value of donor resources allocated to the CNF (annual)	190	78	**266**	310	300	300	300	300	300
4.2. $ value of donor resources allocated to the CNF (cumulative)	190	275	**940**	500	800	1100	1400	1700	2,000
4.2.a. Programme Window	75	159	**641**	250	430	600	780	1000	1,150
4.2.b. Match Window	60	65	**249**	175	300	420	530	610	750
4.2.c. Supplier Window	55	50	**50**	63	70	80	90	90	100
4.3. $ value of domestic resources leveraged through the CNF (cumulative)	14	33	**52**	30	100	250	400	600	800
4.4. Number of countries with multi-year partnership frameworks with the CNF (cumulative)	0	0	**5**	2	4	6	8	10	>12
4.5. Number of individual donors contributing to the CNF (cumulative)	6	10	**17**	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: (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: • 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: (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: • 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: • 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: a) Programme Window b) Match Window c) Supplier Window
4.3. $ value of domestic resources leveraged through CNF (cumulative)	Cumulative value leveraged for: a) supplies (RUTF/non-RUTF) b) service financing
4.4. Number of countries with CNF multi-year 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 (US$1 million threshold).

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%**	
Actual (2025)[c]	**21%**	**60%**	**65%**	**20%**	**4%**	**81%**	**36%**	**30%**	**83%**	
Afghanistan	d		100%	73%				65%	83%	f
Angola			a	a		a				
Bangladesh			40%					2%	86%	
Benin			71%			99%		53%	90%	
Botswana										
Burkina Faso	d	d	100%	22%	53%	99%	d	83%	92%	
Burundi			100%	38%		17%		52%	91%	f
Cambodia		87%	100%			70%	61%	10%	58%	
Cameroon			19%	3%		99%	92%	75%	92%	f
Central African Republic (the)			78%			99%		94%	87%	
Chad			28%	d		99%	d	88%	96%	f
Congo (the)		84%	36%			10%		56%	89%	
Côte d'Ivoire				d		21%			96%	f
Democratic Republic of the Congo (the)	d	d	55%	d	0.4%	99%	72%		33%	f
Djibouti		a	a	a		a		a	a	f
Equatorial Guinea		a	a			a				
Eritrea		a, d	a			a			a	
Eswatini										
Ethiopia	d	d	25%		0.4%	70%	48%	d	96%	
Guatemala		a	a	a		a	a			f
Guinea			0.02%	7%		99%		0.5%	d	f
Guinea-Bissau	9%			0.2%			66%		78%	f
Haiti		67%	49%	42%		99%		46%	78%	f
India[b]		a								
Indonesia	19%	41%				59%		7%	61%	
Kenya		75%	75%			86%		63%	80%	
Lao People's Democratic Republic (the)		42%	31%			77%		6%		
Lesotho		50%	72%	18%			43%			f
Liberia			100%	d		62%		80%	70%	f
Madagascar	6%	50%	86%		4%	99%				
Malawi	8%	63%	69%	18%		99%		68%		

	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%**	
Actual (2025)[c]	**21%**	**60%**	**65%**	**20%**	**4%**	**81%**	**36%**	**30%**	**83%**	
Malaysia										
Mali			49%	3%		99%		50%	96%	
Marshall Islands (the)										
Mauritania				d			11%		92%	f
Mozambique		74%	100%	25%	d	84%	6%	66%	90%	
Myanmar	a	a	a	a		a		a	a	f
Namibia										
Nepal						a				
Niger (the)		d	97%	11%		99%	49%	d	94%	
Nigeria	36%	15%	39%	4%	2%	99%	31%	38%	93%	f
Pakistan	5%	10%	100%	6%	0.4%	99%	1%	20%	95%	f
Papua New Guinea			10%	d		99%		d		f
Philippines (the)	3%	47%		13%	1%	99%	35%	5%	67%	f
Rwanda	a		a	a		a	a	a, d	a	f
Senegal				1%		99%	47%	62%	77%	f
Sierra Leone	23%	73%	90%		1%	99%		58%	98%	
Solomon Islands		66%		9%		65%		3%	94%	
Somalia	d	d	100%	6%		21%		91%	98%	f
South Africa										
South Sudan			100%			99%	88%	44%	95%	
Sri Lanka	a		a	a		a				f
State of Palestine		49%						61%	100%	
Sudan (the)		a	a	a	a	a	a	a	a	f
Syrian Arab Republic (the)		42%	100%	83%	50%	99%		12%	88%	f
Timor-Leste		a	a	a			a	a, d	a	f
Togo		80%	43%			84%	75%	29%	85%	
Uganda	d	d	100%			81%	52%	28%	71%	
United Republic of Tanzania (the)		70%								
Vanuatu		56%	12%	12%		86%		5%	96%	f
Yemen			100%	71%		74%	14%	62%	91%	f
Zambia	6%	77%	100%			99%	d	47%	77%	
Zimbabwe		a	a	a		a		a, d	a	

