

# 2017 Annual Report



## 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.



## ABOUT US

We exist to promote and implement evidence-based nutrition interventions for at-risk beneficiaries who otherwise don't have access to national health services. The relevant at-risk groups that Vitamin Angels focuses on include pregnant women and their developing fetus, newborns, and children under five years of age.

In 2017, our primary programmatic objective was to reach more beneficiaries globally with an expanded range of interventions including vitamin A, albendazole (a deworming agent), and prenatal multivitamins. To that end, we focused on expanding our Field Partner network in targeted countries. Concurrently, we explored opportunities to promote optimal breastfeeding and complementary feeding practices, and the feasibility of direct feeding programs.

This 2017 Annual Report provides a summary of Vitamin Angels' progress toward our stated objectives.



## Letter from the President

There's a quote from Mark Twain that says, "The two most important days of your life are the day you were born and the day you figure out why." I understood my reason for being when I founded Vitamin Angels in 1994. As the organization grew, it became clear that the paths I had traveled throughout my life all converged here. I knew what a difference vitamins could make in the lives of pregnant women and children, and I had the connections within the industry to translate my passion into something impactful, and sustainable.

I'm grateful to say that over the past 23 years, hundreds of individuals and companies have joined in our mission. They've made this cause their own, and in the process, begun to change the course of public health on a global scale. Vitamin Angels is now the largest supplier of vitamin A and deworming interventions to the non-profit and faith-based sector globally.

It's important to remember that our reach, while impressive, represents real families whose lives have been changed thanks to our efforts and your support. Earlier this year, I met Ana and her mom in a rural village in Mexico. As Ana happily ran and played with her cousins, her mom said, "Thank you that God planted it in your hearts to do this work. Please keep helping children."

We know there is still much work to be done, and we also know that we have the best supporters and partners in the world who are committed to working right along side us. Together we can create a world where every child can grow up without the threat of malnutrition and have the opportunity to reach their full potential.

Upwards!

A handwritten signature in black ink that reads "HOWARD". The signature is stylized and written in all caps.

Howard B. Schiffer  
President & Founder / CEO



## Vitamin Angels' Reach

Between 2013 and 2017, Vitamin Angels experienced rapid growth, increasing our beneficiary reach by more than 100% (from 28,156,737 to 61,760,461 children and women) (Figure 1).

Vitamin Angels focuses on connecting hard-to-reach and underserved populations with essential micronutrients and deworming interventions. 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 2017, we collaborated with more Field Partners than ever before (Figure 3), working in 74 countries, including the U.S.A. (Figure 4).

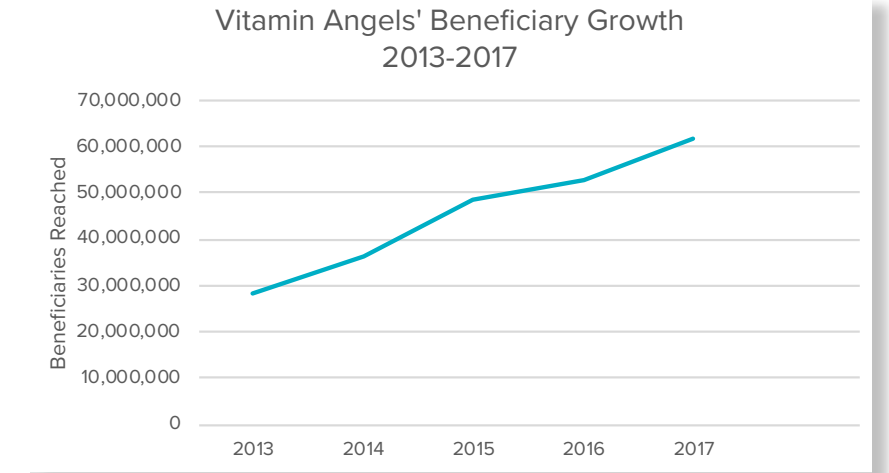


Figure 1. Vitamin Angels' Beneficiary Growth 2013-2017

Beneficiaries reached by Intervention in 2017				
Vitamin A 100,000 IU	Vitamin A 200,000 IU	Albendazole	Prenatal Multivitamins	Children's Multivitamins**
14,160,050	33,543,000	34,089,350	477,649	41,562

Figure 2. Vitamin Angels' Beneficiary Reach by Intervention in 2017\*

\*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 scaled back its distribution of children's multivitamins in order to allocate additional resources to our prenatal multivitamin program following incremental evidence demonstrating positive health outcomes of the latter.

