



About Vitamin Angels

Our Mission

Vitamin Angels' mission is to help at-risk populations in need—specifically pregnant women, new mothers, and children under five—gain access to life-saving and life changing vitamins and minerals.



Introduction

We promote and implement evidence-based nutrition interventions for hard-to-reach nutritionally at-risk beneficiaries who otherwise don't have access to national health services. As such, Vitamin Angels targets pregnant women, newborns, and children under 5 years of age.

In 2018, in addition to our primary programmatic objective to reach more beneficiaries globally with an expanded range of interventions including vitamin A, albendazole (a deworming agent), and multiple micronutrient supplements (MMS) for pregnant women (i.e. prenatal multivitamins), Vitamin Angels rigorously invested resources into organizational capacity building. To that end, we took steps to expand our prenatal MMS program and strengthened our monitoring and evaluation platform.

This 2018 Annual Report provides a summary of Vitamin Angels progress toward these objectives.

Letter from the President



January 1, 2019

Vitamin Angels started as a dream. We just wanted to help chronically malnourished babies, children, and women — to give them all the chance of a healthy life. Now, as we enter our 25th year, and look forward toward the potential for the year ahead, we also pause to reflect on how far we've come.

That we've been able to achieve so much over the last quarter century comes down to two things:

Focus. From the start, we've known we can make a huge impact with a radically simple approach to the complex challenge of malnutrition—vitamins. I founded Vitamin Angels upon learning about the incredible impact of vitamin A. We have built the largest network of non-governmental organizations who distribute vitamin A to children under five in the world. As the international community has increasingly acknowledged the benefits of multiple micronutrient supplements for pregnant women, Vitamin Angels has stepped up, leading a global movement to ensure all women have a right to a healthy and safe pregnancy.

You. Ultimately, our achievements reflect the power of the community we've built — a community who shares our belief that health and the chance to reach your full potential are, quite simply, a human right. A community that is stronger because you are a part of it. Our corporate partners - over 200 strong! - generously support our mission and create awareness of our work. Our 1,600 field partners —here in the U.S. and in 70 countries around the world — go above and beyond to reach those who would otherwise go unserved. Our individual supporters, incredible people who donate their birthdays, run marathons, and so much more on our behalf continuously amaze us.

As we step into 2019, it is the very commitment of our community that inspires us to set our sights even higher. This year, we are placing our focus on:

- Continuing to increase the number of at-risk children worldwide we reach with vitamin A and deworming.
- Expanding MMS to reach more pregnant women, domestically and internationally, as well as:
 - Informing global policy surrounding the implementation and scale-up of MMS for pregnant women in partnership with other international and national stakeholders.
 - Conducting at least two demonstration projects (in Haiti and Indonesia) to inform the effective and efficient implementation and scale-up of a MMS for pregnant women program.
- Continuing to strengthen Vitamin Angels' programmatic activities and impact through our rigorous monitoring and evaluation activities.

Twenty-five years in, what started as a dream has become a global movement that is saving, and changing lives every day. Thank you for being part of our community.

Upwards!

Howard B. Schiffer
President & Founder / CEO

Vitamin Angels’ Reach

Between 2013 and 2018, Vitamin Angels experienced rapid growth, increasing our beneficiary reach by more than 150% (from 28 million to 70 million children and women) (Figure 1).

Vitamin Angels focuses on delivering evidence-based interventions to prevent and alleviate the effects of undernutrition among our target populations. Figure 2 includes a breakdown of our reach by intervention.

We endeavor to continually expand our services to reach at-risk populations wherever they are in the world. In 2018, we collaborated with more Field Partners than ever before (Figure 3), working in 70 countries, including the U.S.A. (Figure 4).