Data annex 3

Output-level indicators, by country

Country	3.1. Number of pregnant women receiving MMS	3.1. Number of pregnant women receiving IFA	3.2. Number of children benefiting from IYCF[e]	3.3. Number of children receiving MNPs	3.3. Number of children receiving SQ-LNS	3.4. Number of children receiving vitamin A[g]	3.4. Number of children receiving deworming prophylaxis	3.5. 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**	
Actual (2025)	**11,043,352**	**37,318,058**	**63,648,609**	**12,896,414**	**3,756,687**	**205,365,932**	**71,155,407**	**7,360,089**	
Afghanistan	1,477,097		2,756,429	2,684,881				611,897	f
Angola			a	a		a		a	
Bangladesh		2,651,460	2,683,130					21,036	
Benin			639,609			1,162,409		37,893	
Botswana									
Burkina Faso	147,814	1,096,835	1,368,948	230,748	550,633	4,533,648	4,015,075	110,006	
Burundi		390,000	883,217	252,000		69,786		44,046	f
Cambodia		301,813	718,082			1,148,293	1,108,921	5,145	
Cameroon			340,305	35,450		6,072,947	4,045,942	74,214	f
Central African Republic (the)			318,486			1,246,159		54,789	
Chad			425,077	29,694		5,058,537	4,760,954	427,646	f
Congo (the)		205,265	134,444			108,508		7,496	
Côte d'Ivoire				14,282		4,856,763			f
Democratic Republic of the Congo (the)	1,288,451	3,089,639	4,439,838	1,458,826	26,067	21,372,782	13,962,676	496,466	f
Djibouti		a	a	a		a		a	f
Equatorial Guinea		a	a			a			
Eritrea		a	a			a			
Eswatini									
Ethiopia	284,553	4,737,329	1,938,075		25,100	12,071,864	9,142,065	665,600	
Guatemala		a	a	a		a	a		f
Guinea		1,392,125	160	44,786		4,392,601		21,986	f
Guinea-Bissau	5,453			860			196,576	783	f
Haiti		402,234	242,975	143,030		270,451		60,202	f
India[b]		a						a	
Indonesia	910,400	1,988,494				12,961,594		40,047	
Kenya		2,054,001	2,158,977			5,162,911		111,839	
Lao People's Democratic Republic (the)		104,381	97,756			217,970		3,044	
Lesotho		26,706	76,162	14,148			113,010		f
Liberia		190,123	317,900	45,118		86,203		18,580	f
Madagascar	85,218	717,176	1,634,227		60,780	1,945,711		97,238	

Country	3.1. Number of pregnant women receiving MMS	3.1. Number of pregnant women receiving IFA	3.2. Number of children benefiting from IYCF[e]	3.3. Number of children receiving MNPs	3.3. Number of children receiving SQ-LNS	3.4. Number of children receiving vitamin A[g]	3.4. Number of children receiving deworming prophylaxis	3.5. 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**	
Actual (2025)	**11,043,352**	**37,318,058**	**63,648,609**	**12,896,414**	**3,756,687**	**205,365,932**	**71,155,407**	**7,360,089**	
Malawi	81,117	653,148	871,036	176,498		661,901		51,578	
Malaysia									f
Mali			857,075	44,977		4,014,605		193,500	
Marshall Islands (the)									
Mauritania				10,767			87,977		f
Mozambique		2,388,264	2,362,821	452,000	2,211,000	4,295,626	348,938	67,383	
Myanmar	a	a	a	a		a		a	f
Namibia									
Nepal						a			
Niger (the)		1,114,796	1,920,186	169,686		4,769,280	2,266,670	453,895	
Nigeria	4,585,970	1,919,038	5,367,604	447,025	210,145	42,833,632	10,421,281	1,034,958	f
Pakistan	327,364	668,502	13,014,072	611,083	38,598	35,323,210	263,841	614,899	f
Papua New Guinea			51,942	23,690		293,940		29,776	f
Philippines (the)	62,423	1,045,146		439,712	16,780	1,493,517	3,270,656	6,917	f
Rwanda	a		a	a		a	a	a	f
Senegal				6,667		1,654,508	1,157,684	30,943	f
Sierra Leone	92,177	293,022	434,458		2,417	1,010,541		30,326	
Solomon Islands		14,358		2,925		19,562		253	
Somalia	958,230	260,202	1,441,229	68,004		739,955		440,581	f
South Africa									
South Sudan			619,741			1,609,415	1,324,567	292,163	
Sri Lanka	a		a	a		a			f
State of Palestine		70,000						19,000	
Sudan (the)		a	a	a	a	a	a	a	f
Syrian Arab Republic (the)		678,596	980,998	797,373	408,733	1,055,032		40,233	f
Timor-Leste		a	a	a			a	a	f
Togo		235,065	238,065			1,121,089	1,001,210	10,189	
Uganda	39,672	2,346,309	3,282,234			5,054,178	4,114,466	68,218	
United Republic of Tanzania (the)		1,660,000							
Vanuatu		5,443	2,055	1,588		2,736		53	f
Yemen		2,543,419	2,623,146	2,102,553		568,504	886,933	342,164	f
Zambia	56,350	723,302	1,301,067			4,167,908	4,181,450	29,332	
Zimbabwe		a	a	a		a		a	

