MESSAGE
From The Chair

Good nutrition is key to healthy bodies and healthy communities and is vital to meeting the Millennium Development Goals. Increased recognition of this fact in global development circles has led to a groundswell of support for direct nutrition actions, as well as nutrition-sensitive development. The Micronutrient Initiative (MI) has been at the forefront of advancing nutrition interventions to benefit vulnerable populations for close to two decades. MI is poised to turn this global momentum into global impact. We are grateful that increased investment from the Government of Canada and a growing number of foundation and private-sector donors is allowing us to seize this opportunity to improve the lives of millions around the world.

Thank you for your support.

Robert Moore
Chairperson
Past President
Kiwanis International

MESSAGE
From The President

DEAR FRIENDS,

My family was involved in the salt industry in India for many generations. When I joined the family business, the idea of salt iodization to prevent iodine deficiency and related mental impairments was just being introduced to businesses like ours. At the time, a small and committed group was doing its best to introduce salt iodization to developing countries. But the movement was slow to gain traction.

It wasn’t until an effort was made to reach out to new partners – including those of us in the salt business – that salt iodization really started to take off.

Personally, learning that the simple addition of a micronutrient to the vehicle of salt could improve the lives of millions was so powerful a concept that I shifted my life’s work to the area of nutrition and micronutrients in development.

All these years later, as global momentum builds around nutrition, I am again witness to the transformative power of outreach. Our message – that meeting the nutritional needs of our fellow global citizens is not only a moral obligation, but an opportunity to benefit the world as a whole – is being heard.

I am re-energized by more and more agencies coming on board to galvanize support for nutrition, and individuals in leadership positions really championing nutrition within their circles of influence.

Perhaps most important has been new investment by the Government of Canada in maternal and child health. Announced at the June 2010 G8 Summit, the Muskoka Initiative has committed $7.3 billion for global health programs; Canada’s share will be $1.1 billion in new funds and includes significant support for nutrition.

In November 2010, the Minister of International Cooperation, the Honourable Beverley J. Oda, announced a new commitment to the Micronutrient Initiative – $75 million over the next five years – to expand our work and use micronutrient interventions as an entry point for improving and expanding health services for vulnerable women and children.

We are grateful for the confidence Canadians have shown in the Micronutrient Initiative and our ability to deliver cost-effective programs and solid results. We are also energized by new partnerships and funding to expand the scope of our work. We hope that this confidence will assure others on the world stage that nutrition security is a good development investment choice for donors and countries prioritizing food security and health.

Thank you for your support.

M.G. Venkatesh Mannar
President
Micronutrient Initiative

Venkatesh Mannar received the 2010 Nokia Tech Award for Health for his work in developing Double Fortified Salt.
At the G8 Summit in June 2010, the world’s leaders committed $7.3 billion to reduce maternal and infant mortality and improve the health of mothers and children in the world’s poorest countries. The Muskoka Initiative, which was championed by Canada, represents new investment and includes a Canadian commitment of $1.1 billion in new funding.

Announcing the new effort, Prime Minister Stephen Harper acknowledged the fundamental role of nutrition in tangibly improving the lives of the world’s most vulnerable people.

Five months later, the MI became one of the first organizations to receive funding from the Muskoka Initiative. Minister of International Cooperation Beverley Oda announced $75 million of new funds to expand innovative nutrition programming and strengthen African health systems. Despite their potential for impact, micronutrient programs are still inaccessible to millions of women and children. The new money will help to close the gap. The investment is spread over five years and is expected to benefit at least three million pregnant women and eight million children under the age of five – particularly in sub-Saharan Africa.

With these funds, MI will work to improve the provision to pregnant women of iron supplements to prevent anaemia, and folic acid to prevent birth defects, as an integral part of antenatal care. MI will also work to extend care before, during, and after birth to more mothers and newborns by testing, documenting and advocating for adoption of effective ways of engaging community level workers to a greater degree in appropriate aspects of care, as well as health facility staff. Among other objectives, this work aims in part to improve the use of micronutrients in preventing and treating hypertensive disorders of pregnancy.

MI will build on its long experience of vitamin A supplementation to support countries’ efforts to improve the ability of their health systems to ensure that young children, missed by child health service outreach, receive preventive services including vitamin A, and to take more ownership and sustain these essential services.

MI will also explore new opportunities for preventing and treating severe acute malnutrition. The World Health Organization estimates that such community-based management of moderate and severe acute malnutrition for children with no medical complications could prevent the deaths of hundreds of thousands of children each year. MI will work on scaling up the use of zinc supplements in combination with oral rehydration salts (ORS) to treat childhood diarrhoea, and aims to leverage this work as an entry point to revitalize diarrhoea-treatment programs.

These Canadian funds are a timely opportunity to save the lives of women, newborns and young children, while building the capacity of national governments to deliver quality, community-wide healthcare on a sustained basis.

“Canada has been a leader in recognizing, and encourages all other donors to recognize, the importance of nutrition and micronutrients in the health of mothers and children. CIDA is proud to support the work of the Canada-based Micronutrient Initiative in providing essential nutritional supplements (...) which are saving lives and ensuring children get the chance to reach their full potential.”