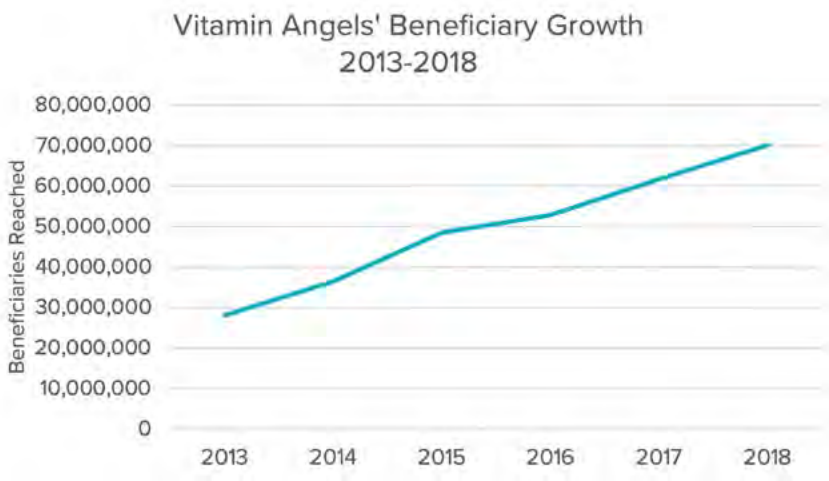


Figure 1. Vitamin Angels’ Beneficiary Growth 2013-2018

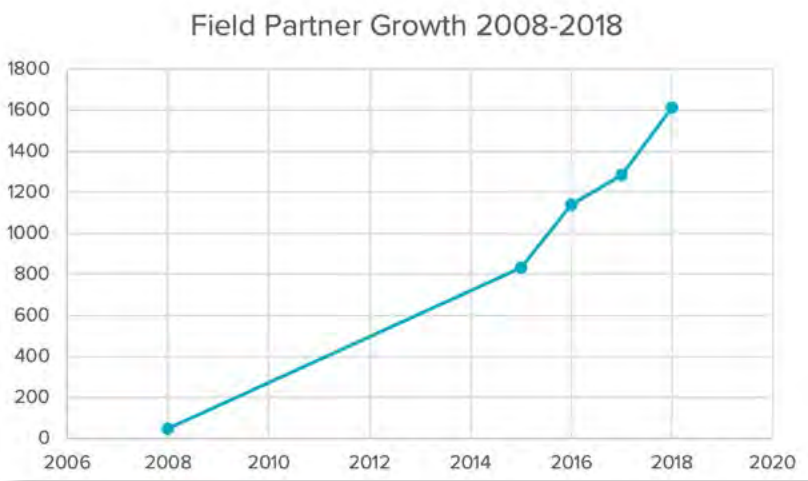


Figure 3. Vitamin Angels’ Field Partner Growth 2008-2108

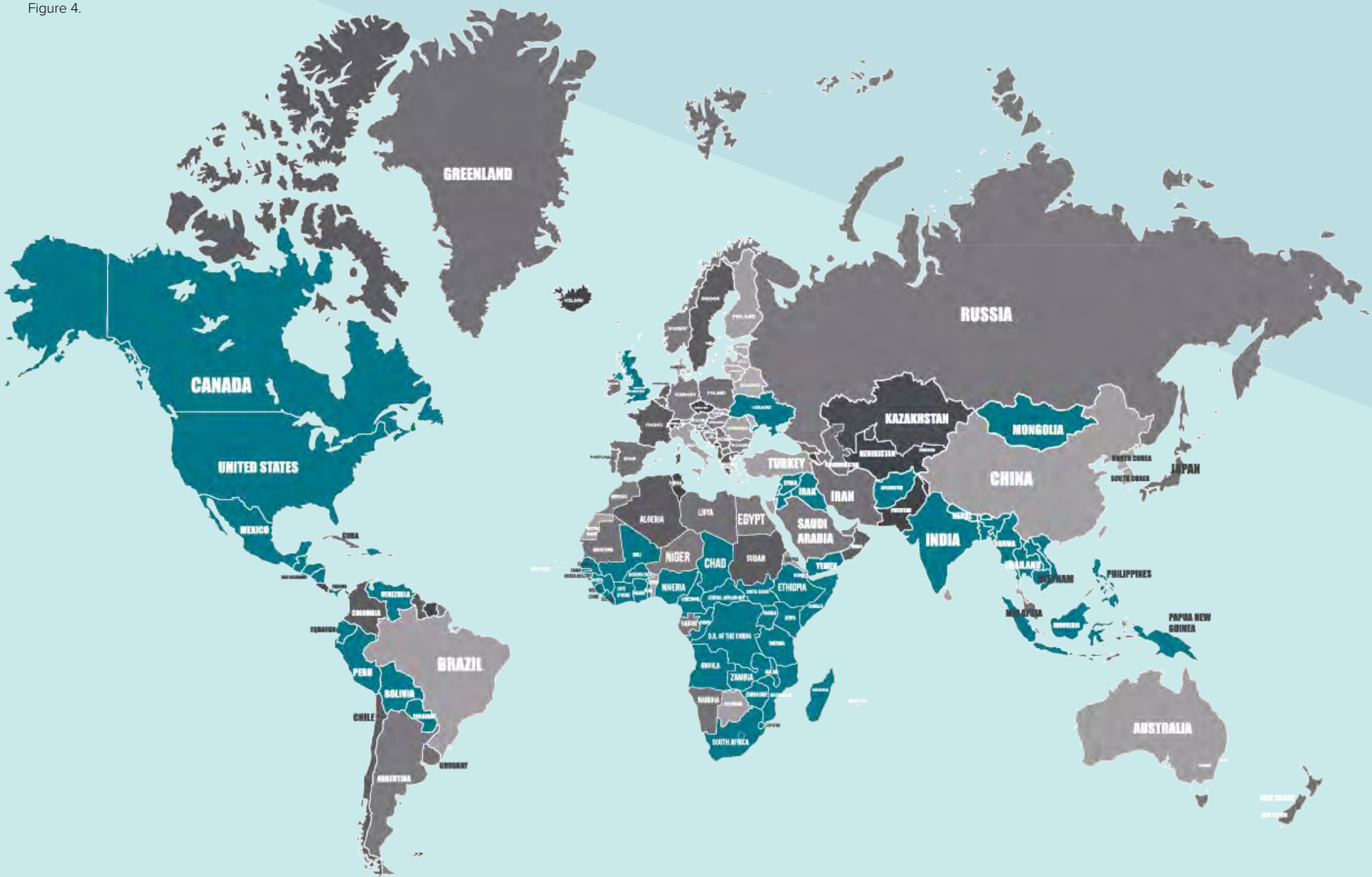
Beneficiaries reached by Intervention in 2018					
Vitamin A 100,000 IU	Vitamin A 200,000 IU	Albendazole	Multiple Micronutrient Supplements (MMS) for pregnant women	Children’s Multivitamin Beneficiaries**	Supplementary Feeding
13,495,500	34,399,250	43,608,550	2,024,357	13,434	524

Figure 2. Vitamin Angels’ Beneficiary Reach by Intervention in 2018*

*The total across interventions is higher than our stated total reach due to some beneficiaries receiving both vitamin A and deworming interventions.
** Vitamin Angels has discontinued its distribution of children’s multivitamins in order to allocate additional resources to our multiple micronutrients for pregnant women program following incremental evidence demonstrating positive health outcomes of the latter. Beneficiary reach here accounts for the distribution of all remaining inventory on-hand.

Where We Worked in 2018

Figure 4.



