MESSAGE FROM THE CHAIR

DEAR FRIENDS,

The power of micronutrients cannot be underestimated. The most recent Copenhagen Consensus panel of economic experts once again confirmed that fighting undernutrition, including micronutrient deficiencies, is one of the most fruitful investments that can be made. In determining this, they added that it should be the top priority for policy-makers and donors.

For 20 years, the Micronutrient Initiative has been at the forefront of this very investment.

Just as nutrition lays the foundation for survival, health, growth and development, MI’s programs have made a larger impact within existing and emerging development programs. Support for vitamin A supplementation has supported other life-saving health programming. Salt iodization programs have developed business models that improve producers’ livelihoods. Work in maternal and newborn health concentrates on improving care, not just on the supply of micronutrients.

As the organization looks to the future, with a dynamic new Board of Directors appointed in December 2011, guided by a new strategic plan for 2013 to 2018, I look forward to working with you to strengthen our programs and build new ones to tap the power of nutrition for millions around the world.

Sincerely,

Robert Moore
Chairperson

MESSAGE FROM THE PRESIDENT

DEAR FRIENDS,

When I arrived at the Micronutrient Initiative, the organization was just two years old. It had already started its seminal work in determining how to provide vitamin A to the world’s most vulnerable children and it was expanding into the areas of salt iodization and food fortification. I was so excited to be given the opportunity to head up this vibrant new “Initiative”. With the support of the Government of Canada, through the Canadian International Development Agency (CIDA), and other partners, we were given the opportunity to improve the lives of thousands of people every year.

What started out 20 years ago as an initiative within the International Development Research Centre (IDRC) grew into a full-fledged organization that is now touching the lives of more than 400 million people every year. We have expanded the scope and scale of our programs, always relying on the best scientific information to determine where we can have the greatest impact.

With the approval of our new strategic plan by the Board of Directors, we are embarking on a new phase in the organization’s history – one that will see us use our experience and expertise to take on different challenges and seek out different opportunities to make an even greater impact.

I am honoured to lead such an incredible organization, working with some of the most talented, dedicated and hard-working people in the world, who bring to the task an impressive range of expertise. The success of the organization is due to its creative staff, those who lead us at the board level, our partners at the global, country and community levels, and our funders, in particular the Government of Canada.

Building on 20 years of experience, innovation and success, we are excited to forge ahead down new roads, employing nutrition initiatives as a catalyst for broader health interventions, and discovering and implementing new solutions for hidden hunger.

Thank you for your continued support.

Venkatesh Mannar
President
The Haiti program has been both challenging and rewarding. It’s an opportunity to use various skills, not only technical but also diplomatic. Flexibility and patience are my daily companions; I have to be prepared for last minute changes and decisions. The people I work with value MI’s contribution and strategy. They see the program as a unique way to stay committed and contribute to improving micronutrient health.

—Judith Nihorimbere
Program Officer, Latin America and the Caribbean

In 1990, the Government of Canada and the Government of Mali co-hosted the World Summit for Children. World leaders, convening in New York, made concrete commitments to improve the lives of the world’s children. On the agenda were issues such as education, child protection, equality and, the most fundamental of all, health.

TRANSLATING HOPE INTO ACTION

At the time, child mortality rates were staggeringly high – 12 million children under the age of five were dying every year of mainly preventable causes. But there was hope. New discoveries were being made, including the exciting discovery of the power of vitamin A supplementation.

Canada threw its support behind this new intervention and pledged that it would commit to scaling up the use of vitamin A around the world. In 1992, the government established the Micronutrient Initiative at its world-renowned International Development Research Centre. The new organization had a mandate not just to scale-up vitamin A programs but also to expand the reach of other life-saving and life-enhancing micronutrients including iodine, iron and folic acid.

Twenty years later, recognizing the incredible return on its ongoing investment, Canada, through CIDA, remains at the forefront of support for micronutrient programs and nutrition programs more broadly. Indeed, no government shows greater support for vitamin A and salt iodization initiatives. The country continues to expand its role, supporting the scale up of new nutrition interventions, such as the distribution of zinc supplements, combined with oral rehydration salts (ORS), to treat childhood diarrhoea.

CREATING NEW HOPE FOR WOMEN AND CHILDREN

Today, Canada is also supporting MI’s new approach of using micronutrients to catalyze broader-based improvements in care for women of child-bearing age, with the goal of helping women and newborn children survive and thrive.