Minister of International Cooperation, The Honourable Beverley J. Oda
Ottawa, November 1, 2010
REACHING THE WORLD’S MOST VULNERABLE
Focus on the first 1,000 days

A child’s growth trajectory is set for life in the first few years of life; not having adequate nutrition during this critical time has lifelong consequences on health, productivity and economic growth. Poverty can lead to undernourishment and – because of the harm it does to children’s survival and potential – helps lock people into poverty for current and future generations. Those most vulnerable to vitamin and mineral deficiencies are often the poorest, and include people affected by external shocks such as civil strife, natural disasters, and other emergencies.

Improving nutrition throughout the life cycle is important. However nutrition and health interventions during the critical “window of opportunity” in the first 1,000 days of a child’s life, from conception to two years of age, can be particularly effective at improving a child’s chance at survival, can give her or him increased learning ability over a lifetime, and can improve pregnancy outcomes and maternal health.

MI has shown that cost-effective micronutrient interventions can make a significant contribution to ending the inter-generational cycle of malnutrition. MI’s own commitment is to ensure that we get to the most vulnerable, and to develop programs that will reach the hard-to-reach and those who have limited or no access to health services. In practice, this philosophy has led MI to work, for example, with the small and medium-sized salt processors to help them iodize their product; these producers may barter or sell their salt to poorer families who have the greatest exposure to iodine deficiency disorders, or indeed sell their salt to distributors who export it to neighbouring countries.

Exclusive breastfeeding for the first six months gives a child the best possible start in life. However, as complementary foods are introduced from six months, many lack adequate micronutrients, and sometimes also sufficient macronutrients, to provide an adequate intake from these small storefront salt processors were not consuming iodized salt, and so were unprotected against iodine deficiency disorders. MI worked with the Indian Salt Commissioner’s Office and other partners to coordinate the chakkis, help equip the chakkis with a drip feed for consistent iodization, and monitor iodine levels. Sales are swift. When MI extender Bhavin Kundalia comes to take an iodized salt sample for testing, one of Jagdish’s customers asks “What are you testing for?” When told it’s for iodine and that it’s for foetal brain development during pregnancy, she replies “I’ve never heard of this before; I haven’t been adding it to my salt!” When she hears that Jagdish has been doing it for her, before she buys, she exclaims: “Bless you for helping my family!” MI’s work in 2010 helped small and medium-scale salt processors in India produce an additional 638,460 MT of adequately iodized salt, enough for 160 million people.

IN FOCUS:
LAXMI SALT: ADDING WISDOM TO A SIMPLE Staple

On a busy street in Ahmadabad, Gujarat, India, Jagdish Keshaubhi Prajapati is running his chakki (salt crushing machine) at Laxmi Salt. Jagdish inherited the small business from his father and started iodizing his salt in 1995 when iodization laws were passed. Efforts to educate salt processors on why iodization was important were successful. “I knew I had to iodize for children’s brain development and health,” says Jagdish. What Jagdish didn’t know how to do was iodize properly. “I didn’t know how much to add, when to add it and how to handle the mixture.” MI started working with the chakkis in Ahmedabad in 2007, when it was clear proper iodization efforts were failing. Small processors like Jagdish had no capacity to buy potassium iodate and no proper iodization equipment. This meant that those who were buying salt from these small storefront salt processors were not consuming iodized salt, and so were unprotected against iodine deficiency disorders. MI worked with the Indian Salt Commissioner’s Office and other partners to coordinate the chakkis, help equip the chakkis with a drip feed for consistent iodization, and monitor iodine levels. Sales are swift. When MI extender Bhavin Kundalia comes to take an iodized salt sample for testing, one of Jagdish’s customers asks “What are you testing for?” When told it’s for iodine and that it’s for foetal brain development during pregnancy, she replies “I’ve never heard of this before; I haven’t been adding it to my salt!” When she hears that Jagdish has been doing it for her, before she buys, she exclaims: “Bless you for helping my family!” MI’s work in 2010 helped small and medium-scale salt processors in India produce an additional 638,460 MT of adequately iodized salt, enough for 160 million people.
Multiple micronutrient powders, or MMNPs (often called Sprinkles, a trade name), can be used to boost the nutritional quality of such complementary foods in children aged six to 24 months. Building on our early pioneering experiences in scaling up the use of such powders with the governments of Guatemala and Bolivia, MI has worked with the governments of Afghanistan, Pakistan and Haiti to pilot the feasibility of using them as an effective way of boosting micronutrient intake, especially iron, in young children. MI is currently working with Peru’s Nutrition Research Institute on innovative research to determine the optimal duration and frequency of supplementation with MMNPs for anaemia and micronutrient deficiency control. Results will provide key information on the potential benefits of extending the period of supplementation beyond that commonly adopted in programs. MI is also involved in a randomized controlled trial testing the combined effects of MMNPs and early childhood stimulation on anaemia, micronutrient status and cognitive development of infants and preschoolers.

In its ongoing programs, MI continues to explore how MMNPs can be used as a tool to motivate and educate mothers and caregivers to improve the quality of complementary feeding practices in general, which could, in turn, lead to better growth and development outcomes for young children.

