



Solutions for hidden hunger

ANNUAL REPORT

2012 | 2013



FOR GREATER GLOBAL IMPACT

MESSAGE FROM THE MI PRESIDENT AND CHAIRPERSON



MESSAGE FROM THE CHAIRPERSON | ROBERT MOORE

Dear MI friends,

2013 has been another high impact year for the Micronutrient Initiative (MI) – with hundreds of millions of people around the globe reached by MI's initiatives. It is a privilege to chair the Board of an organization with that level of ambition, scope for impact, and measurable results.

When I served on the Kiwanis International Board, I was privileged to be on the committee that selected the elimination of Iodine Deficiency Disorders as a Kiwanis project and then raised \$110 million towards that goal. It was a simple idea to add a micronutrient that costs pennies per person into a staple product. This project provided me with a front row seat on the scale up of one of the world's most successful global health interventions. Today, more than 70 percent of the world's salt is iodized and in large part that success is thanks to MI.

Now MI applies that philosophy – scale up of inexpensive micronutrients to create massive impact – across the life cycle through a variety of programs: from child survival initiatives, like vitamin A supplementation, to iron and folic acid supplements for pregnant women. The combination of impactful solutions, a committed global staff and engaged local partners has ensured MI remains one of the world's most effective organizations. In these pages you will see why.

A great contributor to MI's success has been long time MI President Venkatesh Mannar, who is transitioning out of his role in early 2014. Under Venkatesh's leadership, MI has built a solid foundation of accomplishments. We thank him for his commitment, his legacy and a future that I am sure will be filled with new opportunities to advance nutrition. As MI moves forward, under the leadership of new President Joel Spicer, I have no doubt that MI will build upwards from that foundation and towards new heights and global impact.

MESSAGE FROM THE PRESIDENT | VENKATESH MANNAR



Photo credit: Sgt Ronald Duchesne, Rideau Hall ©Her Majesty The Queen in Right of Canada represented by the Office of the Secretary to the Governor General (2013)

MI has accomplished much to be proud of during our 21st year. Being guided by our Strategic Plan's four key areas – child survival; child health, growth and development; women's and newborn survival and health; global impact – we are working to continue our global reputation as a leader in micronutrient programming. A reputation built on being rigorous, accountable, measurable and practical. We are looking to the future to seek out innovative ways to continue to drive change and positively impact the lives of children and their families.

MI has worked strategically with the development sector and national governments to realize our mission. Additionally, we have always looked for opportunities to engage with the private sector to help reduce the footprint of undernutrition. MI's work in salt iodization is the best example of our long-standing commitment in supporting and working successfully with small to medium size businesses, driving change for the better for those involved in small-scale enterprises, including women. Our private sector partnership was key to building sustainability in our salt iodization projects. From this model, we know that we can branch our private sector capabilities and relationships into our other areas of responsibility to help create a more comprehensible, transparent and equitable environment for working with the private sector to reach the hardest to reach.

I am proud of the work that we have accomplished in the past 20 years but I am thrilled about the possibility for achievement in the next 20 years.

Thank you for your interest in our work and in micronutrients. We will continue to pursue our goals, which align with Canada's leadership in nutrition and women and children's health. We will continue to work with key partners as well as seek innovative models to work with new partners in new sectors.

Thank you to all of our partners who collaborate and support us to reach the unreachable. The problem of micronutrient deficiencies remains a global health challenge. It is everyone's problem. It is everyone's responsibility. MI has the solutions. We will build on our successes.

CANADA DELIVERS RESULTS

CANADA CONTINUES LEADERSHIP IN GLOBAL NUTRITION



Our commitment as a global leader in advancing sustainable solutions to reduce micronutrient deficiencies includes raising Canadian awareness and understanding of this critical global health challenge, as well as how our work is helping to solve the problem through support from the Government of Canada and other key stakeholders around the world.