Year	Number of Field Partners
2008	49
2015	833
2016	1,140
2017	1,283

Figure 3. Vitamin Angels' Field Partner Growth 2013-2017

## Where We Worked in 2017 Figure 4.

- |                              |   |                              |
|------------------------------|---|------------------------------|
| Afghanistan                  | Guatemala                               | Panama                       |
| Angola                       | Guinea                                  | Paraguay                     |
| Armenia                      | Haiti                                   | Peru                         |
| Bangladesh                   | Honduras                                | Philippines                  |
| Belize                       | India                                   | Romania                      |
| Bhutan                       | Indonesia                               | Rwanda                       |
| Bolivia                      | Iraq                                    | Senegal                      |
| Burundi                      | Jordan                                  | Serbia                       |
| Cambodia                     | Kenya                                   | Sierra Leone                 |
| Cameroon                     | Lao People's Democratic Republic (Laos) | Somalia                      |
| Canada                       | Lebanon                                 | South Sudan                  |
| Central African Republic     | Liberia                                 | Swaziland                    |
| Chad                         | Madagascar                              | Syrian Arab Republic (Syria) |
| Colombia                     | Malawi                                  | Thailand                     |
| Congo                        | Mali                                    | Timor-Leste                  |
| Côte d'Ivoire                | Mexico                                  | Togo                         |
| Democratic Republic of Congo | Mozambique                              | Uganda                       |
| Dominican Republic           | Myanmar                                 | United Republic of Tanzania  |
| Ecuador                      | Nepal                                   | United States of America     |
| El Salvador                  | Nicaragua                               | Vietnam                      |
| Equatorial Guinea            | Niger                                   | Zambia                       |
| Ethiopia                     | Nigeria                                 | Zimbabwe                     |
| Gambia                       | Pakistan                                |                              |
| Ghana                        | Palestine                               |                              |



## THE PROBLEM WE ADDRESS: **Undernutrition**

**Undernutrition is the #1 cause of preventable child death.<sup>1</sup>**

While not among the primary direct causes of death for children, both the World Health Organization (WHO) and UNICEF recognize that malnutrition (or more specifically, undernutrition) is estimated to be an underlying cause of 45% of deaths among children under 5 years of age – making it the most prevalent factor.

### REDUCING DISPARITIES:

Undernutrition during a child's key developmental years from conception to age five not only risks premature death, but 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

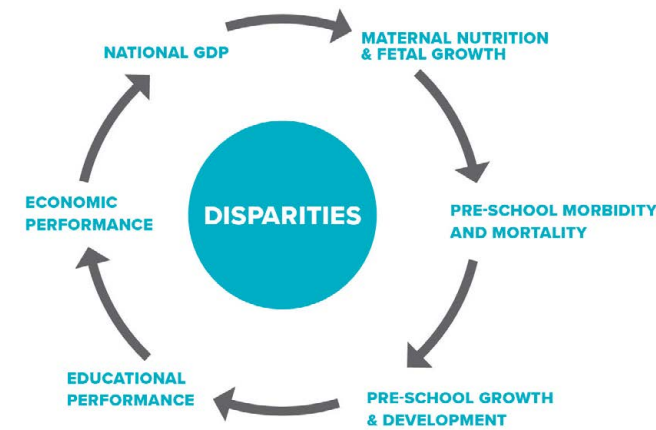


Figure 5: see “The inter-generational cycle of undernutrition”

### **Undernutrition**

specifically references the inadequate consumption or absorption of one or more nutrients, either micro- or macronutrients, that in turn leads to nutritional deficiency.



<sup>1</sup> p. 15 “Maternal and Child Nutrition 1: Maternal and child undernutrition and overweight in low-income and middle-income countries. The Lancet, 2013: Volume 382, Issue 9890, Pages 427 - 451. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, et. al. and the Maternal and Child Nutrition Study Group.