**IN FOCUS:**
**REACHING THE HARD-TO-REACH IN BANGLADESH**

The physical geography of Bangladesh has two distinctive features: the hill tracts of Chittagong, criss-crossed by multiple rivers, and the deltaic Bangladesh Plain, prone to frequent flooding. Thousands of tiny villages and hamlets dot the landscape, separated from other communities by mighty rivers, their tributaries, or high hills. Many remain isolated for months at a time by floodwaters. Because of their isolation and the challenges of travelling, these villages often have little opportunity to be represented at local or district elections and don’t have access to many services. While vitamin A coverage is high in Bangladesh – many areas have over 90% coverage with two doses – some children are still being missed: their communities are far from the nearest health centre, health workers seldom visit and there are not enough children in the individual locations to warrant a separate vaccination centre. Considered “hard-to-reach,” the lack of health services puts children at higher risk of mortality.

In 2008, MI embarked on a campaign with local NGOs who work in hard-to-reach areas to significantly increase the number of children who received health interventions such as vitamin A. A key feature of this program is the active involvement of community groups, who conduct monitoring and are responsible for mobilization of families with unreached children. MI helped prioritize low-performing districts, sub-districts and unions (the lowest administrative units) to identify those children most at risk. Each union was divided into three wards and Special Volunteers were assigned to each ward. The Special Volunteers identify hard-to-reach children in their villages, work with others to identify children in nearby villages and sometimes conduct door-to-door searches. They mobilize communities and make special announcements in local languages to promote health services; they may also bring children to outreach centres where they receive vitamin A.

In 2010, more than 420,000 hard-to-reach children received two doses of vitamin A. MI is now working with the Government of Bangladesh to include this supplementary distribution program as an integral component of its larger vitamin A supplementation program and so reach more of the country’s hard-to-reach children.
Helping Nations Bring Micronutrients into Health Services

Micronutrients can be delivered in many ways, and yield extra benefit if their delivery is used as a gateway to more integrated, community-based and country-led health services.

MI continues to work very closely with recipient governments so that our programs and efforts align with national priorities. MI supports governments to integrate micronutrient interventions within existing services, rather than create donor-dependent national campaigns for vertical-style delivery of micronutrient interventions that will ultimately be unsustainable.

Our approach is guided by the 2005 Paris Declaration on Aid Effectiveness, which emphasized the importance of recipient countries formulating their own development plans, according to their own needs — with the donor community as supportive, engaged contributors. The shared belief is that country ownership will help development efforts take root, be more effective and sustainable, and ultimately reach the most vulnerable.

For example, we will work with governments to see that vitamin A supplementation becomes a routine part of child survival services; zinc with ORS becomes an integral part of diarrhea treatment; and women receive iron and folic acid supplementation as part of antenatal care services.

The approach offers many benefits. Services to the most vulnerable would no longer be subject to the unpredictable availability of donor funds. Because the interventions are built into national health plans and budgets, the availability of supplies and services for caregivers would be more reliable, while duplication of services and other inefficient practices would be reduced. MI believes that donor partners should help developing countries make and sustain this transition.

The Paris Declaration contained five principles (the Paris Principles), which MI aims to embody in all its actions as follows:

Ownership MI will support recipient countries as they build strategies and capacity — strengthening local expertise, management systems and institutions wherever needed.

Alignment MI will align its priorities with national development strategies and use local institutions and networks wherever possible.

Harmonization MI will coordinate with other donors and recipient countries for a streamlined, efficient approach and to simplify procedures for the country, and will share information to avoid duplication.

Managing for results MI will focus on, and help recipient countries track and measure, development results, and use them to improve subsequent programming.

Manage accountability MI will share accountability for results with countries and other partners.

In Focus: Scaling Up Nutrition – Sun is Rising

Nutrition’s pivotal role in human development has received greater recognition among ever-widening circles in recent years, and especially in the past year. More people understand that for development efforts in healthcare, education, and other areas to be successful, parallel investments in nutrition are required.

Nutrition is at the heart of at least five Millennium Development Goals (MDGs); undernutrition is one of the biggest obstacles to meeting them.

Anchoring this increased recognition of nutrition as central to development is the Scaling Up Nutrition (SUN) Movement. SUN is for all countries whose populations experience under-nutrition and for all stakeholders committed to providing support. Over one billion people in the world today are under-nourished. Proven solutions are available and are ready to be scaled up. SUN brings together over 100 organizations and governments committed to work together to fight hunger and under-nutrition.

SUN is a movement that is galvanizing support from donors, governments, and a multitude of sectors to scale up nutrition interventions that are proven, cost-effective and impactful.

As a world leader in the area of hidden hunger, MI is at the hub of this global movement. Taking a very active role since SUN’s inception and growth, MI has contributed to the movement, including co-facilitating the Advocacy and Communications Task Force, and is an important partner for countries that have committed to scaling up nutrition interventions.

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Manage accountability MI will share accountability for results with countries and other partners.
Partnerships and collaboration are at the core of MI’s mission and day-to-day operations. This past year, MI embarked on new ventures with existing partners, and joined with new partners to explore fresh possibilities and widen the scope of our work. Here are some highlights.

The success of the global vitamin A program is due to the efforts of so many of our partners, particularly those involved in the Global Alliance for Vitamin A (GaVA). MI acts as GaVA’s secretariat, and has been collaborating with all GaVA partners to develop a comprehensive guide for monitoring vitamin A supplementation programs with the objective of continuous program improvement. Very much a team effort, the manual reflects the experience of many countries and the contributions of all partners toward improved monitoring. Intended for program managers, the manual will be field tested for use in a variety of countries and settings.

