

S.L. Gimbel Final Evaluation Report Questions.
Questions 1-15 are required and must be completed

1. Organization name:

Vitamin Angels

2. Grant #

20180048

3. Grant Period

March 1, 2018 – February 28, 2019

4. Location of Services (City and State)

International Program to provide vitamin supplementation to underserved children in need. In 2018, Vitamin Angels programs served over 70M beneficiaries in 74 countries around the world. Vitamin Angels' headquarters is based in Santa Barbara, California.

5. Name and Title of person completing evaluation.

Daniel Zorub, Manager of Philanthropic Partnerships

6. Phone Number:

562-900-5590

7. Email address.

dzorub@vitaminangels.org

8. Total number of clients served through this grant funding.

Purchase of product to serve 1,000,000 (one million) beneficiaries.

9. Describe the project's key outcomes and results based on the goals and objectives.

- Objective I: The objective of this program was to use the \$50,000 in grant funds to purchase 2,000,000 high dose (200,000 IU) vitamin A capsules at the approximate cost of \$0.025/dose to reach an approximate 1,000,000 children with lifesaving vitamin A.
 - Outcome for objective 1: Vitamin Angels purchased 2,000,000 vitamin A capsules at the cost of roughly \$50,000. The vitamins were distributed by in-country grantee partners (our "field partners") to program countries identified by UNICEF as having moderate to severe vitamin A deficiency. In 2018, we reached 1,000,000 additional children with lifesaving vitamin A.

- Objective II: The second objective was to reduce mortality among undernourished children in countries with documented high rates of vitamin A deficiency.
 - Outcome for objective 2: According to the Cochrane Review, research shows that for vulnerable populations of children ages 6-59 months at-risk for vitamin A deficiency, Vitamin A supplementation can help reduce childhood mortality by up to 24% (Imdad et al.), in addition to helping support healthy immune systems, promoting physical and cognitive development, and helping reduce the risks of blindness.
 - It is not part of this program, however, to collect or analyze health survey data as this is an evidence-based intervention focused on universal coverage of target populations as aligned with UNICEF and WHO best practices.

10. Please describe any challenges/obstacles the organization encountered (if any) in attaining stated goals & objectives.

11. How did the organization overcome and/or address the challenges and obstacles?

- Our work focuses on providing evidence-based nutrition interventions to hard-to-reach children that do not have access to national health services. Challenges specific to our work include ensuring coordination among field partners and any government programs, avoiding duplication of services to eligible beneficiaries, and ensuring our programs are delivered to beneficiaries according to best practices. To address these challenges, we have taken steps in the following areas:
 - Improved field partner qualifying process and trainings
 - Implementation of a suite of learning solutions
 - Improved reporting and documentation
 - On-site monitoring
 - Coverage Surveys

Identification, Training, and Oversight of grantee partners (our “field partners”) challenges including the following:

1. Qualifying Field Partners

One of our requirements for qualifying our field partners revolves around the partner’s capacity to ensure distribution of vitamin A to the same beneficiaries twice annually. We require field partners to reach at least 200 children between the ages of 6 months and five years and have regular contact with the beneficiaries. Our focus is on children who are underserved and living in remote regions of developing countries not being reached by

existing healthcare systems, which makes access to these organizations challenging. For example, we work with small health clinics high in the Andes of Peru and in remote corners of Nagaland, India.

- a. To help us find qualified partners and effectively manage these dynamic relationships, we have hired local consultants who are familiar with their region of expertise, the socio-political environment there, culture, language, and other local needs to help us identify and vet qualified field partners. Our consultants are senior public health professionals and typically also have experience working with their local or national governments. We now have approximately 25 consultants across Asia, Africa, and Latin America.
- b. Additionally, we spread the word about our offer to provide vitamins to potential new field partners via online service, social media, and through aggressive networking via our existing beneficiary field partner network. Our Programs Managers are charged with recruitment and retention of new field partners on an ongoing basis. In 2018 Vitamin Angels worked with over 1600 NGO field partner organizations serving over 70M beneficiaries in at-risk communities in 74 countries.

2. Training Field Partners

We face challenges in the oversight of field partners to ensure our interventions are correctly distributed according to best practices and according to schedule (every 6 months to eligible children). Because we have nearly 1600 field partner organizations in remote regions with often little or no access to internet, it can be difficult to monitor and evaluate our field partners.