In 2010, with the formulation of the Muskoka Initiative, Canada led its partners in the G8 in a new pledge to improve maternal, newborn and child health. The continuation and expansion of two decades of micronutrient programming will be an important contribution to the fulfillment of that promise.
In 2002, the global community set itself a goal to reduce the child mortality rate by two-thirds of what it had been in 1990 – at the time of the World Summit for Children. While the global community remains far from reaching this target, progress is accelerating. Three million fewer children’s lives were lost in 2011 than were lost annually a decade ago.

**ONGOING LEADERSHIP IN VITAMIN A**

Vitamin A has played a significant role in reducing global child deaths. Twenty years ago, the Government of Canada stepped into a leadership role to take on the scale up of a promising but nascent health intervention. This action included the establishment of the Micronutrient Initiative. Since that time, with ongoing commitment from Canada and MI, vitamin A supplementation has developed into a core element of child health programs worldwide, touching the lives of hundreds of millions of children.

Until vitamin A deficiency is controlled in children under the age of five through food fortification and dietary diversification, vitamin A supplementation is a critical intervention to protect children from preventable childhood illness and death. MI works with ministries and departments of health to improve budgeting, planning, coverage and supply monitoring and capacity to implement their programs in vitamin A supplementation. When programs have achieved overall high coverage of their target population, such as in Pakistan, Bangladesh, Ethiopia and certain Indian states, MI works on innovative strategies to reach the children who have been missed. MI also focuses efforts where child mortality rates are highest. For example, in Nigeria, MI is now concentrating its efforts on northern states, where child mortality rates are among the highest in the world.
FIELD STORY

VITAMIN A SUPPLEMENTATION: OVERCOMING CHALLENGES

Alison Greig is MI’s Senior Technical Advisor for Child Survival. She has been working on the vitamin A supplementation program almost since its inception. Alison has experienced first-hand, and helped resolve, the program’s biggest challenges.

“With vitamin A historically provided during annual National Immunization Days, one of the challenges has been figuring out how to reach children twice a year as these events have been phased out,” explains Greig. One solution has been the creation of twice-annual Child Health Days to deliver a bundle of life-saving interventions. At the same time, MI and partners have been working with governments to re-integrate vitamin A into routine health services. “During this transition, it has been important to reach out to let families know that there are important life-saving interventions available year-round, then help governments ensure that this is a reality.”

The consistent supply of vitamin A capsules – 7 billion to date, reaching more than 200 million children every year — has also been an important component of Canadian and MI support. “When we started to work with manufacturers on creating these capsules, we needed to meet the challenge of ensuring a high-quality supply,” says Greig. “Huge efforts are made to reach a child. MI needed to make sure that what was in the capsule was having the greatest impact possible. Proportionally, it was a small investment to have such an incredible impact.”

MOMENTUM FOR ZINC – LEADING WITH GLOBAL PARTNERS ON DIARRHOEA WORK

This year marked a turning point in zinc programming with significant new global partnerships established and real progress made in decreasing the burden of this often overlooked problem of diarrhoeal disease. This builds on nearly a decade of MI work at the global level, where MI, through CIDA support, worked with leading researchers in such groups as the International Zinc Nutrition Consultative Group (iZINCG), and at the country level with small programs in India and Guatemala. These early strategic steps allowed MI and its partners to lay the groundwork for future programming.

Today we see innovative new partnerships with the public and private sectors, which will result in country-wide programming in at least four African countries. In India, CIDA-funded work in five districts was leveraged to introduce programming in three states, with governments requesting full state-wide coverage in two of these states in the next year, well ahead of schedule. These programs have demonstrated innovation in the development of new and highly effective delivery channels, new packaging for the products and new training methodologies. This sets the stage for unprecedented opportunities to evaluate the success of diarrhoea programs and to disseminate globally lessons learned. Thousands of community-based worker and health system personnel have been trained and hundreds of thousands of children have received this life-saving treatment.

“India is in the midst of a health systems reform that is challenging conventional approaches, resulting in better health outcomes. Both new approaches of service delivery and proven interventions are witnessing a rapid scaling-up with support from government and the inventiveness of the private sector. Combined zinc and ORS treatment for childhood diarrhoea is one such intervention, with early successes in ongoing projects across three states. MI is playing a critical role in combined zinc and ORS programming in India and we continue to strengthen our resolve for ensuring that every child has access to this treatment when it matters most.”