Data annex 4

Financial data

AGREEMENT AMOUNTS & FUNDS RECEIVED (IN USD)

Donors	Agreement amounts	Funds received		
		2021–2024	2025	Total
Grand total	**939,580,339**	**212,456,067**	**265,619,754**	**478,075,821**
Matching Domestic Resources	**437,323,354**	**53,142,720**	**120,114,630**	**173,257,350**
Supplies (Match Window and Programme Window A)	298,580,583	53,142,720	75,762,585	128,905,306
Bezos Family	183,600,000	-	68,649,797	68,649,797
Children's Investment Fund Foundation	16,480,000	9,129,925	3,675,000	12,804,925
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	8,931,312	1,337,788	10,269,100
Kirk Humanitarian	50,000,000	-	-	-
The Church of Jesus Christ of Latter-day Saints	1,000,000	1,000,000	-	1,000,000
Mohammed Bin Rashed Al Maktoum Global Initiatives	3,150,000	-	2,100,000	2,100,000
United Kingdom	7,081,483	7,081,483	-	7,081,483
Programmes (Programme Window C)	**138,742,771**	**-**	**44,352,044**	**44,352,044**
Bezos Family	118,800,000	-	26,229,665	26,229,665
Children's Investment Fund Foundation	5,494,505	-	5,433,988	5,433,988
Eleva Foundation	2,288,462	-	2,288,462	2,288,462
Soccer Aid	5,405,405	-	5,405,405	5,405,405
Surgo Foundation	2,376,000	-	2,376,000	2,376,000
United Kingdom	3,073,826	-	1,315,789	1,315,789
Various donors	1,304,573	-	1,302,735	1,302,735
Grants Funding	**452,256,985**	**109,313,347**	**145,505,124**	**254,818,471**
Earmarked Funding (Programme Window A)	**450,335,934**	**109,313,347**	**143,586,296**	**252,899,643**
Bezos Family	183,600,000	-	43,203,815	43,203,815
Canada	79,071,174	22,794,118	28,138,528	50,932,646
Children's Investment Fund Foundation	87,761,355	48,582,993	28,046,951	76,629,944
Foundation Axian	100,000	-	100,000	100,000
Gates Foundation	13,218,225	8,510,430	4,393,925	12,904,355
Ireland	22,184,832	10,738,601	11,459,479	22,198,080
Kirk Humanitarian	42,205,063	8,791,608	19,603,291	28,394,899
The Church of Jesus Christ of Latter-day Saints	2,940,000	-	2,940,000	2,940,000
Mohammed Bin Rashed Al Maktoum Global Initiatives	4,864,805	-	1,621,602	1,621,602
Slaight Family Foundation	342,713	-	345,203	345,203
United Kingdom	9,577,429	9,577,429	-	9,577,429
W Initiative	776,622	-	776,622	776,622
Various donors	3,693,717	318,168	2,956,879	3,275,047
Unearmarked Funding (Programme Window B)	**1,921,051**	**-**	**1,918,828**	**1,918,828**
Women's Tennis Association Foundation	1,844,714	-	1,844,714	1,844,714
Various donors	76,337	-	74,114	74,114
Innovative Financing (Supplier Window)	**50,000,000**	**50,000,000**	**-**	**50,000,000**
Gates Foundation	50,000,000	50,000,000	-	50,000,000