- a. To overcome some of these challenges, we provide educational materials and training programs to train community health workers on best practices including focusing on children ages 6-59 months, using sterile instruments (scissors for cutting open vitamin A capsules), implementing Infection Prevention Practices or hand hygiene, etc. We also schedule biannual check-ins and require our field partners to submit reports on their programs. We have a team of 4 Programs Managers, approximately 25 international consultants, and support staff to identify, vet, and monitor our field partners.
- b. Additionally, in 2016 Vitamin Angels developed an e-learning platform designed to train health care workers to safely administer the vitamins and educate them about vitamin deficiencies. Stored on a simple USB drive, this platform was adapted for individuals with limited computer skills or irregular internet connectivity. As Vitamin Angels continues to expand its

field partner network, this program will be extremely beneficial in supplementing in-person trainings.

- a. As of now our eLearning solution eLearning solution has been crucial in helping expand this reach, affording trainings to approximately 800 healthcare providers with potential reach of approximately 10,000 people. The course is currently offered in English, Bahasa Indonesia, French and Spanish, and is currently undergoing translation into Hindi and Haitian-Creole.
- b. Our eLearning solution has not only helped us achieve these programmatic milestones, but also received the [Gold Award for "Best Unique or Innovative Learning and Development Program" from the Brendan Hall Group](#). Additionally, our eLearning solution was featured on CNN Business - <https://cnnmon.ie/2OQnpGg>.

3. Reporting, Monitoring & Evaluations

2018 Vitamin Angels re-invested into further strengthening our monitoring & evaluations platforms.

- a. In addition to our rigorous training of field partners according to best practices, Vitamin Angels has historically collected reporting from 100% of field partners, including inventory reconciliation reporting, 6 month check-ins, and an annual report every 12 months
 - i. Also to further ensure we are avoiding any duplication of services to eligible beneficiaries, in 2018 we started collecting additional documentation from field partners that details their coordination with local government.
- b. Historically, Vitamin Angels has conducted on-site monitoring visits to ensure best practices from a representative sample of field partners. Solidifying our efforts on this front, in 2018 Vitamin Angels invested into the hiring more regionally based monitors to conduct onsite monitoring of a representative sample of 15% of our field partners. We successfully monitored 15% of our field partners, in 19 countries, utilizing 28 monitors.
- c. In 2018 Vitamin Angels also invested into designing and conducting our first ever coverage survey. This was conducted in a region of India, and while the results are still being analyzed, this data will provide invaluable insights into our programming outcomes. In 2019, we will be conducting at least one more coverage survey in Nigeria.

12. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

- Positive unintended outcomes as a result of the efforts supported by this grant include the following:
 - In 2019, Vitamin Angels is celebrating our 25th Anniversary – 25 years of serving vulnerable women and children at-risk for malnutrition globally.
 - In 2018, Vitamin Angels reached over 70M beneficiaries in 74 countries.
 - Thanks to the support of the SL Gimbel Foundation Fund and The Community Foundation, Vitamin Angels is empowered to not only trust in a continuity of support for our existing global health programming, but can ambitiously think beyond our legacy programs to invest into the next most critical interventions in service of accessible beneficiary populations.
 - In 2018, this was marked by the launch of our [“Global Prenatal Initiative”](#) striving to help “stop malnutrition from the start” by connecting vulnerable women at-risk for undernutrition during pregnancy with prenatal multivitamins to help reduce maternal anemia, reduce low birth weight and babies who are small for their gestational age (SGA), as well as help reduce infant mortality and preterm birth among undernourished women. For pregnant women who are anemic, prenatal multivitamins can reduce risk of early childhood mortality by up to 29%. In alignment with the United Nations Sustainable Development Goals, our vision of this initiative is to reach 50M women annually with prenatal multivitamins by 2030 to help reduce newborn mortalities due to vitamin deficiencies. This initiative also further empowers Vitamin Angels’ domestic programming in service of vulnerable populations of women here in the United States indeed qualify for our prenatal nutritional supplementation.
 - Additionally, Vitamin Angels is further validated by our reoccurring receipt of the highest of ratings for financial transparency and impact from [Charity Navigator \(4-stars\)](#) and [GuideStar \(Platinum Seal\)](#).

13. Briefly describe the impact this grant has had on the organization and community served.

This grant has had a positive impact on our organization highlighted by the following:

1. 1,000,000 additional children reached with lifesaving vitamin A in 2018.
2. Reduced child mortality by up to 24% among children with vitamin A deficiency. This is based on research on the impact of vitamin A supplementation. It is not part of this project, however, to collect or analyze health survey data.
3. Strengthened relationships with field partners.