- Afghanistan
Angola
Bangladesh
Belize
Bhutan
Bolivia
Burkina Faso
Burundi
Cambodia
Cameroon
Canada
Central African Republic
Chad
Congo
Côte d’Ivoire
Democratic Republic of Congo
Dominican Republic
Ecuador
El Salvador
Eswatini
Equatorial Guinea
Ethiopia
Gambia
Ghana
- Guatemala
Guinea
Haiti
Honduras
India
Indonesia
Iraq
Jordan
Kenya
Lao People’s Democratic Republic (Laos)
Lebanon
Lesotho
Liberia
Madagascar
Malawi
Mali
Mexico
Mongolia
Mozambique
Myanmar
Nepal
Nicaragua
Nigeria
Palestine
- Panama
Papua New Guinea
Paraguay
Peru
Philippines
Senegal
Sierra Leone
Somalia
South Africa
South Sudan
Syrian Arab Republic (Syria)
Thailand
Togo
Uganda
Ukraine
United Republic of Tanzania
United Kingdom
United States
Venezuela
Viet Nam
Yemen
Zambia
Zimbabwe

New & Noteworthy: 2018

Global Prenatal Initiative (GPI):

In 2018, Vitamin Angels announced a new goal: to eliminate newborn mortality due to vitamin and mineral deficiencies by scaling up our multiple micronutrient supplement (MMS) program for hard-to-reach pregnant women. Maternal undernutrition is a critical public health problem, contributing to approximately 7,000 newborn deaths daily according to UNICEF.

Strong evidence shows that prenatal supplementation (i.e. MMS) of women in pregnancy results in significantly improved health of the mother and improved birth outcomes, including reduction in maternal anemia, improved fetal growth and birth weight, reduction in the condition known as small for gestational age (SGA) for newborn infants, and reduction in infant mortality. [1] [2] [3] [4]

Vitamin Angels’ Global Prenatal Initiative objectives are twofold:

- Continue to expand program reach among existing field partners, and into new types of NGOs (e.g., family planning organizations), as well as to new countries (e.g. South Africa)
- Activate support with selected partners (e.g. governments, universities, NGOs) seeking to undertake pilot projects to advance policy and decision-making to initiate national/subnational MMS programs (e.g. Haiti, Indonesia).



Advocacy & Implementation Science

In 2018, Vitamin Angels deepened relationships with some of our technical partners working with Ministries of Health, the Sight & Life Foundation, and the Sackler Institute for Nutrition Science of the New York Academy of Sciences.

Taking an important role in the Task Force for Multiple Micronutrients for Pregnant Women, along with the Sackler Institute for Nutrition Science and the Bill & Melinda Gates Foundation, Vitamin Angels started providing guidance to governments about the benefits of, and strategies for, effective implementation and scale-up of MMS for pregnant women.

Vitamin Angels also engaged in a partnership with the Haitian Ministry of Health to conduct implementation research to develop and test the effective provision of MMS among pregnant women. This demonstration project will field test the provision of MMS in 2019-2021, which includes: strengthening distribution platforms, supply chains, and cost analyses; develop and field test social and behavior change communication (SBCC) strategies and tools intended to support the uptake and adherence of MMS among pregnant women; and identify and implement a methodology to evaluate acceptance, coverage, and adherence of MMS among pregnant women.

UN Global Compact & Sustainable Development Goals

Vitamin Angels is proud to work directly with governments, ministries of health, and multilateral organizations to report on indicators related to the United Nations Sustainable Development Goals (SDGs). Specifically, SDGs:

- 3.1 to reduce the global maternal mortality ratio to less than 70 per 100,000 live births and to prevent deaths of newborns and children under 5 years of age.
- 3.2 to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births respectively.

Through coordination and partnership with national health systems, UN agencies and NGOs Vitamin Angels is implementing our programs according to best practices at the highest level while also being at the forefront of policy change, the delivery of evidence-based nutrition interventions, and staying connected to the needs of target beneficiary communities on the ground.

As a member of the UN Global Compact (UNGC), Vitamin Angels stands behind its commitment to upholding the Ten Principles of the UNGC throughout its operations and within its sphere of influence.

Through a variety of partnership initiatives in the private sector, Vitamin Angels is able to assist its network of over 200+ corporate partners in quantifying their contributions towards the SDGs, report on annual sustainability progress to their stakeholder audiences, and strengthen vital nutritional systems at a global level.



Supplementary Feeding Program

In 2018, Vitamin Angels commenced a pilot supplementary feeding program for preschool-children in the United Kingdom. This project leverages a proven strategy – supplemental feeding – to address undernutrition. Further detail on the program is available on p24-25.

The Problem We Address: Hidden Hunger

Roughly 30% of the global population lacks access to health services. ^[v]