—Dr. Mahesh Srinivas
Program Manager, Health Systems - India
During early childhood, micronutrient deficiencies are common and their consequences are particularly severe. Young children with micronutrient deficiencies are more likely to die from preventable diseases and those who survive may suffer permanent mental or physical disability.

Unfortunately, a family’s ability to provide diverse age-appropriate foods with adequate nutrient content can be limited by a number of circumstances including poverty, increasing costs of food, seasonal fluctuations in food availability, and traditions around food and feeding. Because young children eat such small quantities of food but have such high needs due to rapid growth, it is sometimes difficult to ensure they get enough of certain micronutrients without some sort of intervention.

**THE 1,000-DAY WINDOW OF OPPORTUNITY**

Significant global efforts to provide better nutrition during the 1,000-day ‘window of opportunity’ from conception to two years of age are giving children increased opportunity to grow and develop. Those who benefit are more likely to survive and thrive, grow to their potential, and are better equipped to learn at school, allowing them to be more productive in their families and communities.

**THE EFFECTS OF IODINE**

Iodine deficiency is the leading cause of preventable mental impairment in the world. This is due to the fact that iodine is crucial for brain development – particularly foetal brain development. Yet the natural content of iodine in foods depends on soil levels, which are insufficient in many regions around the world. The good news is that only a tiny quantity of iodine is needed, and the process of iodizing salt is a proven, low-cost method of successfully delivering it to people through their diets.

In 2011, MI’s contribution to universal salt iodization reached almost 290 million people, protecting an estimated 7 million newborns from the risk of mental impairment. The organization’s efforts were focused on improving the iodization capacity of salt processors, particularly small-scale processors in pivotal salt processing countries. These processors currently account for a significant proportion of the inadequately iodized salt being sold in local markets and exported to neighbouring non-salt-producing countries.
countries. This work led to the production of 1.16 million metric tonnes of adequately iodized salt in the past year, and helped achieve significant progress in countries such as Bangladesh, India, Indonesia, Pakistan, Ethiopia and Senegal. MI also installed new equipment which will allow for the iodization of 1.2 million additional tons of salt per year in 2012 and beyond.

THE GLOBAL BURDEN OF IRON DEFICIENCY

Iron deficiency is one of the most common micronutrient deficiencies, affecting an estimated two billion people worldwide. It is especially prevalent among pregnant women and young children, putting them at greater risk of life-long consequences. Appropriate complementary feeding with iron-fortified infant foods, and where unavailable, the use of multiple micronutrient powders (MMNPs) can improve intake of iron and other micronutrients in children. New WHO guidelines have opened up the opportunity of initiating MMNP programs safely in malaria-endemic areas of Africa. In 2011, MI organized a symposium and sponsored a publication that will help countries to safely improve iron programs where malaria is endemic.

MI is continuing to work with governments in countries such as Bolivia and Afghanistan to scale up the use of MMNPs. With funding from Canada’s Muskoka Initiative, MI is now also working to ensure adequate micronutrient content of foods for the prevention and community-based treatment of acute malnutrition in sub-Saharan Africa. MI plays a leading role within the inter-agency Home Fortification Technical Advisory Group (HF-TAG), which supports countries as they interpret the evidence and integrate MMNP interventions into programs. MI is also undertaking a study in Peru with the Institute of Nutrition on the optimal timing, dosage and mix of MMNPs to ensure the greatest impact for children.

“After five years of working with MI Pakistan, I feel proud that we have been able to protect a huge proportion of women and children from iodine deficiency disorders and helped make universal salt iodization a success story in Pakistan, thanks to our dedicated team.”

—Dr. Khawaja Masuood Ahmed
National Program Manager, Pakistan - IDD/USI

FIELD STORY

ETHIOPIA: THE OPPORTUNITY TO EXAMINE THE IMPACT OF IODIZED SALT

Thanks to the cooperation and tremendous efforts from those involved in the Ethiopian salt industry, and support from MI and its partners, salt processors in the country have made great progress in increasing the supply of adequately iodized salt in the country. MI is taking advantage of this time-sensitive opportunity to examine the impact of switching from non-iodized to iodized salt on infant and child mental development.