Another significant undertaking MI supports, along with the Centers for Disease Control, the Government of Luxembourg, UNICEF and others, is the ongoing effort by the World Health Organization (WHO) to update systematic reviews of interventions and to generate updated global normative guidelines. These are now available from WHO’s new “e-Library of Evidence for Nutrition Actions (eLENA).”

MI’s primary channel for global iodine advocacy is The Network for Sustained Elimination of Iodine Deficiency (known as the Iodine Network), composed of senior staff in development agencies, academics, and industry representatives. MI hosts the Network secretariat and, in 2010, worked with members to support greater global advocacy on several fronts, including research and industry engagement.

The Zinc Task Force is a global alliance of organizations that are working toward scaling up the use of zinc for the treatment of diarrhoea. As the chair of the Zinc Task Force, MI plays a role on both the programmatic side of the task force, using its experience in the field with therapeutic zinc, and the advocacy work that needs to be done to galvanize more legislative and financial support for this innovative and cost-effective solution to save children’s lives.

**IN FOCUS:**
**PRIVATE-PUBLIC PARTNERSHIPS TAKE ON MALNUTRITION**

In November 2010, BASF, MI and the United Nations Global Compact brought together representatives from private, development and public sectors to discuss the challenges of addressing malnutrition in those at the Base of the Pyramid (BoP). The BoP refers to the largest but poorest socio-economic group — the estimated 2.5 billion people who live on less than $2.50 per day. One conclusion was that the corporate world is pivotal to ensuring that awareness of the problem of malnutrition goes mainstream. Participants agreed that all stakeholders and tools needed to accelerate action were (and are) present and available. Their enthusiasm and engagement bode well for the future of BoP consumers.

MI continues to play an important role in the Flour Fortification Initiative (FFI), a global public-private partnership. FFI advocates for the expansion of efforts, sets guidelines for effective fortification and collaborates in supporting progress on the ground.

The Zinc Alliance for Child Health (ZACH) adds a new dimension to MI’s commitment to private sector partnership. A public-private-civil society alliance between CIDA, Teck Resources and MI, ZACH is committed to reducing child mortality by scaling up the use of zinc, combined with ORS, to treat diarrhoea, and by providing zinc supplementation for children over six months old. Each partner will commit resources and leverage support from other private sector and public entities to tackle one of the most serious problems in the world’s developing countries. The first project under ZACH will be to support the Government of Senegal in scaling up the use of zinc. As the partnership grows, it is anticipated that other stakeholders will join in this effort to strengthen health programs for children.
**SUMMARIZED STATEMENT OF NET ASSETS**

As at March 31, 2011

(expressed in U.S. dollars)

<table>
<thead>
<tr>
<th>Assets</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
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<tr>
<td>Cash</td>
<td>25,377,787</td>
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<td>Amounts receivable and other current assets</td>
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<td>Current liabilities</td>
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<td>Accounts payable and accrued liabilities</td>
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<td>Deferred project contracts</td>
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<td>Lease inducement</td>
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<tr>
<td>Net assets</td>
<td>8,175,445</td>
<td>7,787,526</td>
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</tbody>
</table>

**SUMMARIZED FINANCIAL STATEMENTS**

**Vitamin A procurement and Interventions** 19 million

**Iron Interventions** 1.9 million

**Iodine Interventions** 7.1 million

**Other Vitamin & Mineral Interventions** 2.0 million

**Management and Administration** 3.1 million

**TOTAL EXPENSES ($33.1 MILLION)**

**PROGRAM EXPENSES BY REGION ($30 MILLION)**

**Africa** 13.4 million

**Asia** 11.9 million

**Latin America & the Caribbean** 1.3 million

**Global Programs** 3.4 million
### SUMMARIZED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
For the year ended March 31, 2011
(expressed in U.S. dollars)

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<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
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</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
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<tr>
<td>Contracts</td>
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<td>Other income</td>
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<td><strong>Total</strong></td>
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<td>Program activities</td>
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<td>Management and admin</td>
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<td><strong>Total expenses</strong></td>
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<td><strong>Net revenue for the year</strong></td>
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<td>18,047</td>
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<td><strong>Net assets – Beginning of year</strong></td>
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<td>Translation adjustment</td>
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<td>1,509,098</td>
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<td><strong>Net assets – End of year</strong></td>
<td>8,175,445</td>
<td>7,787,526</td>
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### SUMMARIZED STATEMENT OF CASH FLOWS
For the year ended March 31, 2011
(expressed in U.S. dollars)

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<tr>
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<th>2011</th>
<th>2010</th>
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<tr>
<td><strong>Cash flows from (used in)</strong></td>
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<td><strong>Operating activities</strong></td>
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<td></td>
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<tr>
<td>Net revenue for the year</td>
<td>35,307</td>
<td>18,047</td>
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<tr>
<td>Items not affecting cash</td>
<td>316,236</td>
<td>217,626</td>
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<td>Net change in non-cash working capital items</td>
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<td><strong>Total</strong></td>
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<td><strong>Investing activities</strong></td>
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<td>Effect of foreign exchange on cash</td>
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<td><strong>Net change in cash for the year</strong></td>
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<tr>
<td><strong>Cash – Beginning of year</strong></td>
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<td>8,888,124</td>
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<tr>
<td><strong>Cash – End of year</strong></td>
<td>25,377,787</td>
<td>19,440,840</td>
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IN FOCUS:
TRANSITIONING HEALTHCARE DELIVERY IN ETHIOPIA