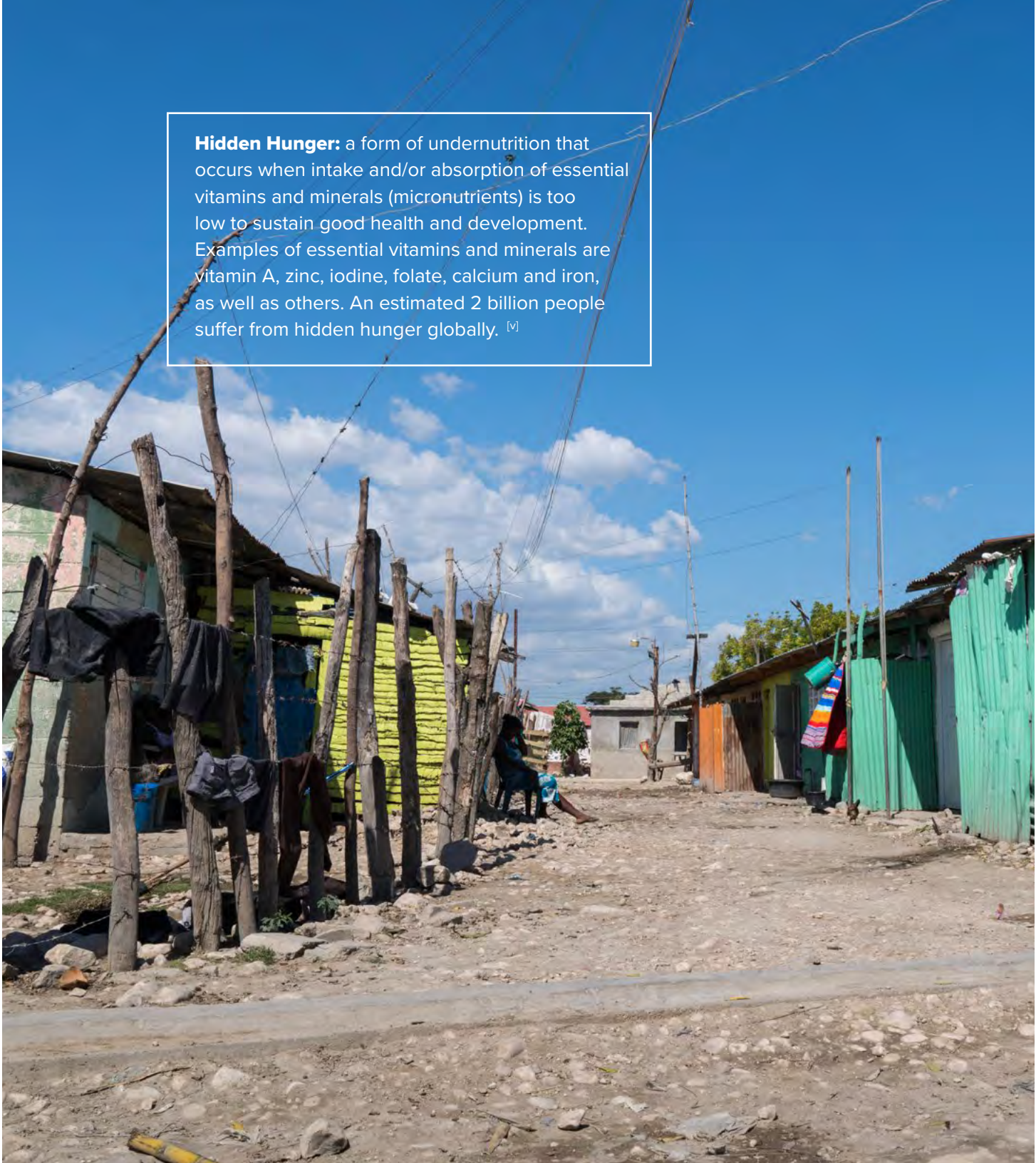
The World Health Organization and UNICEF, alongside national healthcare systems, provide significant coverage to combat undernutrition—reaching, on average, 70% of mothers and children in need.

Despite their best efforts, millions go unreached due to a variety of complex factors related to geographic location, socioeconomic status, infrastructure, environment, social norms, discrimination, and education.

Our Model

Vitamin Angels focuses on serving pregnant women and children who are most in need or underserved by national health services in their countries. ^[vi]

Vitamin Angels fill gaps in services by reaching the hard-to-reach through our network of “Field Partners,” which include qualified local non-governmental organizations (NGOs), international NGOs (INGOs), and national and state governments. In 2018, we expanded our network to over 1,600 Field Partners globally (Figure 3). We support initiatives that are complementary to and coordinated with ongoing efforts of national health services.



Hidden Hunger: a form of undernutrition that occurs when intake and/or absorption of essential vitamins and minerals (micronutrients) is too low to sustain good health and development. Examples of essential vitamins and minerals are vitamin A, zinc, iodine, folate, calcium and iron, as well as others. An estimated 2 billion people suffer from hidden hunger globally. ^[v]

Threatening Lives:

Undernutrition is the #1 cause of preventable child death.

The World Health Organization (WHO) and UNICEF recognize that malnutrition (or more specifically, undernutrition) is estimated to be the underlying cause of nearly half of the deaths among children under 5 years of age – making it the most prevalent factor. ^[vii]

Reducing Disparities:

Undernutrition during a child’s key developmental years from conception to age five not only is a risk factor for mortality, it also contributes to reduced quality of life associated with increased morbidity, stunting, or wasting as well as long-term consequences linked to reduced educational and economic opportunity and a perpetuated intergenerational cycle of health and economic disparities (Figure 5).

THE INTER-GENERATIONAL CYCLE OF UNDERNUTRITION

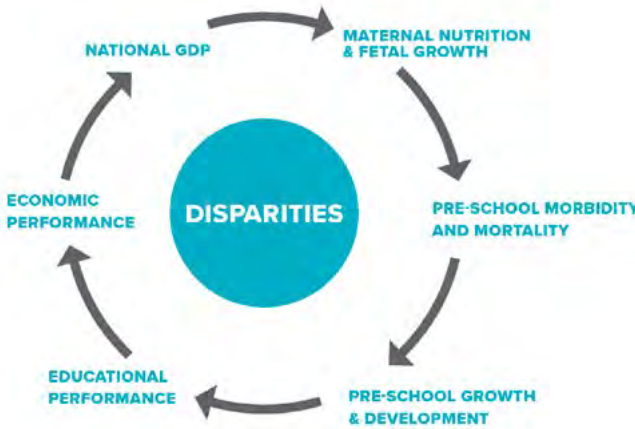


Figure 5: see “The inter-generational cycle of undernutrition”

Our Program Interventions

Vitamin Angels recognizes that there are five major categories of interventions proven to help alleviate undernutrition. These interventions include:

- Supplementation
- Combatting childhood infections that pre-dispose young children to becoming undernourished
- Promoting optimal infant and young child feeding (IYCF) practices (e.g., optimal breastfeeding and complementary feeding)
- Supplementary feeding of at-risk beneficiaries (i.e., food-based delivery strategies)
- Commercial fortification of basic foodstuffs

While remaining sensitive to the utility and importance of commercial fortification of basic foodstuffs, Vitamin Angels’ focus is on allocating our support toward the four other categories of intervention in ways that allow the organization to build a more comprehensive array of assistance to our Field Partners to alleviate undernutrition and its consequences.