This past year, we hosted many events for our Canadian outreach efforts. We welcomed esteemed child health researcher Dr. Robert Black for a panel discussion on *Micronutrients and Global Child Survival*. We enjoyed *Out of the Cold and into the SUN*, which we co-hosted with the National Arts Centre, where families listened to world music while learning about Canada's work to eradicate global malnutrition during International Development Week. In the spring, we ran and cheered our hearts out during our second-annual *Run for the Runs*, raising awareness about the devastating effects of diarrhoeal illness on the world's children and the simple way it can be treated with zinc and oral rehydration salts (ORS).

Our partnership with the Canadian Coalition for Nutrition – World Vision Canada, Plan Canada, Save the Children Canada, UNICEF Canada and RESULTS Canada – saw us share our stories about how Canadian support for development is changing the world for the better, at the "Canadians Deliver on Maternal, Newborn and Child Health" event on Parliament Hill. Audience members included parliamentarians who reinforced their commitment to Canadian programming in global maternal, newborn and child health. MI's own Director for the Sahel, Banda Ndiaye, was a guest presenter. Banda expressed appreciation to all Canadians during his thought provoking account of how the people of Senegal benefit from development investments.

As part of recognizing Canada's commitment to nutrition, we also showcased Canadian Leaders in Nutrition in the lead-up to the June 2013 *Nutrition For Growth Summit* in London. Highlighting Canadians who make significant contributions to global nutrition issues inspires awareness of why continued support by the Government of Canada and other donors is needed to deliver on life-saving global health initiatives, such as micronutrient programming.

We also partnered with the Canadian Network for Maternal, Neonatal and Child Health (CAN-MNCH) to ensure we work better to close health gaps in countries with multiple Canadian-based projects, and to raise awareness of our collective programming.

Behind our results, there are more amazing stories, including on-the-ground experiences from MI's Marion Roche, who blogs in the *Huffington Post* about her Grand Challenges Canada-funded Guatemala diarrhoea project. We continue to share our collective MI opinion on development through the *Ottawa Citizen's Aid and Development* blog, as well as create conversations and share micronutrients, nutrition and development information on our Twitter account and through our Facebook page. Of course, all of this activity will be anchored in our redeveloped website, to be launched in 2014.

MI's presence with international stakeholders and global development partners was expressed during world conferences and events. We continued to talk about the great need that still exists for millions of people, especially women and children, as well as the battle to put micronutrients and nutrition on the agenda, everywhere – to keep the momentum going to create change on the ground and improve the lives of the world's most vulnerable.

HAVING IMPACT AROUND THE WORLD

At MI, we focus our efforts on activities that achieve the greatest possible impact on child survival; on child health, growth and development; and on women's and newborns survival and health.

We believe that a continuum of care is needed to achieve sustainable improvements in health and nutrition and meet our vision of a world free of hidden hunger, so we take a cross-sectoral approach to programming to maximize the effectiveness of our program delivery. Here are some examples of the programmatic principles and approaches we follow.

Micronutrients contribute to lower childhood mortality, are critical for healthy child growth and development, and essential for adults to reach their full potential. Our work this year expanded beyond our 'essential micronutrient five' of vitamin A, iodine, iron, folate and zinc, to include new work in calcium to improve pregnancy outcomes. We concentrate our efforts on programs that increase the intake of these micronutrients by the world's most vulnerable women and children.

Each dose of vitamin A provides a significant boost to the immune system of a young child, significantly reducing the chances of death before the age of 5 years. In 2012, we made substantial investments not only to improve and maintain high twice-annual vitamin A supplement (VAS) coverage for preschool children, but also to ensure that VAS distribution is better integrated into national health systems of countries. In Africa, we saw a four-fold improvement over 2011 in routine delivery of VAS doses through health systems, as well as major progress towards our 2015-16 target.

Zinc saves lives. Every day, diarrhoeal disease kills approximately 2,000 children – three quarters of a million every year. Access to the combination of zinc supplements and oral rehydration salts (ORS) to treat diarrhoeal disease has the potential to save the lives of children around the world. In 2012, through the financial investments from the Government of Canada, Teck and other generous donors, MI helped to treat diarrhoea in 5.2 million children under the age of 5 with zinc and ORS.

