

Update to GiveWell: Vitamin Angels' M&E Activities (2017-2019)

Following-up on our conversations this past April, we would like to update you on our efforts to address your previous questions (shown below), and your suggestions regarding our M&E strategy. We want to know if we are moving in the right direction.

GiveWell Questions:

- 1. Can VA field partners reach eligible* beneficiaries?
- 2. Do VA field partners actually reach (e.g. distribute products to) eligible beneficiaries?

Question 1: Can VA field partners reach eligible beneficiaries?

<u>Objective:</u> To verify that field partners are reaching eligible beneficiaries, and are doing so through collaboration with the government to assure no duplication of services. Strategy:

- VA conducts initial needs assessments in all regions where we work to establish a documented coverage gap, the prevalence of micronutrient deficiencies (e.g. moderate to severe vitamin A deficiency) or endemicity of soil-transmitted helminths, and a high child mortality rate.
- Collect documentation (e.g., MOUs and/or letters of agreement with governments, household survey data, etc.) from field partners to verify that:
 - o Beneficiaries are underserved without access to other available product sources
 - Field partners are working to complement governmental efforts and are not creating parallel health systems

Question 2: Do VA field partners actually reach (e.g. distribute product to) eligible beneficiaries? Objective: To verify that field partners are delivering VA interventions to eligible beneficiaries Strategy:

- Conduct independent on-site auditing among a sample of field partners to verify that inventory and beneficiary distribution records are aligned with field partner annual report provided to VA
- Provide a sample of field partners with GIS-enabled digital tools to track beneficiaries at distribution point
- Commission a 3rd party to conduct a coverage survey within a representative population-based sample across VA priority countries

Recognizing that we implement evidence-based interventions and GiveWell's value on demonstrating impact, we are working on methods that combine our ability to verify that our interventions reach eligible beneficiaries with a strategy (such as presented below) that estimates VA impact and cost-effectiveness.

Objective: To estimate the number of child deaths that could be prevented due to VA evidence-based interventions

Strategy:

• Model impact (i.e. reduction of mortality) and cost-effectiveness using the Lives Saved Tool (LiST) developed by the Johns Hopkins Bloomberg School of Public Health).

^{*}Eligible is defined as "being of appropriate child age or pregnant AND underserved without access to other available product sources."