We know that iodine deficiency causes mental impairment in children and that when iodine status is improved, so is mental development. We are hoping to learn the extent to which mental development can be modified in children when they switch from consuming non-iodized salt to consuming iodized salt, which to date has not been directly estimated. This study will provide a strong contribution to the overall evidence base for the positive impact of salt iodization, vital for advocacy messages to donors and policy makers.
The 1,000-day period from conception until the age of two is a critical window of opportunity to help ensure both healthy pregnancies and the best start in life for every newborn child. Antenatal care services open the door to provide nutrition counselling, and to detect and address nutrition problems, health problems and complications in a timely fashion. Actions taken at the time of birth can greatly reduce the risk of death for women and can ensure optimal immunity and nutrition for a newborn as it faces its first and most dangerous days of existence.

In addition to this focus on the 1,000 days, in order to ensure the best outcomes for women and children, it is vitally important to provide a full ‘continuum of care’ that begins even before pregnancy.

**PREPARING FOR PREGNANCY**

The Micronutrient Initiative works in partnership with governments and other organizations to provide the best continuum of care for women and children, addressing gaps where its expertise and resources can make a difference. Building on its long experience in micronutrient supplementation, MI is supporting a program to provide iron and folic acid supplements (IFA) to adolescent girls in India. This work has reduced anaemia rates and helped prepare young women for healthy pregnancies. MI is also supporting research in northern Vietnam to determine optimal supplementation for women as they prepare to start a family. Exploring IFA and multiple micronutrient supplementation options, this research will determine any benefits of pre-pregnancy supplementation over the current practice of prenatal IFA supplementation only.

**1,000 DAYS ON THE CONTINUUM OF CARE**

The administration of iron and folic acid supplements to women during pregnancy prevents severe anaemia, lowering the risk of haemorrhage and providing other benefits for women and their developing foetuses. But reaching women and ensuring intake on a daily basis are not easy tasks. In Nepal, MI supported the government in establishing a community-based mechanism for delivering the supplements to pregnant women, in addition to the existing distribution through health facilities. By tapping into the well-established Female Community Health Volunteer network, Nepal's iron and folic
In Chhattisgarh, India, more than half of all girls are married before reaching the age of 18. In 2010, the prevalence of anaemia among adolescent girls was high at 87 percent. Anaemia limits girls’ capacity to take full advantage of their education and, for those who will become pregnant, puts both them and their future fetuses at risk.

To address the problem, MI supported a pilot project to administer a weekly dose of iron and folic acid to more than 95,000 adolescent girls through 424 schools and 6,832 health centres. MI provided the supplements and ongoing supervision. School teachers, peer guides and health workers were identified and trained in administering the supplements and in counselling girls to manage side effects and adhere to the regimen. Post MI intervention, anaemia prevalence in Chhattisgarh has fallen by 14 percent and 7 percent among school-going and out-of-school adolescent girls respectively.

“Having been involved in the intensification of the iron and folic acid supplementation program for pregnant women in Nepal from the earliest design, through scale up, to now seeing 80 percent of pregnant women consuming the iron and folic acid tablets, I have an immense sense of satisfaction that I have been a part of this remarkable program.”

—MR Maharjan, Country Director, Nepal
While concerted efforts have long been underway to tackle issues of health, education and economic growth, few of them have concerned themselves with nutrition. But the tide is now turning. More and more, nutrition is being recognized as an integral part of development efforts. Through its advocacy work at national and global levels, MI plays an important role in strengthening political will and capacity for integrated nutrition policy and programming.

THE GLOBAL MOVEMENT TO SCALE UP NUTRITION

On the global stage, MI is engaged at the highest level in the international Scaling Up Nutrition (SUN) movement. SUN brings organizations together to support national plans to scale up nutrition initiatives. It focuses both on implementing evidence-based nutrition interventions, and on integrating nutrition goals into broader efforts in critical sectors such as health, education, development and agriculture. Advocates are heartened by the galvanizing effect the movement has had on donors, national governments, civil society and the private sector.

REACHING OUT TO A WIDER AUDIENCE

From health posts in Senegal, to Canadian streets, to the newspapers of India, MI has endeavoured to introduce more people to the crucial work it is undertaking to save and improve lives.

In May 2012, MI facilitated the launch in Dakar of the first Zinc Alliance for Child Health (ZACH) project. Present at the event were Canadian Member of Parliament Dean Allison, Teck Senior Vice-President Doug Horswill, MI President Venkatesh Mannar, Canadian Ambassador to Senegal Perry Calderwood, and most importantly, the Senegalese Minister of Health Professor Ava Marie Coll Seck. The Canadian and Senegalese delegation visited health posts and community centres to learn how zinc, combined with ORS, will be scaled up across the country as a treatment for diarrhoea.