GUATEMALA

Guatemala's Ministry of Health has scaled up the supply of zinc supplements for diarrhoea treatment. Supported by Grand Challenges Canada, MI and the research institute CeSSIAM are taking a market-driven approach to increasing zinc use by testing different ways of packaging zinc with ORS to appeal more to both caregivers and health workers. The new packaging has proven highly acceptable, offering greater scope for program success.



KENYA

In Kenya, we are working to improve the demand for and quality of antenatal, delivery and postnatal care services to support the Government of Kenya's commitment to improved health care for women and children. Our project in rural Kenya has already established over 50 community units, and aims to encourage earlier antenatal care, improve availability of essential supplies, and to improve the quality of care through training.

INDIA

Both good nutrition and early learning opportunities are necessary for the best outcome in child development, but little research exists on the impact of combining these two essential components for improving the lives of the world's most vulnerable children. In India, we are working with the National Institute of Nutrition, University of Maryland, Johns Hopkins University, and the Mathile Institute for the Advancement of Human Nutrition on a study comparing the effect of providing necessary micronutrients through multiple micronutrient powders (MNP) with an early learning intervention versus 'stand alone' interventions – either MNP or early learning. The results will provide much needed evidence on how best to invest to help children reach their full potential.



MI
IN FOCUS

ETHIOPIA

In Ethiopia, with support from Canada and UNICEF, we worked with the Ministry of Health to improve both the micronutrient content and the availability of complementary foods provided to young children, and to train health staff and volunteers to counsel caregivers on infant and young child feeding.

MI works to scale up appropriate micronutrient programming throughout the life cycle, with a focus on the 1000 days: from conception to two years of age. Working with country governments and key stakeholders, we integrate our micronutrient interventions across the continuum of care – with special efforts to improve community involvement in program outreach – so as to reduce mortality rates, improve lives and effectively reach the hardest to reach. We work on nutrition interventions for children and women throughout their lives, with a special focus during and after pregnancy and on the first two years of life. Throughout we seek to advance not just coverage, but also appropriate consumption of critical micronutrients by those women and children who are most at risk.

Fortifying the salt that people normally consume with iodine provides health benefits that improve millions of lives around the world and helps economic growth. Iodine is an essential nutrient for brain function and development, as well as metabolism and growth. MI is a leader in working with small scale local salt processors on simple and easy iodization techniques so that their customers get to consume salt that is adequately iodized. In 2012, we helped iodize 1.14 million metric tonnes of salt, enough for 297 million additional people.

We are working with governments and other partners to save and improve lives through timely and better care that includes providing micronutrients interventions. We are working in several countries to increase demand for and quality of antenatal care so as to improve timely access to effective micronutrient interventions. And we are working to improve micronutrient intake as part of promoting good infant and young child feeding practices, including early and exclusive breastfeeding, to ensure that growing children get essential nutrition at the right time.

SUMMARIZED FINANCIAL STATEMENTS

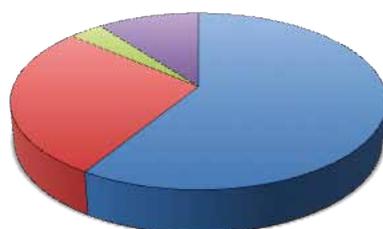
SUMMARIZED STATEMENT OF NET ASSETS AS AT MARCH 31, 2013

(expressed in U.S. dollars)