Genet Kebede knows the staff and volunteers who are gathered at the Kebele Meeting Hall in Welenchity, Boset Woreda, Ethiopia well. She has been bringing her son Obama Ashenafi here twice a year so he can be measured, weighed, and receive his dose of vitamin A and other life-saving health interventions. In the past year, MI rapidly expanded programs in therapeutic zinc, thanks to additional investment from the U.S. Fund for UNICEF and the Children’s Investment Fund Foundation for innovative new programming in India and CIDA, who will fund projects in multiple countries.

Iodine is a vital element for early brain development in a fetus. Without iodine, the brain suffers irreversible damage. As salt is consumed throughout the world in small, fairly consistent amounts on a daily basis, it is an effective vehicle for delivering iodine. MI’s efforts in salt iodization are multi-faceted: We provide technical assistance on iodization, primarily to small-scale salt harvesters and processors. We encourage conditions that make it easier for them to iodize salt, e.g. bringing them together to form cooperatives to get better pricing for their products and buy supplies of iodate in bulk and hence more cheaply. MI also works with governing bodies on monitoring and enforcement efforts to ensure adequate iodine in salt at the household level. The results of efforts are beginning to come in. The 2011 National Nutrition Survey in Pakistan revealed that iodine deficiency rates in women were reduced from 76.3% in 2001-02 to 47.7%. The Coverage Evaluation Study 2009-10 undertaken by UNICEF in all Indian States and Union Territories indicates that the 71.1% of Indian population is using adequately iodized salt at their households compared to 51.1% in 2005-06 revealed in National Family Health Survey (NFHS) -3. A similar study undertaken by MI in 2010 in eight states that had iodization coverage below the
national average also showed that there is a 20% increase in iodization coverage in rural households as compared to data from these same states (representing more than 50% of the country’s population) in NFHS-3. In 2010, MI helped iodize 1.45 million metric tonnes of salt, reaching 366 million people.

**Iron is essential for maternal and fetal health, learning and productivity.** Iron deficiency affects more than two billion people, making it one of the most common nutritional deficiencies. While no single intervention can work for all age groups and people whose iron status needs improving, MI works to help countries put in place an optimal mix of measures. Fortification of staple foods with iron is a cost-effective way to reach a large number of people with this essential mineral. Where there is widespread consumption of a staple food, this can be a particularly important way to ensure that women have adequate iron and folic acid status when they enter pregnancy. MI helped fortify almost 40,000 metric tonnes of staple food in 2010, and worked with governments on enacting and enforcing fortification legislation so that consumers would gain the greatest benefit from fortification efforts. MI’s focus is on helping countries identify appropriate food vehicles for fortification, on assuring product quality, on strategies for improving utilization and ensuring sustainability. For example, MI is working with the Ethiopian Health and Nutrition Research Institute to undertake a food consumption survey, the results of which will inform national policy for food fortification, along with results from a survey of industrial food processing capacity and other data on household income and expenditure.

Getting adequate iron to women of child-bearing age and early in pregnancy is essential for their health and the health of their children. MI works with partners and health workers to ensure that iron and folic acid supplements are not only delivered but also used. In multiple programs across a variety of countries, MI’s work resulted in the delivery of 52 million supplements containing iron and other micronutrients in 2010. MI’s particular emphasis has been on improving adherence by women to the full course of supplements. Our work this year included further expansion and improvements to the counselling and supplement distribution work of Female Community Health Volunteers in 60 districts in Nepal, based on a successful initial pilot in five districts in 2003.

**Folate promotes healthy fetal development of the spine, spinal cord, skull and brain.** Women need to have adequate folate levels in the earliest days around conception, when the nervous system is beginning to develop. FLOUR fortification with folic acid has played a role in many countries to reduce the incidence of neural tube defects. MI’s past and ongoing support has helped fortify flour in more than 20 countries in South Asia, the Middle East and Sub-Saharan Africa. MI continues to work on getting the right nutrients to women at the right time in the right way. Research in Bolivia, funded by the Izumi Foundation, and Vietnam, funded by the Mathile Institute for the Advancement of Human Nutrition, will help us determine the best ways to deliver supplementation programs, and provide the evidence needed to make investments in supplementation programs for women of child-bearing age.