NOTES: Kirk Humanitarian's contribution is administratively recorded under Earmarked Funding but presented under Supplies, in line with the revised classification, as an in-kind contribution of goods. CIFF's contribution to Earmarked Funding (Programme Window A) will be reallocated to Match for Programmes (Programme Window C) ensuring alignment with updated funding modalities and strategic priorities. Count includes individual donors with cumulative contributions of US$1 million or more to the Child Nutrition Fund as of 31 December 2025.

EXPENDITURE BY COUNTRY (IN USD)

By country	Expenditures			Commitments
	2021–2024	2025	Total	
Grand Total	**84,949,481**	**94,739,898**	**179,689,379**	**20,144,366**
Matching Domestic Resources	**28,113,189**	**19,586,646**	**47,699,835**	**767,798**
Supplies (Match Window & Programme Window A)	**28,113,189**	**19,132,647**	**47,245,836**	**-**
Country	**26,921,729**	**18,924,251**	**45,845,980**	**-**
Angola	508,918	-	508,918	-
Burkina Faso	-	3,695,820	3,695,820	-
Cambodia	332,585	507,120	839,705	-
Eswatini	98,109	-	98,109	-
Ethiopia	1,905,023	-	1,905,023	-
Honduras	-	17,460	17,460	-
Indonesia	-	297,847	297,847	-
Kenya	199,537	-	199,537	-
Mauritania	2,941,619	474,352	3,415,971	-
Namibia	431,808	-	431,808	-
Nigeria	2,086,280	2,386,747	4,473,027	-
Pakistan	14,056,887	7,425,667	21,482,554	-
Papua New Guinea	212,025	266,695	478,720	-
Senegal	542,867	1,106,077	1,648,944	-
Sierra Leone	87,759	-	87,759	-
Timor-Leste	161,878	105,940	267,818	-
Uganda	2,922,528	1,033,820	3,956,348	-
Zambia	433,906	1,606,706	2,040,612	-
Global Technical Assistance	**1,191,460**	**208,396**	**1,399,856**	**-**
Supply Division	1,191,460	208,396	1,399,856	-
Programmes (Programme Window C)	**-**	**453,999**	**453,999**	**767,798**
Country	**-**	**453,999**	**453,999**	**767,798**
Bangladesh	-	133,902	133,902	532,910
Benin	-	4,012	4,012	-
Lao People's Democratic Republic (the)	-	283,398	283,398	79,886
Philippines (the)	-	32,688	32,688	155,003
Grants Funding	**56,836,292**	**75,153,252**	**131,989,544**	**19,376,567**
Earmarked Funding (Programme Window A)	**56,836,292**	**75,153,252**	**131,989,544**	**19,376,567**
Country	**46,351,269**	**71,278,718**	**117,629,987**	**18,925,735**
Afghanistan	2,701,998	3,464,050	6,166,048	3,674,871
Bangladesh	-	429,957	429,957	-
Burkina Faso	1,110,492	506,538	1,617,030	1,460,465
Cambodia	2,127,002	530,846	2,657,848	36,554
Cameroon	-	1,196,547	1,196,547	72,722
Chad	-	1,952,023	1,952,023	2,158
Democratic Republic of the Congo (the)	563,926	5,285,240	5,849,166	709,614