## THE GAP WE FILL: **Underserved Populations**

**Roughly 30% of the global population lacks access to health services.<sup>2</sup>**

National healthcare systems (often with policy support from the World Health Organization and tangible material support to low and middle income countries from UNICEF), provide significant services to combat undernutrition—reaching, on average, 70% of those 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.<sup>3</sup> Typically, our beneficiary communities are facing challenges of extreme poverty and / or have limited or no access to national health services due to logistical and geographic barriers to entry.

Vitamin Angels fill gaps by reaching the underserved through our network of “Field Partners,” which include qualified local non-governmental organizations (NGOs) and international NGOs (INGOs), and national and state governments. In 2017, we expanded our network to over 1,200 Field Partners globally (Figure 3). We support initiatives that are complementary to and coordinated with ongoing efforts of national health services.

<sup>2</sup> 30% is a global average of individuals who do not have access to health services. Coverage may be higher or lower in different countries and regions.

<sup>3</sup> Lancet Series: Maternal and Child Nutrition 1: Maternal and child undernutrition and overweight in low-income and middle-income countries, p. 29. 2013. Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, et. al. and the Maternal and Child Nutrition Study Group.

## Our Program Interventions

Vitamin Angels recognizes that there are five major categories of interventions proven to help alleviate undernutrition, including:

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

While remaining sensitive to the utility and importance of food based strategies and commercial fortification of basic foodstuffs, Vitamin Angels' primary focus is on allocating its support toward the latter three 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.

**Note:** In accordance with the WHO and UNICEF best practices, Vitamin Angels undertakes 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.<sup>1</sup>

<sup>1</sup> The World Bank Economic Review, Volume 29, Issue suppl\_1, 1 January 2015, Pages S9–S24, <https://doi.org/10.1093/wber/lhv008>





## SPECIFIC CONCERN: Vitamin A Deficiency

### VITAMIN A DEFICIENCY (VAD)

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 (xerophthalmia), complete blindness, as well as weakened immune systems making it harder for children to fight off life-threatening illnesses. Stunting is another risk factor associated with VAD and affects 1 in 4 children worldwide. While most of the symptoms associated with VAD are not visible, some children may demonstrate thin, brittle or lightening hair and dry, flaky skin.

For decades the WHO, UNICEF, and Nutritional International (formerly Micronutrient Initiative) have promoted VAS as an effective and proven preventative approach that can save lives.



#### What is Vitamin A?

Vitamin A is a fat-soluble vitamin that's important for normal vision, the immune system, and reproduction. Vitamin A also helps the heart, lungs, kidneys, and other organs work properly. This essential nutrient is not produced by the body, so it must be consumed in food or supplement form.

### THE BENEFITS OF VITAMIN A SUPPLEMENTATION (VAS):

- This simple intervention can reduce mortality from all causes in at-risk children 6-59 months by up to 24%.<sup>4</sup>
- 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.
- Vitamin A is inexpensive to produce and cost-effective to transport.
- 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.

### THE NEED FOR VITAMIN A SUPPLEMENTATION

Approximately 535 million children (6-59 months) are at risk of VAD. Approximately 70% of those eligible for VAS are served by UNICEF or national services, leaving approximately 30% (or 150 million children) underserved. Vitamin Angels focuses on serving children 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 2017, Vitamin Angels distributed vitamin A to meet approximately 31% of the global unmet need.

	Vitamin A
Eligible Under 5 Population	535,000,000
UNICEF/MOH Global Coverage	390,000,000
Global Unmet Need	150,000,000
<b>Our Global Reach</b>	<b>47,703,050 (31%)</b>

Figure 7: Vitamin A: The Unmet Need and Vitamin Angels' Reach

<sup>4</sup> 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.



## SPECIFIC CONCERN: Soil-Transmitted Helminths (intestinal worms)

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 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 vulnerable to STH infections because they are in a period of intense physical and mental development.

### DEWORMING

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.

### THE NEED FOR DEWORMING

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. According to the World Health Organization, about 266 million preschool-age children ages 12-59 months are at-risk for STH globally.<sup>5,6</sup>

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.<sup>7</sup> Worms are prevalent in many of the same countries identified by the WHO as experiencing moderate to severe vitamin A deficiency (VAD).