	MARCH 31, 2013 \$	MARCH 31, 2012 \$	APRIL 1, 2011 \$
ASSETS			
Current assets			
Cash	35,824,780	35,331,814	25,377,787
Short-term investments	-	9,966,988	11,308,061
Amounts receivable	1,315,397	460,983	567,176
Prepaid expenses	675,786	451,586	454,000
	37,815,963	46,211,371	37,707,024
Capital assets			
	665,556	775,613	674,216
	38,481,519	46,986,984	38,381,240
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	2,105,583	1,266,338	1,083,716
Deferred project contracts	27,814,008	37,400,132	28,938,076
	29,919,591	38,666,470	30,021,792
Lease inducement			
	129,431	168,112	184,003
	30,049,022	38,834,582	30,205,795
Net assets			
	8,432,497	8,152,402	8,175,445

PROGRAM EXPENSES BY REGION

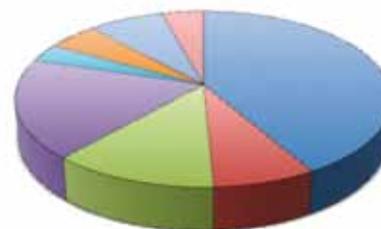
(\$43.9 MILLION)



■ Africa	25.8 million
■ Asia	12.1 million
■ Americas & Middle East	1.5 million
■ Global Programs	4.5 million

TOTAL EXPENSES

(\$47.5 MILLION)



■ Vitamin A procurement and interventions	19.8 million
■ Iron	3.6 million
■ Iodine	5.8 million
■ Zinc	8.7 million
■ Acute malnutrition	1.6 million
■ Community-based MNCH	2.4 million
■ Management & administration	3.6 million
■ Other interventions	2.0 million

SUMMARIZED STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED

MARCH 31, 2013

(expressed in U.S. dollars)

	2013 \$	2012 \$
REVENUES		
Contracts	47,421,374	41,078,605
Other income	505,360	226,847
	47,926,734	41,305,452
EXPENSES		
Program activities	43,902,495	37,705,366
Management and administration	3,599,061	3,398,520
	47,501,556	41,103,886
Net revenue for the year	425,178	201,566
Net assets – Beginning of year	8,152,402	8,175,445
	8,577,580	8,377,011
Translation adjustment	(145,083)	(224,609)
	8,432,497	8,152,402

SUMMARIZED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED MARCH 31, 2013

(expressed in U.S. dollars)

	2013 \$	2012 \$
Cash flows from (used in)		
Operating activities		
Net revenue for the year	425,178	201,566
Items not affecting cash	184,957	224,548
Net change in non-cash working capital items	(9,283,352)	9,603,389
	(8,673,217)	10,029,503
Investing activities	9,784,071	682,298
Effect of foreign exchange on cash	(617,888)	(757,774)
Net change in cash for the year	492,966	9,954,027
Cash – Beginning of year	35,331,814	25,377,787
Cash – End of year	35,824,780	35,331,814

FINANCIAL SUPPORTERS

Our funding comes from a range of sources - from governments to foundations, the private sector to multilateral agencies. Investments in our programming helps us to extend the reach of our work around the world. Thank you for your support.

Asian Development Bank
 Bill and Melinda Gates Foundation
 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 Department of Foreign Affairs, Trade and Development (DFATD)
 Grand Challenges Canada
 Irish Aid
 Izumi Foundation
 Mathile Institute for the Advancement of Human Nutrition
 McKing Consulting
 Project Healthy Children
 Results for Development Institute
 Salt Institute
 Tech Awards
 Teck
 UNICEF
 US Fund for UNICEF
 World Bank
 World Food Programme

COUNTRY HIGHLIGHTS

AFRICA

Burkina Faso

MI worked with the Government of Burkina Faso to scale up zinc treatment with funding from the Zinc Alliance for Child Health (ZACH). Launched in February 2013, ZACH targets 1.8 million diarrhoea episodes in children (6-59 months). The project is being implemented in all 63 districts with the objective of increasing the use of zinc and ORS from 0.4% to 30% by 2015. Complementing this, with support from the Government of Canada's Muskoka Initiative, MI is working to improve Infant and Young Child Feeding (IYCF) education for caregivers, and to reach more young children (6-23 months) with multiple micronutrient powders to supplement their local complementary foods. MI also helped to ensure that 36,000 children were treated appropriately for severe acute malnutrition.