14. Please provide a narrative on how the funds were used to fulfill grant objectives. Support documents (receipts, expense reports or marketing materials) can be emailed to grant-info@thecommunityfoundation.net or faxed to 951-684-1911 or mailed to The Community Foundation, 3700 Sixth St. Suite 200, Riverside, CA 92501

The \$50,000 in funds was used to purchase approximately 2,000,000 high dose vitamin A liquid capsules, which are administered every 6 months. The funds from the S.L. Gimbel Foundation Fund allowed us to reach an additional 1,000,000 children with lifesaving vitamin A (2 capsules/year/child). The vitamin A was shipped to our field partners and distributed to at-risk children under five.

Please see the below page of the evaluation form for invoice of vitamin A capsules purchased on July 29th, 2018. The invoice shows a purchase of \$1,041,871.02 of which \$50,000 in funds from the S.L. Gimbel Foundation Fund Grant was used towards. The specific Quantity, Pricing, and Unit Price are not included because of confidentiality agreement with our suppliers and the nature purchasing product in mass quantity. The price is roughly \$0.025 per capsule. Please see invoice / purchase order below.



Invoice

U.S. Employer Identification No. 27-4085144

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D.U.N.S. NO 16-014-7252

ACQUITT Instructions
 DSM Nutritional Products LLC
 ABA# 071000039
 Acct# 8900395773
 100% W/ 43mm Seal
 New York NY 10001

Ship To Address
 DSM Nutritional Products LLC
 3927 Collection Center Drive
 Chicago, IL 60693

DOCUMENT NO.	DOCUMENT DATE	DISCOUNT DATE	DUE DATE
2931943959	06/29/2018		07/29/2018

BILL TO:
 VITAMIN ANGELS
 c/o Ada Lauren
 P.O. BOX 4490
 SANTA BARBARA CA 93140

SOLD TO:
 VITAMIN ANGELS
 c/o Ada Lauren
 P.O. BOX 4490
 SANTA BARBARA CA 93140

SHIP TO:
 VITAMIN ANGELS
 c/o Ada Lauren
 P.O. BOX 4490
 SANTA BARBARA CA 93140

PURCHASE ORDER NO. PO-011947	REFERENCE DOC. 2922891436	SHIPPED DATE 06/29/2018	CUST. NO. VUS0916259	CARRIER	ORDER NO. 1114807538
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PLEASE NOTIFY US IF THE ABOVE INFORMATION IS INCORRECT: DSM Nutritional Products : 45 Waterview Boulevard, Parsippany, NJ 07054-1298 Telephone (800) 526-0189 Telex (973) 257-8420

PRODUCT CODE/ PRODUCT DESCRIPTION	LOT QUANTITY & U/W	PACKAGE SIZE & U/W	NO. OF PKGS.	PRICING QUANTITY	UNIT PRICE & U/W	AMOUNT
Prod. No. BP00037062 VA VIT A UG CAPS 200,000IU 500CAPS/BOT	8,148 BOT	1 BOT	8148	66,226,000 BOT	13.27 BOT	878,819.02
Batch 4345991	8,307 BOT	1 BOT	8307			
Batch 4347924	8,283 BOT	1 BOT	8283			
Batch 4347925	8,271 BOT	1 BOT	8271			
Batch 4347927	8,316 BOT	1 BOT	8316			
Batch 4347928	8,396 BOT	1 BOT	8396			
Batch 4347929	8,288 BOT	1 BOT	8288			
Batch 4347930	8,217 BOT	1 BOT	8217			
Batch 4347931	total: 17,600 bottles					
Prod. No. BP00036062 VA VIT A UG CAPS 100,000IU 500CAPS/BOT	8,134 PC	1 BOT	8134	17,600,000 PC	9.52 PC	167,552.00
Batch 4345992	8,123 PC	1 BOT	8123			
Batch 4347923	1,343 PC	1 BOT	1343			
Batch 4389795	total: 100K IU					
total: 17,600 bottles						
total: 33,113,000 doses						
total: 17,600,000 PC						

Issued By:
 DSM Nutritional Products
 200 Roche Drive
 Belleville
 NJ
 07823-1113

SEE PROVISIONS ON REVERSE SIDE

Pay this amount on or before discount date	\$
Net Invoice Total USD	\$ 1,046,371.02
	-\$ 4500.00

Total for VIT. to pay = \$1,041,871.02

15. Please relate a success story

More stories available at: <https://www.vitaminangels.org/stories>

HAPPY AND AT EASE IN UGANDA: Learn about 18-month-old Sadrak and how vitamins have helped support his health.



Meet Sadrak, a bubbly 18-month-old boy who craves the spotlight. According to his mom, Joan, he enjoys spending afternoons watching her and his uncle, Dickens, tend to their garden. While there may be some friendly competition between Joan and Dickens over who is the better gardener, there's no denying that the garden, ripe with cassava, soybeans, sweet potatoes, greens, beans, maize and simsim (sesame seeds), is beautiful. The Vitamin Angels team was pleasantly surprised to learn that the family eats the majority of what is grown—it's more common for families to sell precious crops and use the income to purchase staple foods like cassava in bulk.

