Vitamin Angels Annual Report

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| **Organization Name:** | **Country of Operation:** |

### **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** | | | **Doses of**  **Vitamin A**  **100,000 IU** | **Doses of**  **Vitamin A**  **200,000 IU** | **Doses of Albendazole** | **Doses of MMS for Pregnant Women** |
| Department:  (Example: Ouest ) | Arrondissements  (Example: Port-au-Prince) | Commune  (Example: Delmas) |
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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)

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: |

### **Appendix**

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

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| **Distribution Report by Location** | | | | | | |
| **Distribution Location** | | | **Doses of**  **Vitamin A**  **100,000 IU** | **Doses of**  **Vitamin A**  **200,000 IU** | **Doses of Albendazole** | **Doses of MMS for Pregnant Women** |
| Department:  (Example: Ouest ) | Arrondissements  (Example: Port-au-Prince) | Commune  (Example: Delmas) |
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| **Total # of Doses Distributed:** | | |  |  |  |  |