Similar to VAS, deworming coverage by governments is estimated to reach not more than 70% of those children under five in need. In 2017, Vitamin Angels distributed deworming tablets sufficient to meet about 32% of the global unmet need.

	Albendazole
Eligible Under 5 Population	266,000,000 (WHO)
UNICEF/MOH Global Coverage	158,000,000
Global Unmet Need	108,000,000
<b>Our Global Reach</b>	<b>34,089,350 (32%)</b>

Figure 8: Deworming: The Unmet Need and Vitamin Angels' Reach

<sup>5</sup> Intestinal worms. World Health Organization. Retrieved 23 Nov. 2015 from [http://www.who.int/intestinal\\_worms/more/en/](http://www.who.int/intestinal_worms/more/en/)

<sup>6</sup> World Health Organization. Weekly epidemiological record. World Health Organization. 6 March 2015, No. 10, 2015, 90: 89-96.

<sup>7</sup> <http://www.who.int/mediacentre/factsheets/fs366/en/>

## SPECIFIC CONCERN: Maternal Undernutrition

PREGNANT WOMEN HAVE AN INCREASED NEED for vitamins and minerals throughout pregnancy. Poor nutrition during pregnancy negatively affects not only the health of the mother, but adversely impacts fetal development, birth outcomes, and perpetuates a cycle of poor nutrition for generations to come.<sup>1,2</sup> Maternal undernutrition contributes to approximately 7,000 newborn deaths every day.

1 e-Library of Evidence for Nutrition Actions (eLENA). Daily iron and folic acid supplementation during pregnancy. WHO.  
2 State of the World's Mothers 2012. Save the Children.

### SUPPLEMENTING PREGNANT WOMEN WITH MULTIPLE MICRONUTRIENTS (PRENATAL MULTIVITAMINS)

The World Health Organization (WHO) recommends iron–folic acid (IFA) supplementation during pregnancy to improve maternal and infant health outcomes.<sup>8</sup> However, additional research has recently been 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.<sup>9,10</sup>

While IFA has been a component of the “gold standard” of antenatal nutritional care for decades, MMS is likely to become the new standard of care. While the WHO has not yet issued a “routine use” recommendation of MMS, the WHO’s Antenatal Care Guidelines offer that where appropriate, governments can explore how to implement and scale effective MMS initiatives in their national programs.<sup>11</sup>

### BENEFITS OF PRENATAL MULTIVITAMINS FOR WOMEN EARLY IN PREGNANCY INCLUDE:

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

Perhaps most notably, prenatal multivitamins have been shown to reduce infant mortality rates by up to 29% among anemic women.

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 the introduction of appropriate complementary feeding.

8 WHO. 2016. WHO recommendations on antenatal care for a positive pregnancy experience.

9 Haider B. & Z. Bhutta. 2017. Multiple-micronutrient supplementation for women during pregnancy. Cochrane Database Syst. Rev.

10 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.

11 WHO. 2016. WHO recommendations on antenatal care for a positive pregnancy experience. 32.

### THE NEED FOR PRENATAL MULTIVITAMINS

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.<sup>12</sup>

It is estimated that there are 190 million pregnancies annually in low- and middle-income countries.<sup>13</sup> Of those women approximately 57 million are not receiving supplementation, and those being reached are receiving IFA alone. While Vitamin Angels distributed only enough prenatal multivitamins in 2017 to serve a small fraction of the unmet need, this represents a more than 100% increase in distribution within a two-year period. Additionally, the opportunity exists to expand this program leveraging our existing, proven model for the distribution of vitamin A and deworming.

	Prenatal Multivitamins
Eligible Population (# of pregnancies in low- and middle-income countries)	190,000,000
UNICEF/MOH coverage (with IFA)	133,000,000
Global Unmet Need	57,000,000
<b>Our Global Reach</b>	<b>477,649</b>

Figure 9: Prenatal Multivitamins: The Unmet Need and Vitamin Angels' Reach

<sup>12</sup> [http://www.who.int/nutrition/publications/globaltargets2025\\_policybrief\\_anaemia/en/](http://www.who.int/nutrition/publications/globaltargets2025_policybrief_anaemia/en/)

<sup>13</sup> 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.