Ethiopia

MI continued to ensure high vitamin A supplementation (VAS) coverage, reaching 9.3 million children (6-59 months) with two doses of life-saving vitamin A. MI also supported the federal Ministry of Health to manage a process of transition of vitamin A distribution from a campaign approach to distribution at routine contacts with health facilities in more than 3000 woredas. MI also continued its support for the government-led salt iodization program, reaching over 30 million people and protecting 900,000 newborns from iodine deficiency disorders. ZACH Ethiopia, launched in February 2013, started scaling up the use of zinc and ORS to treat diarrhoea across the country, with the goal of treating 6.5 million cases by 2015. MI's Community-based Maternal Newborn Health and Nutrition Project is a four-year demonstration project aimed at improving coverage and quality of maternal care and nutrition for women and newborns. In 2012, partnerships were formalized with national and community level stakeholders and we conducted a rapid assessment of maternal and newborn nutrition issues in the region.

Kenya

The Community-based Maternal and Newborn Health Project in Kakamega County aims to improve care and nutrition for women at risk during pregnancy and labour through a novel community-facility linkage program. The project is called "Linda Afya Ya Mama Na Mtoto", which, in Swahili, means "Protecting the Health of Mothers and Children". The project aims to improve pregnancy and birth outcomes for 29,000 pregnant women and their newborns by increasing demand for level 2 and 3 health facilities for maternal and newborn health. This approach will utilize team-based and simulation training for emergency obstetric and newborn care, strengthen essential nutrition actions, and integrate community

health units and traditional birth attendants into the referral system. MI's ongoing VAS support in Kenya included the national supply of vitamin A capsules to the Ministry of Public Health and Sanitation and to key partners for VAS delivery through scheduled polio and measles campaigns, via outreach by health workers in low coverage areas and at health facilities.

Niger

Malnutrition of pregnant women is believed to be a serious problem in Niger, but there is only limited information available on their nutritional status and the contributing factors to the problem. Through support from the Government of Canada's Muskoka Initiative, MI is supporting the Government of Niger's commitment to strengthen maternal nutrition by implementing a research project in Zinder region. The project will identify the barriers and beliefs among pregnant women related to prenatal care and pregnancy outcomes, assess the quality of prenatal care services and the nutrition and health status of pregnant women, develop a plan to optimize program coverage and quality of prenatal care, with a focus on nutrition, and implement it as a demonstration project. The full project was designed in 2012, in partnership with Helen Keller International (HKI) and the University of California, Davis. MI continues to support VAS twice yearly to children under 5 years of age, donating capsules via UNICEF for delivery during immunization campaigns.

Nigeria

With support from Canada's Muskoka Initiative, MI is supporting Nigeria's Save One Million Lives campaign, which includes the scale up of zinc and ORS treatment for diarrhoeal disease and increasing VAS coverage. The campaign is part of the Coalition for Childhood Essential Medicines, which Nigeria's President Goodluck Jonathon is co-chairing with the Prime Minister of Norway. MI extended VAS coverage in partnership with UNICEF and the Government of Nigeria, with the goal of reaching an additional 19 million children.

Senegal

With MI support, the ZACH project is being scaled up in 58 health districts, with the goal of treating 3 million diarrhoeal episodes in children under the age of 59 months with life-saving zinc and ORS by the end of 2015. MI continued to support the integration of VAS into routine Expanded Program of Immunization and Growth Monitoring Promotion contacts in 30 health districts, as well as advocating for the inclusion of vitamin A targets for health district core indicators for a Performance Based Financing (PBF) project. MI is supporting the Ministry of Health to formulate and implement an operational plan for the Community-based Maternal and Newborn Health and Nutrition strategy of the National Reproductive Health

Plan. In 2012, a task force group was formed to guide the project, and a situation assessment of maternal and newborn health interventions was carried out. This assessment will guide the design of an optimal package of services that will be implemented as a pilot project in Kolda region, which will reach 17,000 pregnant women and newborns. MI's track record as a trusted expert and technical partner in the country has enabled us – in partnership with WFP, the government, the salt industry, and other partners – to continue to support salt processors to produce adequately iodized salt and strengthen the enforcement of salt iodization.

