Vitamin Angels Annual Report – Nigeria

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| **Organization Name:**       |

### **Inventory Update**

1. In the table below, indicate the number of **doses** (i.e. number of capsules or tablets) of VA donated commodities that you received, distributed, lost, and have remaining in inventory.

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| **Commodity** | **Starting Inventory**(# doses leftover from last annual report) | **Total # of Doses Received from VA** | **Total # of Doses Distributed** | **Total # of Doses Lost** | **Total # of Doses Remaining in Inventory** |
| Vitamin A 100,000 IU (blue capsule) |       |       |       |       |       |
| Vitamin A 200,000 IU (red capsule) |       |       |       |       |       |
| Albendazole 400 mg |       |       |       |       |       |
| Multiple Micronutrient Supplements (MMS) for Pregnant Women |       |       |       |       |       |

1. In the table below, please provide a breakdown of the Total # of Doses Distributed by distribution location.

List all locations where Vitamin Angels donated commodities were distributed and record the total # of doses that were distributed to beneficiaries within each distribution location.

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| **Distribution Report by Location** |
| **Distribution Location****(State / LGA / Ward)** | **# of Doses** **Vitamin A****100,000 IU** | **# of Doses** **Vitamin A** **200,000 IU** | **# of Doses Albendazole**  | **# of Doses** **MMS for Pregnant Women** |
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| **Total # of Doses Distributed:** |       |       |       |       |

*\*If more rows are needed, please continue in table at end of report.*

1. (If applicable) List the expiration dates for each commodity you have remaining in inventory:

1. (If applicable) Describe your distribution plan for any remaining inventory and when you anticipate it will be used.

1. (If applicable) Explain the reason for any commodity losses.

### **Distribution to Beneficiaries**

1. To what extent did you coordinate your distribution with the government?

[ ]  We are a government entity/health authority

OR

*Check all that apply*

[ ]  Informed government/health authority of distribution plans and activities

[ ]  Shared distribution data with relevant government/health authority

[ ]  Government/health authority was directly involved in distribution

[ ]  Did not coordinate. Please explain why:

1. Will this data be included in government coverage and distribution reports?

[ ]  Yes [ ]  No [ ]  Unsure

Please explain:

1. Describe your method for distributing commodities donated by Vitamin Angels. *Check all that apply.*

Vitamin A and/or deworming distributions:

[ ]  Campaign (i.e. designated child health events 1-3 times per year)

[ ]  Routine (ongoing planned visits) OR Opportunistic distributions with existing programs

[ ]  Other:

MMS for pregnant women distributions:

[ ]  Campaign (i.e. designated health events 1-3 times per year)

[ ]  Antenatal care (ANC) or clinic visits

[ ]  Other:

1. Did the majority of children receive two doses of vitamin A supplementation per year?

[ ]  Yes [ ]  No, please explain:

1. If you provided Vitamin Angels commodities to non-target beneficiaries, please explain why:
2. Vitamin A *(Vitamin Angels target group is children 6-59 months only)*:
3. Albendazole *(Vitamin Angels target group is children 12-59 months only)*:
4. MMS *(Vitamin Angels target group is pregnant women only)*:
5. How many people (i.e. staff/service providers) distributed commodities to beneficiaries in this grant cycle:
6. Vitamin A and deworming:
7. MMS for pregnant women:
8. Is there any additional information or feedback you would like to share with Vitamin Angels?

### **Certification of Report**

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| Organization Name:       | Contact Name:       |
| Date:       | Title:       |
| Please email a copy of this report to: aakanni@vitaminangels.org and/or syakubu@vitaminangels.org |

### **Appendix**

*DISTRIBUTION REPORT CONTINUED: if more rows were needed, please continue here:*

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| **Distribution Report by Location** |
| **Distribution Location****(State / LGA / Ward)** | **# of Doses** **Vitamin A****100,000 IU** | **# of Doses** **Vitamin A** **200,000 IU** | **# of Doses Albendazole**  | **# of Doses** **MMS for Pregnant Women** |
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| **Total # of Doses Distributed:** |       |       |       |       |