## Assessing Our Efforts

As a public charity, Vitamin Angels strives to operate with exceptional quality and the utmost integrity. In 2017, we undertook the following projects to assess how effectively we provide services and support to our Field Partners in order to garner additional learnings and identify opportunities for continued improvement.

### CONSTITUENT VOICE SURVEY

In 2017, Vitamin Angels engaged **Keystone Accountability** to conduct an independent survey of our network of Field Partners intended to identify what our Field Partners find that Vitamin Angels does well and what we can do to improve. Surveys in English, French, Spanish, Bahasa Indonesia, Haitian Kreyol, and Tagalog were sent to more than 1,000 partners. In total, 506 partners from 46 countries responded to questions in four categories including: capacity building, administration, relationships, and understanding and learning.

Based on overall responses, Keystone found that Vitamin Angels is “an organization that listens to its partners and is performing well.” Additionally, Vitamin Angels’ performance was rated 7th overall when evaluated in the context of a global cohort of 80 international NGOs.

Read the [executive summary](#) or [full report](#) on Vitamin Angels’ website.



*“The event was a way to bring different organizations together to share experiences and bridge partnerships across our Field Partners”*

– Jamie Frederick, Monitoring & Evaluation Manager, Vitamin Angels

### FIELD PARTNER MEETINGS

In 2017, Vitamin Angels hosted Field Partner networking meetings in the Philippines (Aug. 2017), Nigeria and Democratic Republic of Congo (Oct. 2017). In each country, multiple Vitamin Angels’ Field Partners were invited for a day of presentations, workshops, and networking intended to facilitate mutual resource sharing and lessons learned. Since many of Vitamin Angels’ Field Partners are geographically separated and remote, Vitamin Angels aimed to bring partners from different regions together so that they could collectively better advocate for public health nutrition issues in each of their respective countries.

### MONITORING AND EVALUATION

In 2017, Vitamin Angels expanded our Monitoring and Evaluation (M&E) framework in an effort to better measure the progress and extent to which we are fulfilling our mission. M&E activities are carried out at Vitamin Angels for accountability, learning, and improvement purposes. The M&E framework is intended to facilitate benchmarking of the organization against established best practices and to stimulate action to improve overall program operations. Broadly speaking, our M&E framework measures what is actually being achieved relative to stated objectives.

Since Vitamin Angels already implements evidence-based interventions, we do not conduct efficacy evaluations. Instead, we focus on understanding if our interventions are being effectively implemented (e.g. process evaluation, coverage surveys, etc.).

## FROM THE FIELD: Case Studies

While the populations we serve share challenges in access to healthcare, the underlying causes of their need vary dramatically from country to country and family to family. Here are just few a stories of those we serve around the world.



### INDIA

#### Vitamin Angels' largest program worldwide

Boasting more than 400 Field Partners and reaching 12.8 million children and 67,000 mothers in 2017, Vitamin Angels' program is our largest. As 37% of all vitamin A deficient children in the world live in India, Vitamin Angels is increasingly focused on identifying and supporting new Field Partners in India.

### NIGERIA

#### One of our fastest growing programs

Nigeria is home to the second largest number of vitamin A deficient preschool-aged children. Nigeria's child mortality rate for children under five is among the highest. To address these concerning facts, Vitamin Angels is investing to scale up deployment of vitamin A in Nigeria. Over the past few years we've increased our presence substantially — our program is now 22 times larger than it was only three years ago. In 2017, 10.5 million children and 11,000 women were reached with essential micronutrients.



### DEMOCRATIC REPUBLIC OF CONGO

#### Growth amidst challenging circumstances

Vitamin Angels started providing vitamin A to Field Partners in Democratic Republic of the Congo (DRC) in 2013. The recurring presence of the Ebola virus, political turmoil, and shifting security levels in various provinces have presented challenges for Vitamin Angels in navigating operations in the country. Despite this, in 2017, Vitamin Angels reached 7.3 million children with vitamin A and/or deworming and plans to reach 9 million children and 45,000 women in 2018.