Considering the larger context of undernutrition as a global public health problem, Vitamin Angels focuses on the reduction of preventable morbidity, disability (blindness), and mortality associated with micronutrient deficiencies among pregnant women and children under five years of age through the distribution of the following interventions.

- Multiple Micronutrient Supplementation (MMS) for pregnant women
- Vitamin A Supplementation (VAS) for at-risk children 6-59 months
- Deworming for at-risk children 12-59 months
- Promotion of optimal infant and young child feeding (IYCF) practices
- Supplementary Feeding

Note: In accordance with the WHO and UNICEF best practices, Vitamin Angels supports a universal distribution model. For each intervention, evidence has shown that it is more cost effective to treat all members of a target beneficiary group rather than selectively testing and treating beneficiaries of compromised nutritional status.

Source: The World Bank Economic Review, Volume 29, Issue suppl_1, 1 January 2015, Pages S9–S24, <https://doi.org/10.1093/wber/lhv008>



Supplementation



Multiple Micronutrient Supplementation (MMS) for pregnant women

Pregnant women have an increased need for vitamins and minerals throughout pregnancy.

Poor nutrition during pregnancy can negatively impact the health of the mother, the pregnancy, as well as fetal development, and perpetuate a cycle of poor nutrition for generations to come. Maternal undernutrition contributes to approximately 7,000 newborn deaths every day.*

According to the World Health Organization, approximately 38% of pregnant women worldwide are anemic, and many women around the world are not getting the micronutrients they need from their diets to support safe pregnancies and healthy birth outcomes. ^[vii] It is estimated that there are 190 million pregnancies annually in low- and middle-income countries. ^[viii] Of those pregnant women, approximately 57 million are not receiving supplementation, and those being reached are receiving iron-folic acid (IFA) supplementation alone.

The World Health Organization (WHO) recommends IFA supplementation during pregnancy to improve maternal and infant health outcomes. ^[ix] However, additional research has been recently published showing the positive effects of multiple micronutrient supplementation (MMS) (containing iron and folic acid, as well as 13 other micronutrients – i.e. UNIMMAP formulation) in improving birth outcomes, above the improvements from IFA alone. ^[x] ^[xi]

Benefits of MMS in pregnancy include: ^[xii] ^[xiii] ^[xiv]

- Reduction in maternal anemia
- Improved fetal growth and infant birth weight
- Reduction in the condition known as small for gestational age (SGA) for newborn infants

Perhaps most notably, the use of MMS by pregnant women has been shown to reduce infant mortality rates by up to 29% among anemic women.

Vitamin Angels' MMS Reach:

In 2018, Vitamin Angels expanded distribution coverage of MMS to over 2 million women, which represents a 300% increase in distribution within a two-year period. With the introduction of the Global Prenatal Initiative (GPI) in 2018, we continue to expand our reach by leveraging our existing, proven model for the distribution of vitamin A and deworming.

*In 2016, 5.6 million children died before their fifth birthday – among them 2.6 million (46 per cent) died in the first month of life” 2016 - United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in Child Mortality: Report 2017, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2017. https://www.unicef.org/publications/files/Child_Mortality_Report_2017.pdf



What is Vitamin A?
Vitamin A is a fat-soluble vitamin that's important for normal vision, the immune system, and reproduction. Giving vitamin A to young children reduces illness and death in this age group.

Vitamin A Supplementation (VAS) for at-risk children 6-59 months

Vitamin A Deficiency (VAD) occurs when intake of vitamin A-rich foods is insufficient to meet the body's needs. For infants and young children whose minds and bodies are rapidly growing and developing, vitamin A is essential. VAD may lead to night blindness, complete blindness, as well as weakened immune systems making it harder for children to fight off life-threatening illnesses.

Approximately 535 million children (6-59 months) are at risk of VAD. In May 2018, UNICEF released a report, "Coverage at a Crossroads," warning that vitamin A supplementation (VAS) programs are in crisis as over 140 million children are at greater risk of illness, hearing loss, blindness, and death if urgent action is not taken to provide them with life-saving vitamin A supplementation. In 2016, only 64 percent of children in-need were reached with two doses of vitamin A, leaving over one-third of children unprotected from the devastating effects of vitamin A deficiency. Between 2015 and 2016, VAS coverage dropped by more than half in countries with the highest under-five mortality rates.

The benefits of VAS: ^[xvi] ^[xvii]

- This simple intervention can reduce mortality from all causes in at-risk children 6-59 months by up to 24%.
- Children ages 6-59 months only need one dose of vitamin A every 4-6 months, allowing for an immediate, yet long-lasting benefit.
- Internationally recognized guidelines by the WHO and UNICEF recommend that each child 6-11 months of age receive one dose of 100,000 IU vitamin A annually; and each child 12-59 months of age receive two doses of 200,000 IU vitamin A annually.
- VAS is easy, affordable and scalable.
- VAS can be quickly and easily added to existing public health outreach programs. Unlike food aid or fortification, this solution does not require significant new resources or infrastructure to mobilize and deploy.

Vitamin Angels' VAS Reach:

Vitamin Angels focuses on serving populations living in hard-to-reach areas with limited access to healthcare services within countries identified by UNICEF as experiencing moderate to severe vitamin A deficiency. In 2018, Vitamin Angels supported the distribution of vitamin A to more than 47 million children in need.