Republic of Sudan

MI continued to work with WFP, the Sudanese government and the salt industry to support 18 major salt producers to provide adequately iodized salt in a sustainable manner, which is meeting the needs of more than 14.2 million people. This also ensured over 400,000 newborns were protected from iodine deficiency disorders by making the iodine status of mothers adequate.



LATIN AMERICA AND THE CARIBBEAN

Haiti

MI continues to support national Child Health Weeks in Haiti, which are planned twice-yearly to reach children under 5 with life-saving health and nutrition services. In 2012, more than one million children received VAS during Child Health weeks, through MI and other partners' support. MI worked with UNICEF and the Ministry of Health to assess the national nutrition program and the Child Health Week strategy through participative workshops facilitated by Cornell University. MI also provided the technical and financial inputs needed to initiate a diarrhoea treatment project, using zinc and ORS and delivered at the community level in one region. Diarrhoea is a life-threatening occurrence for children in Haiti and lessons from this project will help to scale up the project nationally to save children's lives.

Guatemala

MI's support to the Ministry of Health in Guatemala has proved an important catalyst for their national diarrhoea treatment program. After a successful pilot project and initial support for zinc supplements, training, human resources and promotional materials, the Ministry of Health is now treating close to 400,000 children under 5 for diarrhoea with zinc and ORS. More than 2,000 front line health workers have been trained in the national diarrhoea management protocol and the Ministry of Health now procures their own zinc supplements. In 2012, MI held regional workshops to evaluate and strengthen the program with a total of 145 participants from all over the country.

Bolivia

MI supports the micronutrient component of the Government of Bolivia's Programa Multisectorial Desnutrición Cero or "Multi-Sectoral Zero Malnutrition Program", in collaboration with the Ministry of Health and Sports. A major focus of MI's support is on activities to improve coverage and use of micronutrient supplements by women and children under 5 years of age, with an emphasis on multiple micronutrient powders (locally called *Chispitas*), VAS, zinc and ORS for diarrhoea treatment for children, and iron folic acid supplements for pregnant and lactating women. In 2012, over 18,000 vulnerable women and children were provided with micronutrient supplements and related education and counselling. MI also supported the development and implementation of a national communications campaign to increase demand and use of micronutrient supplements. The campaign messages – about why micronutrients are important, where to get micronutrient supplements, such as *Chispitas*, and how to use them – were spread via TV, radio, road-side billboards, health centre banners and calendars.

COUNTRY HIGHLIGHTS

ASIA

Afghanistan

MI was responsible for the Food Fortification component of the National Inter-Sectoral Plan for nutrition, helping define roles for government and private sector. MI supplied the vitamin A supplements distributed to over 7 million Afghan children (98%) during a campaign. MI also helped ensure that over 50,000 episodes of childhood diarrhoea were treated with zinc and ORS. MI improved the supply chain management and monitoring system for micronutrient supplements for pregnant and lactating women in 15 provinces. To encourage and guide further program scale-up, MI worked with local NGOs to demonstrate how to generate demand for, and improve the supply and distribution of, multiple micronutrient powders to children (6-24 months), reaching over 8,000 in 4 remote districts.

Bangladesh

MI co-chaired the Nutrition Working Group and helped develop the action plan for Scaling Up Nutrition. MI ensured that 22.5 million children aged 6-59 months received two vitamin A doses, including children previously unreached in remote locations. MI continued work in two districts, demonstrating how the public sector can improve provision and strengthen demand for treatment of diarrhoea with zinc and ORS. MI's technical support to 200 micro- and small-sized salt processors enabled them to market adequately iodized salt, reaching 29 million people and protecting 600,000 newborns from iodine deficiency disorders. MI helped launch salt fortified with iron as well as iodine (double fortified salt) in late 2011; in the past year 1,800 metric tonnes (MT) were produced and distributed across the country, as consumer demand increased.