In Ottawa, MI staff and supporters took to the streets during Ottawa Race Weekend to raise awareness about the importance of zinc for the treatment of diarrhoea and the ZACH partnership’s efforts to scale up its use. More than 31,000 runners ran past MI’s colourful placards that conveyed messages of positive action against diarrhoea.
Salt iodization has been mandatory in all eight countries of the Union Economique et Monétaire Ouest Africaine (UEMOA) for ten years, but no single country has achieved the target of more than 90 percent of households consuming adequately iodized salt. Disparity among countries as to what constitutes acceptable iodization levels in salt was identified by MI and UNICEF as one of the bottlenecks limiting appropriate coverage. Levels that are acceptable in some exporting countries have been unacceptable in certain importing countries. This has significantly restricted the availability of iodized salt in a region with a high prevalence of iodine deficiency disorders.

In order to facilitate the regional trade and distribution of iodized salt, MI teamed up with UNICEF to engage the UEMOA Commission in harmonizing the salt iodization levels among its countries. After a UEMOA workshop in 2010, MI and UNICEF commissioned an international salt iodization expert to help the Commission harmonize the salt iodization levels in the eight UEMOA countries, taking into account WHO guidelines and the regional context. A single, regional salt iodization level norm for all UEMOA countries has been determined, and MI and UNICEF are now advocating for endorsement of this norm by the Commission body and individual member states. This will fold into efforts to secure adoption of this norm by the wider Economic Community of West African States (ECOWAS) region of 15 countries, which includes the eight UEMOA states.

The most interesting and rewarding aspect of my job is working with such a large variety of people from all over Kenya and the world. I endeavour to continue making a difference in improving the quality and standard of health care services for greater impact on children’s health, wherever I may be."

—Lucy Murage
Program Officer for Integrated Child Health Services, Kenya
GLOBAL HIGHLIGHTS

MI is undertaking rich and varied programming in more than twenty countries where micronutrient deficiencies are undermining health and development. The highlights below provide a snapshot of MI’s work in each one.

AFRICA

BURKINA FASO: With MI’s support, the government reached close to 100 percent of the country’s children aged 6-59 months old who were targeted with two doses of vitamin A. In a country with the ninth highest under-five mortality rate in the world, this is an important level of achievement that must be maintained. MI donated all of the vitamin A capsules and provided support costs to fund supervision and monitoring.

ETHIOPIA: The Federal Ministry of Health adopted a comprehensive operational plan, proposed and prepared by MI, to transition vitamin A supplementation and other key child survival interventions from a campaign-style delivery to a more sustainable distribution through health facilities. With more than 34,000 trained rural Health Extension Workers now in place, this is providing a new opportunity to reach children in a timely manner with vitamin A, and save the higher costs of extensive outreach campaigns.

GHANA: MI and partners such as the World Food Programme (WFP) and GAIN continue in their determination to create the political will to enforce salt iodization legislation. MI provided support for field visits by the responsible ministry, and donated approximately 600 kg of potassium iodate from the joint MI/WFP program. The organization also supported a delegation of government and producer representatives to view the Senegalese salt iodization program in action. MI is now focusing its efforts on improving the capacity of the Food and Drugs Board to carry out effective monitoring of producers.

KENYA: MI is helping to ensure that the issue of nutrition is integrated into health and other sector plans. The organization helped review the new Kenya Food and Nutrition Policy and Strategy which places a new emphasis on nutrition in government action. MI also helped finalize the National Nutrition Action Plan, ensuring a prioritization of micronutrient interventions. During a review of maternal and newborn health activity by the Ministry of Health and partners, MI helped identify the need to improve iron and folic acid supplementation. As a result, and with technical support from MI, the Ministry of Health developed a multi-year national plan for supplements through its Antenatal Care Services. MI also helped the Ministry of Health in developing a new job-aid for health workers to put the Mother & Child Health Booklet contents into practice. MI’s work on this ensured the inclusion of schedules for vitamin A supplementation, combined zinc and ORS treatment guidelines, and iron and folic acid antenatal care activities.