Combating Childhood Infections



Deworming for at-risk preschool-age children (PSAC) ages 12-59 months

Soil-transmitted helminths (STH), also known as intestinal worms, are one of the most common infections worldwide and affect the poorest and most deprived communities. STH infections are widely distributed in tropical and subtropical areas, with the greatest numbers occurring in sub-Saharan Africa, the Americas, China, and East Asia. Worms are prevalent in many of the same countries identified by the WHO as experiencing moderate to severe vitamin A deficiency (VAD).^[xvii]

STH are transmitted by eggs present in human feces, which in turn contaminate soil in areas where sanitation is poor. Intestinal worms produce a wide range of symptoms including diarrhea, abdominal pain, general fatigue, anemia, and weakness. STH infection worsens problems associated with chronic undernutrition by consuming available nutrients from within a child's digestive system. Children under five years of age are extremely vulnerable to STH infections because they are in a period of rapid physical and mental growth and development.

The majority of the global deworming supply is targeted at school-age children. This leaves many governments unable to provide deworming programs for preschool-aged children (PSAC), despite the WHO recommendation.

According to the World Health Organization, in 2017 about 272.7 million PSAC ages 12-59 months are at-risk for STH globally. In 2017, 188 million PSAC who required deworming were reported as treated corresponding to an estimated global coverage of 69%.^[xix]^[xx]

A single deworming tablet, like albendazole, provided just twice a year kills worms living in a child's system. Deworming also improves the body's ability to absorb nutrients, including vitamin A. The effects of deworming are almost immediate with the benefits visible as early as the following day.^[xxi]^[xxii]

Vitamin Angels' Deworming Reach:

Vitamin Angels routinely pairs distribution of VAS with deworming for children 12-59 months which serves the double benefit of ridding them of worms and allowing them to better absorb nutrients. In 2018, Vitamin Angels distributed deworming tablets to 43 million children globally.

Promotion of optimal infant and young child feeding (IYCF) practices

“Adequate nutrition during infancy and early childhood is essential to ensure the growth, health and development of children to reach their full potential.”

—World Health Organization

Vitamin Angels’ Impact

Vitamin Angels promotes early initiation of breastfeeding (within the 1st hour of birth, exclusive breastfeeding for the first six months of life, continued breastfeeding until at least 24 months), and provides education on appropriate complementary feeding practices.



Supplementary Feeding

In 2018, Vitamin Angels began to explore opportunities to incorporate supplementary feeding into our platform of program services, including a pilot project in the United Kingdom (UK).

Supplementary Feeding for Preschool-Aged Children in the UK

One in four children in the UK grow up in poverty and are at risk for food insecurity and micronutrient deficiency. With limited resources, food insecure families often resort to purchasing inexpensive foods. This results in diets low in nutrient-dense foods and disproportionately increases the risk of micronutrient deficiencies among at-risk populations. Supplementary feeding of young children up to 5 years of age may help to fill the nutritional gaps.

Vitamin Angels’ Supplementary Feeding Reach

Vitamin Angels is partnering with UK’s National Day Nurseries Association (NDNA) to provide a healthy supplemental food package, free of charge, to select NDNA member nurseries serving children who are at nutritional risk in the UK. The program benefits more than 400 children across six nurseries, that cater to low-income families.

The package is designed to complement existing nutrition services and reduce the prevalence of both inadequate nutrient intakes and of excessive nutrient intakes. Each nursery receives weekly deliveries of fresh fruits and vegetables, along with protein-rich foods like beans, eggs and yogurt. Nursery staff are able to select food from a list of options to complement the snacks or meals they already offer. Each child receives one fruit and one vegetable serving per day and three protein servings per week.

The program will also develop and evaluate educational materials to assist in instilling good nutritional habits for children. The materials will aid nursery staff with healthy meal preparation and provide nutritional education for children and their families.

Assessing Our Efforts

As part of our organizational strategy, Vitamin Angels conducts monitoring and evaluation (M&E) to measure the progress and extent to which we are meeting our mission – to help at-risk populations in need – specifically pregnant women, new mothers, and children under five – gain access to life changing vitamins and minerals.

Our M&E strategy provides critical insights specifically focused on measuring the progress and extent to which we are fulfilling our mission, and supporting program management and administrative decision-making through the availability of more timely data. Data collected indicates what has worked well, for whom, and under which circumstances including which activities have been less successful. The knowledge gained from the M&E process is intended to improve strategies and activities, enhance program performance, and hence increase overall impact. In regularly assessing our efforts, M&E also serves to increase our credibility among our donors and technical constituents.

As Vitamin Angels only implements evidence-based interventions, it does not conduct efficacy evaluations. Instead, it focuses on understanding if its interventions are being effectively implemented (e.g. process evaluation).



2018 Results

Monitoring

In 2018, Vitamin Angels conducted on-site monitoring visits in a random sample of 15% of its field partners who distribute vitamin A and deworming.

Based on results and real-time feedback from field partners, Vitamin Angels has made adjustments to our programming, created new educational materials, and created individual learning solutions for field partners.

Data at on-site monitoring visits are collected via Android mobile devices that use ONA and Open Development Kit.

