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** |
| District | Sub-County |
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| **Total # of Doses Distributed:** | |  |  |  |  |

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.

1. Please list all organizations that you share Vitamin Angels commodities with:

### **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 rnerima@vitaminangels.org**