India

MI focused operational support on a few key States that serve high burden populations. MI's technical support to four State Governments improved the safe and effective supply and delivery of vitamin A supplements, with a particular emphasis on improving coverage in urban areas with poor health infrastructure, reaching 26.4 million children (9-59 months) with two doses. MI supported three States to scale up public sector provision of zinc and ORS for diarrhoea. Initial work in Bihar supported by Canada was expanded into 15 districts with CIFF support, training 50,000 (90%) relevant health staff, and leading to scale up by the State Government across the entire state, an additional 23 districts. As several States have decided to expand supplementation to adolescent girls with iron and folic acid, MI worked on a demonstration program in Chhattisgarh to draw lessons for wider application. MI also worked with approximately 350 small- and medium-scale salt processors to improve their capacity to produce

adequately iodized salt sufficient for 122 million people, helping to protect 1.7 million newborns from iodine deficiency disorders. MI undertook further research and development work on salt fortified with iron as well as iodine, now accepted as a national standard by the Government of India.

Indonesia

MI concentrated its work on VAS in high burden areas, and worked to demonstrate how zinc and ORS for diarrhoea treatment could be integrated into existing public health infrastructures in two districts. MI's work included demonstrating ways of improving not just coverage but adherence to antenatal supplementation by pregnant women in two districts with persistent high rates of anemia. MI continued working to institutionalize improvements to supplementation program management and monitoring overall. MI continued to support salt processors, NGOs, government, and others to further extend the availability of adequately iodized salt to 40 million people, while also helping salt farmers develop economically viable and sustainable business models.

Nepal

MI worked to strengthen supply chains, service delivery, monitoring and operations management for micronutrient supplementation through capacity building at national, district and sub-district levels. MI provided 55% of the national supply of vitamin A supplements (while the government provided the balance) and initiated a new strategy to improve coverage for infants (6-11 months) in three districts. MI also helped strengthen provision of zinc and ORS for diarrhoea treatment through public sector service providers in 30 districts. MI support to the national scale up of iron and folic acid supplements for pregnant women was expanded to 64 (of a total of 75) districts, and MI's technical advice helped the flour industry reach over 350,000 women of child bearing age with fortified wheat flour.

Pakistan

MI donated the vitamin A capsules for children (6-59 months) that were distributed in nationwide polio eradication campaigns, and worked on an innovative strategy in 22 low performing districts and urban slums to reach over one million children missed by the campaigns (improving coverage from 59% to 88%). MI helped the National Rural Support Program to integrate the use of multiple micronutrient powders into the complementary feeding of children aged 6-24 months (of whom one-third are anemic). MI continued work with government and salt processors to make adequately iodized salt available to 55 million people, protecting over one million newborns. MI also facilitated the formulation of multi-sectoral policy guidance notes in all provinces and worked on integrated provincial nutrition strategies.

EXCELLENT YEAR FOR GLOBAL NUTRITION

CHAMPIONS OF NUTRITION

Creating and adding to world-class scientific knowledge and evidence, providing technical assistance, supporting governments to create high quality national nutrition plans and mobilize domestic resources to implement these plans, creating new opportunities for the private sector to step into tackling undernutrition issues – these are the roads we travel to ensure that the immediate suffering and devastating longer-term consequences for children and, ultimately, countries, are not only understood, prevented and treated but also recognized and responded to by all governments as the single greatest cause of poverty. Some of our biggest challenges in improving women’s and children’s health lie not in the solutions but in political will. Our global impact undertakings are reflected in the work we have done in the past year to support the SUN Movement, as well as in our new and ongoing research to increase the global evidence base to ensure we design our programs to positively support countries when they commit to scaling up.