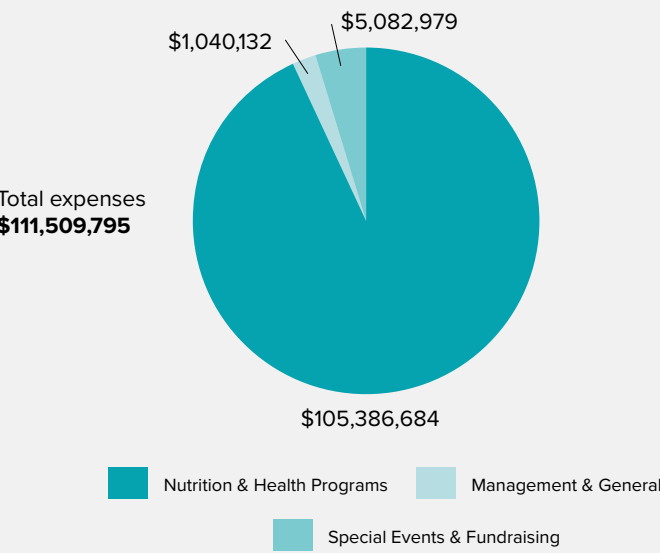
Evaluation

In 2018, Vitamin Angels hired a third-party organization to conduct a coverage survey in India to determine the coverage of vitamin A supplementation by Vitamin Angels field partners and by the government, and to assess associations between hard-to-reach characteristics and vitamin A coverage overall, by Vitamin Angels, and the government. Data is currently being analyzed and will be disseminated in 2019.

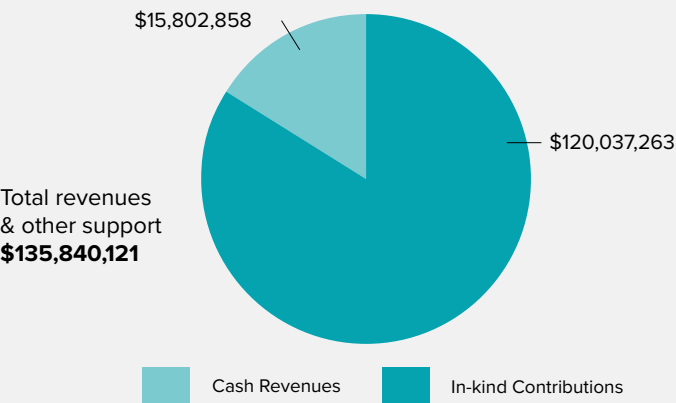
Our Financials

At the core of everything we do at Vitamin Angels, is the pervasive and persistent expectation that we operate at the highest level of performance with exceptional accountability and transparency. We hold ourselves to this standard to ensure we fulfill our obligation to those we serve and to all those who entrust us with their contributions.

HOW WE USE OUR FUNDS:



SOURCES OF OPERATING REVENUE:



Audited financial statements and Form 990 available at: vitaminangels.org/financials

Awards and Recognition

As a public charity, Vitamin Angels takes great care to meticulously measure cost efficiency and responsibly manage funds to ensure optimum results in fulfilling our mission. At the same time, we strive to identify and deliver innovative solutions to serve vulnerable populations. In 2018, we earned the following accolades for our efforts.

Financial Accountability and Transparency



Charity Navigator “10 Best Humanitarian Relief Organizations”!

The nation’s premier charity evaluator, rating over 9,000 organizational annually, awarded Vitamin Angels this exceptional designation in an article noting, “These charities are hard at work around the world to deliver aid and relief supplies to vulnerable communities. And, all have received our highest rating, 4 stars, which proves their commitment to financial health and accountability and transparency.”

Our Board

Board of Directors

- Clayton A. Ajello
- Sachin Agrawal
- Robert Black
- Michelle Brooks
- Michelle Goolsby, Chair
- Jim Hamilton
- Elizabeth Kimani-Murage*
- Robert Parker**
- Howard B. Schiffer
- Tom Meriam
- Brian Wood

*Member elected to Vitamin Angels Board effective October 1, 2018
**Resigned from Vitamin Angels Board effective September 30, 2018

Board of Advisors

- Jeff Brams
- Dave Brubaker
- Joanne Gray
- Peter Hefele
- Scott Holmes
- Doug Jones
- Angela Kelly
- Luis Pacheco
- Samantha Prasad
- Sara Snow
- James Tonkin
- Peter van Stolk



Our Partnerships

At the core of Vitamin Angels' successes is the ability to unite and mobilize individuals, businesses, and organizations toward a common cause. It is thanks to our broad-based community of partners that all we do is possible.

Corporate Partners

Millions of lives in the U.S. and around the world benefit from the generous, unwavering support of the companies listed below. We extend our sincere thanks for their outstanding support.

\$5 Million+



\$1 Million+



\$500,000+



\$250,000+



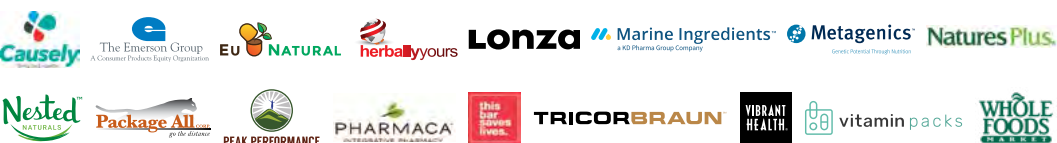
\$100,000+



\$50,000+



\$20,000+



Service Donations

Amazing Wellness Magazine	Guide for Spiritual Living	Noor Vitamins	Technophar
Dicentra	HUB International	Nutra Ingredients-usa.com	Total Health Magazine
The Epoch Times	Ingredients Insight	Nutritional Outlook	Select Nutrition
Fitness Trainer Magazine	Natural Solutions Magazine	Overnight Labels, Inc.	Spirituality & Health
Food Matters	New Hope Network	Salani Design & Merchandising	Vitamin Retailer Magazine

Philanthropy Partners

We are grateful to our many philanthropic partners who have made grants and charitable gifts to support Vitamin Angels efforts to help expand and scale beneficiary reach, as well as support operational capacity building and program improvements.

Technical Partners

We take great pride in the technical veracity of our programs. Where we work, who we serve, which vitamins we distribute ... every detail down to the color, shape, and size of the capsules we distribute are determined with great care and the generous guidance of both international health and product manufacturing experts.