**IN FOCUS:**

**LAYLI RAHMA DIANTI:**

**BREAKING THE SALT CEILING**

Layli Rahma Dianti wakes early each day and makes the long 30-kilometre trek to visit the salt fields where salt is iodized in three salt-producing villages in Bima. Layli is MI’s first female salt officer in Indonesia. Since April 2009, she has worked in a job still dominated by men in Indonesia and around the world. Known as extenders, these salt officers act as MI’s eyes and ears and problem solvers at the field level. Layli helps coordinate the processing and iodization of salt that’s done by the smaller salt processors in Bima. A consistent supply of potassium iodate is essential to keep iodization going; small suppliers also need to be able to buy in smaller quantities. Layli works with the Bima district government to ensure there are no bottlenecks in the supply of potassium iodate. She manages and monitors the operational teams involved in onsite iodization and gets involved with the day-to-day running of each iodization site. Layli and her government partners also conduct random spot checks of the iodine content in the salt to ensure it contains the right amount to be effective against iodine deficiency. She likewise participates in Iodine Deficiency Disorder Control (IDDC) activities and works with local officials on enforcing the ban on the sale of non-iodized salt. Salt extenders lend support to existing efforts to make salt iodization as swift and seamless as possible. MI supported the production of 52,460 MT of iodized salt in 2010, almost a five-fold increase from 2009, and strengthened the local government’s capacity in Bima and Lombok to monitor iodized salt quality.
GLOBAL HIGHLIGHTS

ASIA

AFGHANISTAN: With MI’s help, the Afghanistan Ministry of Public Health (MoPH) reached 98% of children aged 6-59 months with two doses of vitamin A during the combined polio eradication/VAS campaign. The “Life-saving Micronutrients in Emergencies” project was completed in 2010: children in 22 districts of 11 emergency provinces were provided with vitamin A capsules and micronutrient powders; zinc, ORS and counselling was given to mothers and caregivers of children; and pregnant and lactating women received iron and folic acid (IFA) supplements and counselling. MI supported the MoPH’s Public Nutrition Department in developing National Micronutrient Guidelines and Management Information Systems for salt iodization and flour fortification. In 2010, MI provided technical support for monitoring and remained an active partner of the salt iodization program with UNICEF and MoPH. In early 2011, MI developed a strategy to support the Government of Afghanistan to promote ORS and zinc supplementation as a component of diarrhoea treatment for young children in rural and urban areas, focusing on both public sector and private providers.

BANGLADESH: With MI’s support, salt iodization capacity increased by an additional 236,870 MT, sufficient to provide iodized salt for 59 million. MI refurbished 16 more Salt Iodization Plants (SIPs), bringing the total rehabilitated SIPs to 191, and provided maintenance to another 83 SIPs through the Ministry of Industries. MI also upgraded the government salt laboratories and conducted skill development training for the government salt inspectors and chemists. MI, working with the Government of Bangladesh, has initiated preparatory activities to deliver iron supplements to pregnant women and another program to deliver zinc and ORS to children suffering from diarrhoea. MI is also conducting a program to test whether or not vitamin A can be provided to mothers for use with newborn children in the first 48 hours of life.

INDIA: In 2010, MI’s support to VAS programs was focused on six high-burden states (Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, Jharkhand, and Karnataka). The results of the Iodized Salt Coverage Study 2010 conducted by MI, under the guidance from the the Salt Commissioner’s Office and in collaboration with other partners, found that 47.3% of households in rural households in eight large states were consuming adequately iodized salt (115 ppm). As host of the India Flour Fortification Network (IFFN) Secretariat, MI successfully advocated for the initiation of wheat flour fortification through the Public Distribution Systems in three states. Lessons learned from therapeutic zinc supplementation pilot projects in Chhattisgarh and Bihar, implemented with support from the Department of Biotechnology, Government of India, and BIBCOL (a parastatal zinc manufacturing facility) were used to shape new large-scale zinc programs, through the public sector in other states, which are now well under way.

INDONESIA: MI supported district extenders to improve VAS coverage in 12 poorly performing districts in six higher mortality provinces, reaching an additional 990,000 children. MI provided technical assistance to upgrade iodization capacity in two of the largest salt processors in East Java, which will boost production in Indonesia by 95,000 MT. MI, working with the Government of Indonesia, has initiated preparatory activities to deliver iron supplements to pregnant women and another program to deliver zinc and ORS to children suffering from diarrhoea.

NEPAL: MI, along with UNICEF and USAID, aided the Government of Nepal in completing a pilot project on newborn vitamin A supplementation (NVAS) in 4 districts in 2010. MI signed a Project Collaboration Agreement with UNICEF to strengthen the zinc supplementation program in Nepal and commissioned an evaluation of an intensified program model, supported by MI, for zinc supplementation for the treatment of childhood diarrhoea in three districts. The Intensification of Maternal and Neonatal Micronutrient Program (IMNMP) is currently operational in 70 districts of a total 75 districts. MI support was extended to two new districts in 2011; with this the program has now expanded to 60 districts with MI support. The Government of Nepal published a notice declaring mandatory fortification of wheat flour with iron, folic acid and vitamin A at roller mills in August 2011. With this, Nepal has become the first country in South Asia to have mandatory legislation for flour fortification at roller mills. MI signed an agreement with the Asian Development Bank to provide technical support to a small-scale fortification pilot project at electric chakki mills in one district of the Terai region; MI is acting as Technical Advisor to the Ministry of Health and Population on this pilot.

PAKISTAN: MI helped the Government of Pakistan reach 96% of children age 6-59 months with two doses of vitamin A during 2010. MI completed a vitamin A supplementation coverage evaluation survey to identify hard-to-reach areas and reasons for low coverage. The results were used to develop a strategy to reach hard-to-reach children. With MI’s support, 358,900 MT of adequately iodized salt was produced in 2010. MI completed a salt iodization program evaluation that indicated progress, but also a number of areas for further improvement. With MI’s assistance, 800,000 people in earthquake-affected areas of Khyber Pakhtoonkhwa (KP) and Azad Jammu and Kashmir (AJ&K) received wheat flour fortified with iron and folic acid.