Scaling Up Nutrition Movement at the UN General Assembly

In September 2012, Canada, as a member of the Scaling Up Nutrition (SUN) Lead Group, showed ongoing leadership in nutrition by co-hosting the High-Level Meeting on Scaling up Nutrition during the 2012 United Nations General Assembly, which we not only participated but helped in the coordination and logistics of this second annual event. The meeting, which was also co-hosted by UN Secretary-General Ban Ki-moon and Dr. Anthony Lake, chairman of the SUN Lead Group and Executive Director of UNICEF, highlighted the growing global commitment to scale up nutrition and was marked by the SUN Lead Group’s release of the 2012 SUN Progress Report. The coming-together of those involved in SUN impressed the political will behind prioritizing nutrition in development initiatives. MI’s involvement in this global movement is best highlighted in our SUN video on our YouTube channel.

Nutrition for Growth

Political leaders showed further nutrition action in June 2013 during the UK-hosted *Nutrition for Growth: Beating Hunger through Business and Science* meeting. MI President Venkatesh Mannar, the only Canadian NGO representative participating at the event, publically pledged that MI will work to ramp up our own resources, capacity and impact. The political will shown resulted in a global agreement to better equip the world to beat undernutrition.

Copenhagen Consensus

Our expert contributions to international advisory committees keeps the importance of micronutrients on the development agenda. Micronutrient interventions were recognized in the past three Copenhagen Consensus reports, which look at the most cost effective ways to achieving the most good in the world. *Bundled micronutrient interventions to fight hunger and improve education* was the number one investment for the 2012 report; *micronutrient supplements for children (vitamin A and zinc)* was number one for the 2008 report; and *providing micronutrients* was ranked number two in 2004.



The Lancet Series On Maternal and Child Nutrition

The world has made great strides since the 2008 *Lancet Series on Maternal and Child Undernutrition*, which exposed not only the numbing fact that more than a third of child deaths are due to maternal and child undernutrition, but that we have proven and affordable solutions within grasp. *The Lancet* revisited this important topic in the first half of 2013 with a new series.

“The need is great and the desire – from countries, donors, organizations, civil society and the private sector – is there to get the job done so that the next generation of children can grow and meet their full potential.”

While progress has been made, the agenda remains incomplete: poor nutrition causes 45% of deaths in children under five – nearly 3.1 million each year. Venkatesh Mannar co-authored Paper 4 “The Politics of Reducing Malnutrition: Building Commitment and Accelerating Impact.” This important paper takes the current nutrition momentum that we see happening around the world and translates it into impact on the ground.

Momentum is exactly how we can wrap up our last year. It was a champion year for nutrition, and we will use that momentum for accelerating our global efforts into tomorrow and beyond.

OFFICERS AND SENIOR STAFF (As at March 31, 2013)

M.G. Venkatesh Mannar

President

Mark Fryars

Vice-President, Programs and Technical Services

David Porter

Vice-President, Corporate Services

Chris Dendys

Director, External Relations

Melanie Galvin

Director, MI Asia

Steve Gilbert

Director, Global Programs

John McCullough

Director, MI Africa

Lynnette Neufeld

Director, Technical Services

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Joanne Carter

Executive Director RESULTS

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Ruth Oniang'o

Founder and Leader of the Rural Outreach

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Adjunct Professor, Tufts University

Geeta Rao Gupta

Deputy Executive Director

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VISION

A world free of hidden hunger.

PURPOSE

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.

MISSION

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.

WHO WE ARE

Passionate about developing and implementing solutions for hidden hunger, the Micronutrient Initiative works in partnership with governments, the private sector and civil society organizations to address this serious problem that affects one-third of the world's population.

Governed by an international Board of Directors, MI works in Africa, Asia, the Caribbean, Latin America and the Middle East and reaches people in more than 75 countries. With headquarters in Ottawa, Canada, MI maintains regional offices in New Delhi, India and Dakar, Senegal that manage our country offices in Asia and Africa.

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