The following individuals and organizations provide invaluable technical support:

- World Health Organization
- UNICEF
- Children Without Worms
- STH Coalition
- Micronutrient Initiative
- DSM Nutritional Products
- Johns Hopkins Bloomberg School of Public Health
- Task Force on Multiple Micronutrient Supplementation in Pregnancy
- Sight & Life

Call for Support

As Vitamin Angels works to expand its global reach providing lifesaving vitamins for more vulnerable women and young children at-risk for undernutrition, continuing to marshal resources to empower our work is critical. There are a few ways you can get involved and support our work.

Field Partners:

Our Field Partners play a critical role in executing our mission. If you are involved with or know of an organization that may qualify to become a Field Partner, we kindly appreciate any referrals or introductions made. Find out if an organization qualifies for a partnership at our website: <https://www.vitaminangels.org/apply>

Corporate Partnerships:

Vitamin Angels has a legacy of deep and meaningful relationships with corporate partners who exemplify upstanding citizenry and global leadership in the areas of health and wellness. Our corporate partners have critically empowered our work around the world, and in turn benefited from Vitamin Angels' robust provision of corporate social responsibility, cause marketing, and employee engagement solutions adding value to their business. Contact us to get started.

Grant makers & Philanthropists:

We are actively seeking partnerships with grant-making organizations and individual philanthropists in order to support targeted program efforts to fill gaps in beneficiary coverage across our administrative priority countries as well as support capacity building through implementation research and operational projects.

Individual Donations & Fundraising:

Enthusiasm and word of mouth are things that anyone, regardless of ability to give financially, can contribute. Sharing Vitamin Angels' mission with friends and loved ones or starting a fundraiser are fantastic ways to make a meaningful impact.

Thank You

It is with sincere gratitude that we issue our **2018 Annual Report**, as it is the result and culmination of the work, passion and commitment of countless individuals around the world who have all come together to act and advocate on behalf of underserved and vulnerable populations. Together we are creating a healthier world. Thank you.





Vitamin Angels is a 501(c)3 tax-exempt organization, incorporated in the State of California and headquartered in Santa Barbara, California.
Tax ID 77-0485881

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References

^[i] Keats et al. Multiple-micronutrient supplementation for women during pregnancy. Cochrane Database Syst Review 2019, Issue 3.

^[ii] Smith et al. Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in low income and middle-income countries. Lancet Global Health. 2017; 5: e1090-100.

^[iii] Sudfield & Smith. New evidence should inform WHO guidelines on multiple micronutrient supplementation in pregnancy. The Journal of Nutrition 2019; 1-3.

^[iv] WHO, 2016: WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience.

^[v] “Over 140 Million Children at Greater Risk of Illness as They Miss Life-Saving Vitamin A Supplements.” UNICEF, UNICEF, 1 May 2018, “http://www.unicef.org/media/media_102833.html” www.unicef.org/media/media_102833.html. “Today, more than one third of children in need are not receiving the life-saving benefits of vitamin A supplementation.

^[vi] WHO Weekly Epidemiological Record (WER) 2018, 93, 681–692.

^[vii] USAID STAT compiler, <https://www.statcompiler.com/en/>

^[viii] Sedgh, G., Singh, S. and Hussain, R. (2014), Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends. Studies in Family Planning, 45: 301–314.

^[ix] WHO. 2016. WHO recommendations on antenatal care for a positive pregnancy experience.

^[x] Haider B. & Z. Bhutta. 2017. Multiple-micronutrient supplementation for women during pregnancy. Cochrane Database Syst. Rev.

^[xi] Smith, E.R., A.H. Shankar, L.S.-F. Wu, et al. 2017. Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in low-income and middle-income countries. Lancet Glob. Heal. 5: e1090-e1100.

^[xii] Keats et al. Multiple-micronutrient supplementation for women during pregnancy. Cochrane Database Syst Review 2019, Issue 3.

^[xiii] Smith et al. Modifiers of the effect of maternal multiple micronutrient supplementation on stillbirth, birth outcomes, and infant mortality: a meta-analysis of individual patient data from 17 randomised trials in lowincome and middle-income countries. Lancet Global Health. 2017; 5: e1090-100.

^[xiv] Sudfield & Smith. New evidence should inform WHO guidelines on multiple micronutrient supplementation in pregnancy. The Journal of Nutrition 2019; 1-3.

^[xv] “Over 140 Million Children at Greater Risk of Illness as They Miss Life-Saving Vitamin A Supplements.” UNICEF, UNICEF, 1 May 2018, www.unicef.org/media/media_102833.html.

^[xvi] Imdad A., Herzer K., Mayo-Wilson E., Yakoob M.Y, and Bhutta Z.A. Vitamin A supplementation for preventing morbidity and mortality in children from 6 months to 5 years of age. Cochrane Database of Systematic Reviews 2010, Issue 12. p. 2. Art. No.: CD008524. DOI: 10.1002/14651858.CD008524.pub2.

^[xvii] Mayo-Wilson et al. Vitamin A supplements for preventing mortality, illness, and blindness in children aged under 5: systematic review and meta-analysis. BMJ. 2011 Aug 25;343:d5094.

^[xviii] WHO Soil-transmitted helminth infections. <http://www.who.int/mediacentre/factsheets/fs366/en/>.

^[xix] Intestinal worms. World Health Organization. Retrieved 23 Nov. 2015 form http://www.who.int/intestinal_worms/more/en/

^[xx] World Health Organization. Weekly epidemiological record. World Health Organization. 14 December 2018,. No 50, 2018, 93, 681–692.

^[xxi] Clarke et al. Differential effect of mass deworming and targeted deworming for soil-transmitted helminth control in children: a systematic review and meta-analysis. Lancet Global Health. 2016; 389 (10066):287- 297.

^[xxii] Lo et al. Deworming in pre-school age children: A global empirical analysis of health outcomes. PLoS Negl Trop Dis 2018; 12(5): e0006500.