MOZAMBIQUE: MI organized a delegation of representatives from Mozambique’s public and private sectors to visit Senegal in 2010 so that they could study that country’s effective national coordination of universal salt iodization. Tapping into MI’s rich and varied experience in iodization, Mozambique’s Ministry of Industry and Commerce then sought MI’s help to develop its National Implementation Plan for universal salt iodization.

NIGER: With MI support in supplying vitamin A capsules through UNICEF, Niger reached close to 100 percent of children aged 6-59 months with two doses of vitamin A through the polio eradication campaigns. In preparation for the eventual phase out of such National Immunization Days, MI began work with the Ministry of Health and other partners to institutionalize Child Survival Days as a platform to deliver vitamin A supplements. In an important preliminary step, MI helped develop national guidelines for planning, implementing and monitoring these events.

NIGERIA: In keeping with its focus on the most vulnerable, MI started to shift its support from the southern states to those in the North, where child survival rates are among the lowest in the world. In the meantime, it continued to support the organization of Maternal, Neo-natal and Child Health Weeks both at the national level through the National Primary Health Care Development Agency, and specifically in some states in the south. In two rounds, these events reached more than two million children who would not otherwise have been reached. MI’s technical support addressed challenges encountered in the first round, to enable improvements in planning, communications and supplies for the following round.

SENEGAL: In consultation with Senegal’s Ministry of Health and its partners, MI developed a national four-year plan to transition vitamin A supplementation from periodic campaign-based Child Survival Days to ongoing delivery through routine child contacts with the Primary Health Care Services. This new approach will allow the government to provide vitamin A supplementation at the lowest cost, while ensuring that children receive it by six months of age.

SUDAN: Over the past five years, MI worked with the World Food Programme (WFP) to support individual states in Sudan in passing a ban on non-iodized salt. This included the Red Sea State, the site of more than 95 percent of all salt production in the country, which has now agreed to ban the production of non-iodized salt. MI and WFP are now both supporting the government in enforcing the ban and helping producers to produce iodized salt of the required quality. It is estimated that approximately 32 million people will benefit from the increased production of iodized salt in Sudan.

“...My role is to help Sahel staff meet our program objectives and ensure proper monitoring regarding the use of MI resources in the implementation of programs by grantees. By doing that, I have learned the benefits of micronutrient supplementation for child survival and child development. It is a privilege working with a large group of people from all over the world whose mission is to save lives.”

—Marie Fall
Sahel Program Coordinator
ASIA

AFGHANISTAN: MI is an active member of a technical working group to develop the National Nutrition Inter-Sectoral Plan of Action for Afghanistan, which includes zinc and ORS. MI is also supporting zinc and ORS distribution over a three-year period through Basic Package of Health Services NGOs in ten districts of two provinces and in urban areas covering five cities where use is highest. The demonstration of the public-private processes through this project will be used for developing operational guidelines for scale up.

BANGLADESH: MI supported the government in formulating the Development Project Proposal for Universal Salt Iodization, three of the significant five-year key policies for nutrition, and the micronutrient-related strategies within the overall Health, Population, Nutrition Sector Development Program, including the Nutrition Sector Operational Plan. Additionally, MI supported the production of 148,000 metric tonnes of adequately iodized salt at production level. This is sufficient for an additional 37 million people.

INDIA: India's large-scale zinc program in Bihar, Uttar Pradesh and Gujarat has resulted in the training of more than 100,000 frontline workers and the provision of more than three million packages of zinc and ORS. MI has been asked by the Ministry of Health to support the development of operational guidelines for childhood diarrhoea management using zinc and ORS. The organization has engaged new donors, creating a more diversified funding base and improving geographical coverage.

INDONESIA: MI supported the production of adequately iodized salt sufficient to meet the needs of 30.5 million people. MI strengthened the capacity of the local governments in Bima and Lombok to monitor iodized salt quality, and established a local cooperative of Bima salt farmers to produce iodized salt to be sold at local markets. MI also supported advocacy and awareness workshops for salt processors hosted by the Ministry of Home Affairs. In Central and East Java provinces, the organization strengthened the internal quality control capacity and supported awareness workshops for 150 small and medium salt processors; developed monitoring capacity of local governments; helped upgrade iodization capacity at two of the largest salt processors in East Java; and established a local cooperative of salt farmers to produce iodized salt for distribution.

NEPAL: In partnership with the government's Child Health Division and UNICEF, MI reviewed the overall strategy for zinc and ORS for childhood diarrhoea within the Integrated Management of Childhood Illnesses program, developed an overall behavior change communication plan, and proposed recommendations for nationwide program intensification.