SRI LANKA: The ongoing post-tsunami support MI provided to Sri Lanka to restore the country’s salt iodization capacity has allowed the production of 62,100 MT of iodized salt in 2010, reaching approximately 15 million people. With support from the Dow Foundation and working through the International Council for the Control of Iodine Deficiency Disorders, Sri Lanka (ICCIDDSL), MI worked with Lanka Salt Limited to establish facilities and start the production of Double Fortified Salt (DFS). MI support included the provision of equipment, iron premix and staff training. The Government of Sri Lanka has since sought to introduce DFS through public and commercial channels to alleviate iron and iodine deficiencies. The Medical Research Institute, Colombo is conducting an effectiveness study to determine the impact of DFS on population for possible scale-up of DFS.
LATIN AMERICA AND THE CARIBBEAN

BOLIVIA: MI continues to support the Desnutricion Cero (Zero Malnutrition) program to reduce malnutrition and micronutrient deficiencies through the Chispitas MMNPs program, as well as twice-annual VAS, and the use of zinc and ORS for the treatment of diarrhoea. With its partners, MI is participating in the Ministry of Health's Desnutricion Cero Stakeholder Evaluation. MI provided technical assistance to departmental health authorities and district health managers to conduct an assessment of health systems in response to micronutrient deficiencies. MI is continuing its pilot of a cell-phone monitoring system in one health district in Santa Cruz that has become a crucial source of information in the pilot area and is ready to scale up in three additional health districts.

GUATEMALA: MI’s pilot project to increase iron intake in children under five using MMNPs resulted in national scale-up and the project having been integrated into the government’s social safety net program (Mi Familia Progresa). MI helped train more than 2,000 health personnel on how to use zinc with ORS for the treatment of diarrhoea in all 29 health districts of Guatemala and provided 3.5 million zinc tablets for distribution through the public health system.

HAITI: Despite the devastating earthquake of January 2010, a cholera epidemic and socio-political instability resulting from the elections in Haiti, MI and its partners worked with the Government of Haiti to launch the first fully-funded National Child Health Week in November 2010. The event included vitamin A supplementation, deworming, and zinc and ORS for the treatment of diarrhoea, including cholera. Not all departments were able to hold the event in November but all departments implemented some form of Child Health Week between November 2010 and January 2011. MI will work with other agency partners, NGOs and government on a renewed national Iodine Deficiency Disorder Control Strategy and will advocate for its inclusion in a renewed National Nutrition Plan and Strategy.

MIDDLE EAST

YEMEN: In August 2010, MI and UNICEF provided technical assistance to Yemen, jointly assessed the overall salt iodization situation in the country and drafted key recommendations to fast-track iodine deficiency disorder reduction activities. After this, representatives from both organizations went on a technical mission to Yemen to meet senior management in the Ministry of Public Health and Population and other stakeholders and to formalize the technical assessment’s key recommendations. MI and UNICEF finalized a scale-up plan to standardize iodization technology and intensify on-the-job training and supervision activities.

IN FOCUS: ZINC HELPS CHILDREN GET BETTER FASTER IN GUATEMALA

Romelia Quibb has five children: three boys, Walter, Roberto and Cesar Augustus, and two girls, Dahlia and Jasmine. With diarrhoea being such a common childhood illness, Romelia has nursed her children through countless episodes. MI, with funding from the Izumi Foundation, worked with the Guatemalan Ministry of Health in 2007 to introduce a pilot project on the use of zinc and ORS to treat diarrhoea episodes through the public health system in three districts. Based on the success of that pilot program, MI has been proud to support the leadership of the Ministry of Health of Guatemala in scaling up the use of therapeutic zinc for the treatment of diarrhoea as a national program. This model and the lessons learned from the program have served as an excellent example for other countries, and will contribute to reducing the number of deaths from diarrhoea in children under the age of five in Guatemala. In the first part of 2011, zinc and ORS were being given as treatment for 76% of diarrhoea cases seen through the public health system, an increase of over 25% from the previous year. Part of this success is due to outreach by local NGOs. The Ministry of Health staff have trained 2,601 health personnel in the use of zinc and conducted supervisory visits. For Romelia, it means her children recover faster from diarrhoea. “My girls got better much faster than their brothers,” she says. (The boys are older and were sick prior to the introduction of the zinc and ORS project.) “Jasmine got better in two days but I was told to give the whole package so I did.”
GLOBAL HIGHLIGHTS

AFRICA

ETHIOPIA: In Amhara and Oromia – the two most populous regions – each round of biannual vitamin A supplementation reached 99% of children 6-59 months. Having supported the FMoH to formulate a strategic plan for transitioning Essential Outreach Services, MI has been requested to support its implementation by providing the services of a national coordinator. MI, working in partnership with UNICEF, GAIN and the World Bank, was instrumental in helping the FMoH and Afar regional government overcome constraints in initiating salt iodization. Salt iodization began in May 2010 at Lake Afdera and 20% of the salt produced there is now iodized. The Federal Government recently passed legislation to make the sale of un-iodized salt illegal. Following a request from the Minister of Health, MI finalized an agreement with Irish Aid, FMoH and the World Bank to provide matching funds from MI to support the Ethiopian Health and Nutrition Research Institute carry out a comprehensive national Food Consumption Survey. It will identify foods most appropriate for food fortification in Ethiopia to reduce endemic micronutrient deficiency in the country, and inform the national Food Fortification Strategy.