By country	Expenditures			Commitments
	2021–2024	2025	Total	
Grand total	**84,949,481**	**94,739,898**	**179,689,379**	**20,144,366**
Ethiopia	11,357,727	6,146,630	17,504,357	4,435,680
Guatemala	-	155,357	155,357	323,974
Haiti	983,767	298,422	1,282,189	754,315
Indonesia	607,510	4,749	612,259	-
Kenya	1,332,898	500,463	1,833,361	155,100
Madagascar	855,273	5,214,727	6,070,000	108,879
Malawi	1,009,075	1,627,399	2,636,474	616,061
Mali	601,536	317,446	918,982	182,098
Mongolia	-	405,692	405,692	-
Mozambique	134,251	233,396	367,647	-
Myanmar	451,500	451,371	902,871	-
Niger (the)	-	714,333	714,333	-
Nigeria	7,457,295	17,940,451	25,397,746	376,838
Pakistan	5,533,189	5,929,425	11,462,614	174,089
Philippines (the)	1,000,916	1,534,469	2,535,385	147,358
Rwanda	665,210	87,269	752,479	-
Somalia	1,451,770	1,401,281	2,853,051	2,455,391
South Sudan	891,854	1,941,864	2,833,718	240,585
Sri Lanka	-	771,699	771,699	304,605
State of Palestine	348,300	0	348,300	-
Sudan (the)	3,003,711	4,748,978	7,752,688	1,111,439
Syrian Arab Republic (the)	908,401	2,354,901	3,263,302	33,026
Timor-Leste	531,710	228,360	760,070	125,846
United Republic of Tanzania (the)	-	972,958	972,958	40,631
Venezuela (Bolivarian Republic of)	-	644,936	644,936	-
Yemen	721,958	3,286,943	4,008,901	1,383,437
Global Technical Assistance	**9,094,821**	**3,439,311**	**12,534,132**	**414,784**
Programme Division	7,885,428	2,929,147	10,814,574	414,784
Supply Division	1,209,393	510,165	1,719,557	-
Regional Technical Assistance	**1,390,202**	**435,224**	**1,825,425**	**36,049**
East Asia and the Pacific Regional Office, Thailand	459,358	104,628	563,986	3,537
Eastern and Southern Africa Regional Office, Kenya	390,511	153,404	543,915	32,512
Middle East and North Africa Regional Office, Jordan	540,333	177,192	717,525	-

MAIN DATA SOURCES

United Nations Children's Fund (UNICEF), World Health Organization, International Bank for Reconstruction and Development/The World Bank. *Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2025 edition.* United Nations Children's Fund, New York, 2025.

United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), *Levels & Trends in Child Mortality: Report 2025 – Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation,* United Nations Children's Fund, New York, 2026.

UNICEF NutriDash programme data 2025.

LEGEND FOR FOOTNOTES IN THE TABLES

a. 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.

b. 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.

c. For Actual (2025) calculations, United Nations Population Database estimates served as the primary denominator source. National statistical authorities' data superseded these in specific cases.

d. Data from jurisdictions with inconclusive coverage rates were omitted to maintain analytical integrity.

e. 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.

f. Countries marked define the MNP target population as children aged 6–59 months. This differs from the CNF Strategic Results Framework where the standard cohort is children aged 6–23 months.

g. Vitamin A supplementation figures are preliminary, pending final validation from select countries.

Data annex 5

Matching domestic investments for programmes

The CNF multi-year partnership framework model is designed to incentivize domestic investments in nutrition programmes and accelerate their implementation over time.

Through these efforts, governments define their priorities, targets and pathways for scale, while the CNF provides catalytic financing and technical support. This enables countries to expand access to high-impact interventions – from maternal nutrition and breastfeeding support to complementary feeding and the prevention and treatment of wasting – through national systems.

At the same time, the model helps strengthen the systems needed to deliver results – including supply chains, frontline workforce capacity and nutrition information systems. This ensures that investments lead to lasting improvements in how services are delivered and experienced.

In 2025, the establishment of seven new multi-year partnerships marked an important step forward. These collaborations show what is possible when financing is aligned, partners work together and governments lead – helping countries deliver results today while building stronger nutrition systems for the future.

Country snapshot | **Bangladesh**

Programme focus: Maternal nutrition

Programme duration: 2025–2029

Investment:

- US$39.1 million (CNF)
- US$57 million (Government)
  (US$41.1 million in programmes; US$15.9 million in supplies)

Support focused on:

- Developing the Maternal Nutrition Operational Guideline
- Securing the inclusion of MMS in the Essential Medicines List
- Establishing national coordination mechanisms
- Strengthening supply chains, workforce capacity and data systems

CONTEXT

Bangladesh continues to face a high burden of maternal and child undernutrition. Nearly half of pregnant women are living with anaemia, 24 per cent of children under 5 years of age are affected by stunting and 12.8 per cent are suffering from wasting. Around 23 per cent of babies are born with low birthweight.

CNF-GOVERNMENT PARTNERSHIP

In 2025, the Government of Bangladesh coordinated investments from the CNF and the World Bank to strengthen maternal nutrition services nationwide.