Sadrak started receiving vitamin A as soon as he was old enough, at six months of age. He continues to grow more energetic a result of his continued good health and increased appetite. Joan attributes some of the marked difference in Sadrak's health--in comparison to her five older children--to his access to vitamin A and deworming. Joan told Vitamin Angels she feels "happy and at ease" because her child is so healthy; she is grateful she does not have to worry about his health.



FROM UNDERNOURISHED TO UNSTOPPABLE: Vitamins gave young Jocabeth a chance at a brighter future, and her mother peace of mind.



When Flor was pregnant with her daughter Jocabeth (wearing orange ribbons), doctors warned her that she was at risk of miscarriage. Although she defied the odds and carried Jocabeth to term, Jocabeth was skinny as a young child and only wanted to eat bread. It was a scary time for Flor.

One day, word spread that a local health organization was bringing a nutritionist to Flor's village of Guadalupe Cote, Mexico. Flor took a chance. During that first visit, a screening showed that her daughter was in the 'danger zone' for malnutrition. The nutritionist provided counseling for Flor and Jocabeth promptly received her first dose of vitamin A and a deworming tablet.

These days, Jocabeth is an energetic and joyful three-year-old. And she's not the only one -- Flor's niece Ana, and many of the children in her community, are thriving as well. When Flor saw the improvement in her daughter's health she began sharing the vitamins' impact with her family and community, and more children began attending the distributions.

Since that first distribution over a year ago, Flor is happy and relieved that her daughter is doing so well. Ana's mother sent us back with a message for our supporters: "Thank you that God planted it in your heart to do this work. Please keep helping children." With your help, we can do just that, and stop malnutrition before it starts for children like Jocabeth and Ana all around the world.





KAVERI SEES A BRIGHTER FUTURE THANKS TO VITAMIN A: Learn how just three therapeutic doses of vitamin A were essential in preventing 7-month-old Kaveri from going blind.

It can be a daunting task for the human body to maintain and sustain normal physiological homeostasis, especially in infants, who have high nutritional needs.

About 4 weeks ago, Kaveri's young mother couldn't see the usual twinkle in her daughter's eyes. Kaveri had developed dryness in her eyes that then led to whitening of the transparent part of the eyes. Kaveri's parents became increasingly concerned about her eye health and took her to several eye doctors in Kurnool, their hometown, but no one was able to help them. The only thing the parents were told was that she would lose her eyesight if not treated immediately. After two weeks of visiting local doctors, feeling helpless, Kaveri's parents decided to make the journey to Hyderabad and visit L.V. Prasad Eye Institute (LVPEI).



Keratomalacia is an eye disorder that results from vitamin A deficiency. Keratomalacia can be present even in a child who otherwise appears healthy. This was the case with Kaveri. At presentation, her corneas were completely dry, lustreless, filled with keratin plaque and were on the verge of perforation. The delay in diagnosis could have permanently damaged her corneas or even led to her death. Once keratomalacia was diagnosed, Kaveri was treated with high-dose vitamin A.

Within a few hours of receiving her first dose of Vitamin A (100,000 IU) Kaveri's eyes turned transparent again. A week, and two more doses of Vitamin A (100,00 IU) later, Kaveri's eyesight was restored. Kaveri's mother is happy to see the usual twinkle in her daughter's eyes again. Thankfully, Kaveri constantly has her mother's arm around her - the most comfortable and reassuring place in the world.

Please note, questions 18 – 24 are not relevant considering the scale and scope of our beneficiary portfolio is comprised of over 70M women and children in 74 countries. Our specific demographic focus adheres to UNICEF and WHO best practices to provide all children ages 6-59 months with vitamin A supplementation and deworming treatment, and pregnant women at-risk for undernutrition with prenatal multivitamins. This project and grant were to superficially support the procurement of vitamin A to serve target beneficiaries, children ages 6-59 months.

Questions 16-24 are optional questions and relate to demographic information on clients served. This helps us provide a broader picture of your organization and populations being served.

(Q16-17 optional space to relate additional success stories)

Additional success stories provided above

18. Which category best describes the organization. Please choose only one.

19. What is the organization's primary program area of interest?

20. Approximate percentage of clients served through grant in each ethnic group category. Total must equal 100%

21. Approximate percentage of clients served from grant funds in each age category.

22. Approximate percentage of clients served with disabilities from grant funds.

23. Approximate percentage of clients served in each economic group.

24. Approximate percentage of clients served from grant funds in each population category.