PAKISTAN: More than 300,000 metric tonnes of adequately iodized salt were produced in 2011, sufficient for protecting 78.5 million people against iodine deficiency. Effectiveness of MI's Universal Salt Iodization work over the past decade in Pakistan is evident from the results of the National Nutrition Survey 2011 in which the rate of iodine deficiency has been halved among women and children and the percentage of families using iodized salt has increased from 17% to 69%.

VIETNAM: MI is working with the Thai Nguyen University of Medicine and Pharmacy, Emory University, and the Mathile Institute for Human Nutrition to assess the impact of pre-pregnancy micronutrient supplementation on maternal and infant outcomes. The study is a double-blind, randomized controlled trial to determine whether providing weekly iron and folic acid or multiple micronutrient supplementation prior to pregnancy will improve birth outcomes as well as maternal and infant iron status compared to the current practice of providing only prenatal iron and folic acid supplements.

LATIN AMERICA AND THE CARIBBEAN

BOLIVIA: To ensure that the micronutrient supplementation strategy is fully implemented, MI is supporting a micronutrient focal point staff member to support the nutrition program in priority departmental health authorities. The role of these individuals is to monitor the Micronutrient Supplementation Program and carry out training workshops and community outreach activities. MI is also implementing a communications strategy for the program in four priority departments to increase demand for and generate awareness of nutrition services in the public health system.

GUATEMALA: MI's support for zinc supplementation has led to a national scale up of the program in public health facilities. In 2011, zinc treatment was provided for more than 78 percent of cases of diarrhoea and more than 83 percent of the pneumonia cases that were seen through the public health system. MI's support ensured sufficient stock of zinc, training for more than 2,600 health personnel, and development of communications materials and training guides.

HAITI: The country's second-ever national Child Health Weeks took place in July 2011 with the support of MI and other partners. Based on lessons learned during the event, MI has contributed to the design of training and reference materials. MI is now working to help address other weaknesses in planning and budget allocation to facilitate the successful implementation of Child Health Weeks in the country. Implementing these large-scale national events requires the efforts and contributions of many organizations, and MI continues to encourage donors to invest in these life-saving interventions.

PERU: MI is undertaking a study in the northern highlands of Peru with the Nutrition Research Institute on the optimal frequency (daily or every other day) and duration (6 or 12 months) of MMNPs for infants and young children. The outcomes being studied are mainly anaemia and micronutrient deficiencies, though the study is also looking at impact on growth and common childhood illness. This study will make an important contribution to the currently limited evidence base guiding countries in selecting appropriate MMNP dosing schemes.

“MI Indonesia has a good partnership with the Government of Indonesia and has been proud to support the micronutrient intervention programs such as universal salt iodization and vitamin A. These programs have seen a tremendous improvement in quality and have had huge benefits for people who were at risk of deficiencies.”

—Elvina Karyadi

Country Director, MI Indonesia
SUMMARIZED STATEMENT OF NET ASSETS
As at March 31, 2012
(expressed in U.S. dollars)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>35,331,814</td>
<td>25,377,787</td>
</tr>
<tr>
<td>Short-term investments</td>
<td>9,966,988</td>
<td>11,308,061</td>
</tr>
<tr>
<td>Amounts receivable and pre-paid expenses</td>
<td>912,569</td>
<td>1,021,176</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>46,211,371</td>
<td>37,707,024</td>
</tr>
<tr>
<td><strong>Capital assets</strong></td>
<td>775,613</td>
<td>674,216</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>46,986,984</td>
<td>38,381,240</td>
</tr>
</tbody>
</table>

| **Liabilities** |              |              |
| **Current liabilities** |              |              |
| Accounts payable and accrued liabilities | 1,266,338 | 1,083,716 |
| Deferred project contracts | 37,400,132 | 28,938,076 |
| **Total**        | 38,666,470   | 30,021,792   |

| **Lease inducement** | 168,112 | 184,003      |
| **Total**            | 38,834,582 | 30,205,795   |

| **Net assets**       | 8,152,402   | 8,175,445    |

**TOTAL EXPENSES** ($41.1 MILLION)
- Vitamin A Procurement & Interventions: 20.6 million
- Iron Interventions: 2.5 million
- Iodine Interventions: 7.1 million
- Zinc & Other Interventions: 7.5 million
- Management & Administration: 3.4 million

**PROGRAM EXPENSES BY REGION** ($37.7 MILLION)
- Africa: 17.6 million
- Asia: 15.4 million
- Americas & Middle East: 1.4 million
- Global Programs: 3.3 million
MI is grateful to have the support of a range of partners who help to advance our work and mission.