Country snapshot | **Benin**

Programme focus: Breastfeeding promotion, complementary feeding, micronutrient supplementation, prevention and treatment of child wasting

Programme duration: 2025–2029

Investment:

- US$12.3 million (CNF)
- US$50.4 million (Government and partners)
  (US$12.3 million in programmes; US$38.1 million in supplies)

CONTEXT

Undernutrition remains a major challenge in Benin. Around 37 per cent of children under 5 are affected by stunting and more than 8.5 per cent are suffering from wasting. Poor diet quality is widespread, with only 22 per cent of children receiving a diverse diet and just 9 per cent meeting minimum acceptable dietary standards.

CNF-GOVERNMENT PARTNERSHIP

In 2025, the Government of Benin, with support from the CNF and partners, launched the *First 1,000 Days Nutrition Supplementation Programme*.

Support focused on:

- Strengthening integrated nutrition services for women and children
- Protecting, promoting and supporting breastfeeding
- Improving complementary feeding and nutritious first foods including promotion of demand for nutritious complementary foods
- Strengthening nutrition supply chains and commodity systems
- Improving nutrition data, evidence and learning
- Strengthening nutrition financing, governance and accountability

Watch how the CNF is helping to strengthen Benin's nutrition programmes and ensure every child has the opportunity to grow, learn and reach their full potential.

Country snapshot | **Indonesia**

Programme focus: Maternal nutrition, prevention and treatment of wasting

Programme duration: 2025–2029

Investment:

- US$16.9 million (CNF)
- US$596.5 million (Government and partners)
  (US$480 million in programmes; US$116.5 million in supplies)

CONTEXT

Indonesia is at a pivotal moment in its nutrition journey. Despite strong economic growth and ambitious development goals, undernutrition remains a challenge. In 2023, 21.5 per cent of children under 5 had stunted growth and 8.5 per cent were affected by wasting. Anaemia affects more than a quarter of pregnant women, contributing to high rates of low birthweight.

CNF-GOVERNMENT PARTNERSHIP

In 2025, the Government of Indonesia partnered with the CNF to advance two national priorities: maternal nutrition and the management of wasting.

Support focused on:

- Supporting the transition to MMS for pregnant women
- Scaling up Integrated Management of Acute Malnutrition nationwide
- Updating guidelines and strengthening supply chains
- Training frontline workers and expanding community engagement

"These efforts form a key foundation for broader human capital development and for our national mission to prevent stunting in order to build a healthier generation."

– Prof. Dante Saksono Harbuwono, Vice Minister of Health, at the official launch of the multi-year partnership

Country snapshot | **Lao People's Democratic Republic**

Programme focus: Maternal nutrition, prevention and treatment of wasting

Programme duration: 2025–2029

Investment:

- **US$15.2 million** (CNF)
- **US$60 million** (Government and partners)
  (Domestic investment is all in programmes)

CONTEXT

Undernutrition remains a major challenge in the Lao People's Democratic Republic. Wasting has risen to 11 per cent, stunting affects 33 per cent of children under 5 and nearly 40 per cent of women are anaemic. Rising food prices, climate shocks and limited access to quality services continue to affect the nutrition of women and children.

CNF-GOVERNMENT PARTNERSHIP

In 2025, the Government partnered with the CNF and development partners to strengthen nutrition services across 11 high-burden provinces.

Support focused on:

- Strengthening Breastfeeding and Complementary Feeding
- Expanding prevention, detection and treatment of wasting
- Supporting the transition from iron and folic acid to MMS
- Strengthening service delivery, workforce capacity and data systems
- Expanding integrated nutrition services for children and caregivers

Discover how this partnership is helping to build stronger, more equitable nutrition services that reach families where they need them most.

Country snapshot | **The Philippines**

Programme focus: Maternal nutrition, complementary feeding, micronutrient supplementation

Programme duration: 2025–2029

Investment:

- **US$13.2 million** (CNF)
- **US$79 million** (Government and partners)
  (Domestic investment is all in programmes)

CONTEXT

The Philippines has established strong policies to improve nutrition, including the First 1,000 Days Act and the Philippine Plan of Action for Nutrition. Despite this progress, undernutrition remains a challenge, particularly in underserved areas. In 2023, 23.6 per cent of children under 5 were affected by stunting and 5.6 per cent were suffering from wasting.

CNF-GOVERNMENT PARTNERSHIP

In 2025, the Government of the Philippines, the CNF and the World Bank launched a multi-year partnership to strengthen nutrition services during the first 1,000 days.

Support focused on:

- Scaling up maternal nutrition through MMS
- Expanding access to integrated IYCF services
- Strengthening prevention and treatment of wasting
- Embedding nutrition services within primary health care systems
- Strengthening policies, financing mechanisms and delivery systems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