### SYRIA

#### Serving displaced populations in crisis

The Syrian conflict has created the largest global displacement crisis in recent history. UNOCHA estimates that 6.3 million people have been internally displaced within Syria, more than 50% of whom are children. Due to the conflict, the health system in the country is severely weakened, and health services are particularly scarce in opposition-controlled areas. In addition to distributing vitamin A and albendazole to over 40,000 extremely hard to reach children and prenatal multivitamins to over 1,000 vulnerable women, our Field Partners in Syria operate a hospital, primary health care center, a mobile clinic, and nutrition centers.



### CANADA

#### A neighboring program

Vitamin Angels' grantee network in Canada grew 200% from 2016 to 2017 largely in response to increased awareness garnered through our presence at the North American Refugee Health Conference and the Association of Ontario Health Centers annual conference. In 2017 we reached 7,032 pregnant women with prenatal multivitamins in Canada.

## FROM THE FIELD: Impact Stories



When **Flor** was pregnant with her daughter, Jocabeth, she learned she was at risk of miscarriage. Although she defied the odds and carried her daughter 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 started telling her family and friends about the vitamins, and more children began attending the distributions. More than a year has passed since that first distribution, and Flor is happy and relieved that her daughter is doing so well.

**Sadrak**, is 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. With a healthy appetite, Sadrak regularly eyes the with cassava, sweet potatoes, greens, beans, and maize growing just steps from his door. Joan attributes some of the marked difference in Sadrak's health—in comparison to her five older children—to the vitamin A and deworming he's had access to since he was 6-months-old. Joan said she feels "happy and at ease" because her son is so healthy.



**April** had her first child at just 15. "I felt really nervous and scared ... I wasn't actually taking any of the vitamins or anything, I was really young and didn't know much about pregnancy."

Seven years later, April is now the proud mother of four with a fifth child on the way. She's learned a lot about pregnancy, breastfeeding, and the importance of nutrition with each subsequent child.

April has taken prenatal multivitamins during her three most recent three pregnancies and experienced a significant difference, specifically with Vitamin Angels' prenatal multivitamins. "When I take them I feel that I have more energy and I'm able to get up and do things a lot faster and sooner," she says. She believes the prenats have helped her children as well, proudly noting that 1-year-old Lucy is already using full sentences!

While April acknowledged that her growing family is facing some challenges, it was apparent that she takes great joy in being a mother. "I just love it...Being able to spend time with my kids and having loving, happy times. Especially after having a newborn baby, it's really fun."

Struggling to put food on the table is what **Jenelyn** cites as the hardest part of motherhood. It's an ironic statement, considering that her husband works as a butcher. But like many families we meet in the field, Jenelyn's lives off of less nutritious staples—such as rice, beans, or corn—so that they can sell more nutritious and filling foods for income.

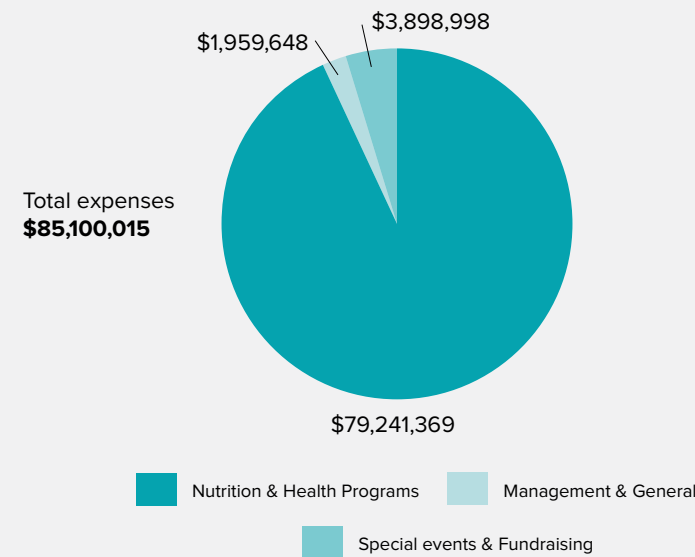
Luckily, the vitamin A that Jenelyn's children receive help fill a critical gap in their limited diets. Her hope for all of her children is that they complete their studies, an opportunity she didn't have.