GHANA: Due to prolonged rains and changes to the National USI program, Ghana’s salt production for the 2010-11 season did not commence until early 2011, and this reduced overall salt production and producers’ willingness to engage in salt iodization. MI engaged a salt extender who will support salt iodization data gathering and operations, and carry out activities to validate the field use of WYD checkers in conjunction with the University of Legon. MI organized an experience sharing study tour to Senegal for key stakeholders from Ghana public and private sectors share the Senegal experience of effective national coordination of the salt iodization process, which is currently lacking in Ghana.

KENYA: MI continues to provide technical and financial assistance to the Ministry of Health (MoH) to help it increase integration of vitamin A supplementation delivery within routine service delivery. With MI’s support, biannual vitamin A supplementation coverage from the routine facility-based delivery, supported by a national communications campaign and supplemented by the innovative use of Early Childhood Development Centres (ECD) as a service delivery point, combined with VAS as part of the Integrated Polio campaign in selected districts increased from 37% in 2009 to 55% in 2010. MI supported the MoH in developing and launching the new National Guidelines for the Management of Diarrhoea and will continue to support the revised plan to facilitate national scale-up of zinc and ORS for the treatment of diarrhoea. MI continued to assist the MoH in monitoring consumption of adequately iodized salt at the household level, also providing technical and funding assistance in designing and implementing the National Micronutrient Survey and the USI Program Assessment. Both studies will establish the effectiveness of the USI program and provide baseline data for the monitoring of the new reduced level of iodine in iodized salt. As well, the studies will provide status of other micronutrients, including vitamin A, zinc, iron and folate, among the population.

MOZAMBIQUE: To address challenges of effective enforcement and technical issues that are major areas of constraint to USI in Mozambique, MI organized a delegation made up of government representatives and producers to visit Senegal to study its USI program. The visit helped revitalize salt iodization in Mozambique. MI will now support the Mozambique Ministry of Industry and Commerce and its partners in developing a National Implementation Plan for USI that will target 80% household consumption of iodized salt by 2020, as outlined in the National Micronutrient Nutrition Plan.

NIGERIA: MI extended coverage of Nigeria’s Maternal, Neonatal and Child Health Weeks to an additional 3.7 million children who would not otherwise have been reached in four states. With the help of MI and other partners, a nationwide “Immunization Plus Day” reached almost 55% of children in 19 high-risk polio states in the north of the country with vitamin A. MI, through Food Basket Foundation International (FBFI), provided technical and financial assistance to Osun State Ministry of Health for a pilot program to test the effectiveness of distributing a bundle of zinc and ORS with communications materials to caregivers during MNCHWs. MI’s support to the National Agency for Food and Drug Administration and Control (NAFDAC) will help develop a national USI plan to bring iodized salt coverage, which has slipped in recent years, back to more than 90%. MI continues to support Royal Salt Ltd to pilot the production and test the commercial viability of DFS in Nigeria, with the cooperation of NAFDAC.

SENEGAL AND THE SAHEL: With MI’s support, Senegal, Burkina Faso, Mali, and Niger are reaching almost 100% of children aged 6-59 months with two doses of vitamin A. With MI’s help, cooperatives of small-scale salt processors produced 53,850 MT of iodized salt in Senegal. Six groups of salt processors developed business plans to start salt iodization-related micro-enterprises using technical assistance provided by MI and the University Cheikh Anta Diop of Dakar, who also collaborated to complete a national survey on iodine deficiency disorders. This found that iodized salt is consumed by 56% of households in Senegal, 47% of households in rural areas and 66% of households in urban zones. MI provided technical and financial support to the Senegalese Ministry of Health to carry out the first phase of a therapeutic zinc project that will include a situation assessment of childhood diarrhoea management interventions and the development of a detailed roll-out plan.

SUDAN: Legislative and geopolitical challenges are having an effect on MI’s activities towards achieving USI in Sudan. With the continued lack of legislation in the Red Sea State to support salt iodization, MI’s activities in Sudan, in collaboration with WFP, were confined to ensuring that modifications and repairs to iodization equipment were completed to support the isolated producers who were willing to iodize. In the event that significant iodization legislation is passed, MI and WFP will support producers in scaling up their production of adequately iodized salt.
FINANCIAL SUPPORTERS

Just as MI’s work is diverse in its approach and its partners, its funding comes from a range of sources; from governments to foundations, the private sector and multilateral agencies. Our donors share a deep commitment to improving the lives of the most vulnerable. MI is grateful to these donors for investing in our programming and helping to extend the reach of our work around the world. Thank you for your support.

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OUR VISION is a world free of hidden hunger.

OUR PURPOSE is to ensure that the world’s most vulnerable – especially women and children – in developing countries get the vitamins and minerals they need to survive and thrive.

OUR MISSION is to develop, implement and monitor innovative, cost-effective and sustainable solutions for hidden hunger, in partnership with others.

In 2010–2011, MI reached almost **500 million people** in more than **70 countries**.