Thank you for your support.

Asian Development Bank
CDC Foundation
Children's Investment Fund Foundation (UK)
China National Salt Industry Corporation
Dow Chemical Company Foundation
FHI 360
Food and Agriculture Organization of the United Nations
GAIN
The Government of Canada through the Canadian International Development Agency
Helen Keller International
Irish Aid
Izumi Foundation
Mathile Institute for the Advancement of Human Nutrition
Project Healthy Children
Salt Institute
Tech Awards
Teck
UNICEF
United Nations Office for Project Services
US Fund for UNICEF
World Bank
World Food Programme

SUMMARIZED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
For the year ended March 31, 2012
(expressed in U.S. dollars)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contracts</td>
<td>41,078,605</td>
<td>33,064,519</td>
</tr>
<tr>
<td>Other income</td>
<td>226,847</td>
<td>83,273</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41,305,452</td>
<td>33,147,792</td>
</tr>
</tbody>
</table>

| **Expenses**   |               |               |
| Program activities | 37,705,366 | 29,992,910    |
| Management and administration | 3,398,520  | 3,119,575     |
| **Total**      | 41,103,886    | 33,112,485    |

Net revenue for the year 201,566 35,307
Net assets – Beginning of year 8,175,445 7,787,526
Translation adjustment (224,609) 352,612
Net assets – End of year 8,152,402 8,175,445

SUMMARIZED STATEMENT OF CASH FLOWS
For the year ended March 31, 2012
(expressed in U.S. dollars)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash flows from (used in)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net revenue for the year</td>
<td>201,566</td>
<td>35,307</td>
</tr>
<tr>
<td>Items not affecting cash</td>
<td>224,548</td>
<td>316,236</td>
</tr>
<tr>
<td>Net change in non-cash working capital items</td>
<td>9,603,389</td>
<td>15,438,617</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,029,503</td>
<td>15,790,160</td>
</tr>
<tr>
<td><strong>Investing activities</strong></td>
<td>682,298</td>
<td>(10,951,413)</td>
</tr>
<tr>
<td><strong>Effect of foreign exchange on cash</strong></td>
<td>(757,774)</td>
<td>1,098,200</td>
</tr>
<tr>
<td><strong>Net change in cash for the year</strong></td>
<td>9,954,027</td>
<td>5,936,947</td>
</tr>
<tr>
<td><strong>Cash – Beginning of year</strong></td>
<td>25,377,787</td>
<td>19,440,840</td>
</tr>
<tr>
<td><strong>Cash – End of year</strong></td>
<td>35,331,814</td>
<td>25,377,787</td>
</tr>
</tbody>
</table>

**Non-cash activity**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenant leasehold improvement allowance</td>
<td>22,791</td>
<td>–</td>
</tr>
<tr>
<td>Non-cash purchase of capital assets</td>
<td>(22,791)</td>
<td>–</td>
</tr>
</tbody>
</table>
THE MICRONUTRIENT INITIATIVE is the leading organization working exclusively to eliminate vitamin and mineral deficiencies in the world’s most vulnerable populations.

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 be a global leader in advancing integrated, innovative and sustainable solutions to reduce vitamin and mineral deficiencies through advocacy, technical and programmatic support, in collaboration with others.

In 2011–2012, MI reached almost 500 million people in more than 70 countries.

HEADQUARTERS
180 Elgin St., 10th floor
Ottawa, Ontario
Canada, K2P 2K3
Tel: +1 613 782-6800
Fax: +1 613 782-6838
Email: mi@micronutrient.org

AFRICA REGIONAL OFFICE
Mermoz VDN, No 34, 3rd floor
BP 25513 Fann
Dakar, Senegal
Tel: +221 33 869 3002
Fax: +221 33 824 5171
Email: miafrica@micronutrient.org

ASIA REGIONAL OFFICE
11 Zamroodpur Community Centre
Kailash Colony Extension
New Delhi, 110048, India
Tel: +91 11 4686 2000
Fax: +91 11 4686 2048
Email: miasia@micronutrient.org