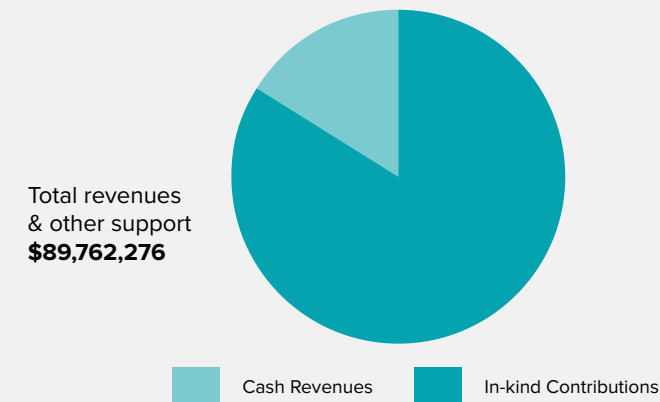
## Our Financials

At the core of everything we do at Vitamin Angels, is the pervasive and persistent expectation that we operate at the highest level 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](http://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 2017, we earned the following accolades for our efforts in these areas.

### FINANCIAL ACCOUNTABILITY AND TRANSPARENCY

### QUALITY INNOVATION



#### 4-Stars from Charity Navigator

The nation's premier charity evaluator awarded Vitamin Angels this exceptional designation for the sixth consecutive year, placing us in the top five percent of charities evaluated annually. In the letter advising of the award, Michael Thatcher, President & CEO of Charity Navigator stated, "This exceptional designation from Charity Navigator sets Vitamin Angels apart from its peers and demonstrates to the public its trustworthiness."



#### The 2017 Platinum GuideStar Nonprofit Seal of Transparency

GuideStar, the world's largest source of nonprofit information, awarded Vitamin Angels the highest level of recognition available. Evaluation methodology focuses on metrics related to progress and results against a charity's stated mission and ratings are based on the level of transparency of reporting.



#### Innovation Brandon Hall Group Gold Award

In the category of "Best Unique or Innovative Learning and Development Program" Vitamin Angels won the coveted award for our eLearning program, which was developed in partnership with TorranceLearning.

#### "Best of Show"

Demofest, part of the eLearning Guild's Learning Solutions Conference, also recognized Vitamin Angels and TorranceLearning for the creation of our eLearning platform.



## Recognizing our Donors<sup>14</sup>

We are grateful to our Corporate Partners, and to the countless individuals, who helped us stop malnutrition from the start in 2017.

### \$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

### Acknowledging our 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	Micronutrient Initiative
UNICEF	DSM Nutritional Products
Children Without Worms	Johns Hopkins Bloomberg School of Public Health
STH Coalition	



<sup>14</sup> Donations received in 2017. Gift-In-Kind donation values based on the cash-value as calculated per 'fair value' under FASB 157.

## Our Board

### Board of Directors

Clayton Ajello  
Robert Black  
Michelle Brooks  
Michelle Goolsby  
Jim Hamilton  
Tom Meriam  
Robert Parker  
Howard Schiffer  
Brian Wood

### 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

### Honorary Members

Tom Aarts  
Elliott Balbert



## Looking Ahead

Vitamin Angels has set the ambitious target of reaching 70 million pregnant women and children under five in 2018, representing an increase of approximately 10 million beneficiaries.

Of particular note, in 2018, Vitamin Angels plans to scale up our prenatal multivitamin program by mobilizing our existing Field Partner organizations to increase distribution globally. The goal of this initiative will be to support improved birth outcomes and to save newborn lives on a global scale.



## Call for Support

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

# 1

### 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/or employee engagement solutions adding value to their business. Contact us to learn how to become a partner today.

# 2

### INDIVIDUAL DONATIONS + FUNDRAISING:

If you have the capacity to give and/or inspire your friends and loved ones to get-involved, those contributions can go a long way in empowering our work around the world. Considering our approximate costs are just \$0.25 cents to provide a child with life-saving vitamin A, and just \$5.00 to provide a pregnant mother with prenatal multivitamins, even the smallest gift can make a powerful impact.

# 3

### 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.



## Thank you

It is with sincere gratitude that we issue our 2017 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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