



Helen Keller
INTERNATIONAL

“Room for More Funding” Report to GiveWell

31 July 2018

Executive Summary

Following an extensive and comprehensive review of Helen Keller International (HKI) procedures, activities and performance, GiveWell recognized HKI as a Top Charity for its Vitamin A Supplementation (VAS) program in November 2017. Along with Top Charity designation, Good Ventures/GiveWell provided HKI USD \$7.2 million to cover funding gaps for VAS programs in three priority countries--Guinea, Mali and Burkina Faso.

Since January 2018, HKI received additional funds from organizations and individuals to support its VAS work. From January to July 2018, an additional \$513,579 was provided by organizations and individuals *influenced* by GiveWell. Also, as a result of being named a Top Charity by GiveWell, HKI was contacted by and submitted a proposal to the ██████████ Foundation ██████████ for \$3m. A decision about funding HKI's proposal is anticipated in September or October 2018. In addition to these funds, HKI has received funding commitments from UNICEF (through Program Cooperation Agreements or PCAs) and Nutrition International in the amount of ~\$2m to support routine VAS delivery in 4 countries and anticipates ~\$2m more to support activities from 2018-2020.

At present all funds received from GiveWell/Good Ventures and other sources have been committed to support specific VAS activities with the exception of \$154,458 which is being held in "contingency" so that HKI can rapidly respond to critical VAS-campaign funding shortfalls.

Under ideal circumstances, HKI envisions ~\$22m in spending opportunities over the next three years to support VAS programs in six additional countries (excluding Burkina Faso, Guinea and Mali) in Africa.

Introduction

In 2017 and 2018, the funding situation continued to deteriorate for VAS in Sub Saharan Africa (SSA). Campaigns were cancelled in several countries, including Cameroon and Cote d'Ivoire. Funding gaps are expected to increase further in the next few years, as polio campaigns phase out from almost all countries of SSA, leaving local stakeholders unable to cover the cost of national vitamin A distribution campaigns. In the absence of adequate funding, local stakeholders and governments are forced to make difficult choices about VAS distribution. In Cameroon, for example, the government cancelled the 2nd VAS distribution round resulting in children receiving one dose of VAS and deworming instead of the 2 doses recommended by WHO to reduce annual mortality risks. In Cote d'Ivoire and DRC, the funding gap limited VAS distribution to a few districts or provinces, resulting in others being left uncovered for at least one distribution round.

It remains difficult to accurately anticipate and estimate the funding gaps that countries will face in the next three years. It is possible that government investments in campaigns may increase following advocacy efforts from HKI and other partners, although such an increase would likely be marginal considering competing demands on limited government health budgets. Decisions on the implementation and timing of polio immunization campaigns is also hard to predict. Polio surveillance data from the region may or may not signal the need for immunization campaigns. In either case, a short decision window about the campaign, leaves little time to anticipate and raise funds to support VAS delivery within the polio campaigns.

After steady progress, VAS coverage is at a six-year low based on findings from UNICEF's report, "*Coverage at a Crossroads: New directions for vitamin A supplementation programmes*" (UNICEF, 2018). The report further states that, "*There are substantial fluctuations in the coverage achieved in countries over time, owing to limited funding, but also to weak health systems and a lack of national planning and commitment.*" GiveWell's recognition of HKI as a Top Charity and its support to HKI's VAS program has provided critical resources during this "crossroad in coverage". HKI is

deeply grateful for this support and strives to effectively use these resources to fill critical funding gaps, strengthen health systems and advocate for national planning and commitment for this life-saving intervention.

The purposes of this document is to provide GiveWell with information needed for its “Room for More Funding” analysis. Specifically, this report and associated Excel spreadsheet provides:

1. a balance of funds received due to GiveWell's recommendation as of June 30 (grants from Good Ventures, GiveWell, their various partners Effective Altruism groups, and any direct donations that cited GiveWell or its partners);
2. the amount committed to specific future programs (such that it's not available to allocate to the items on the spending opportunities list) from the balance of funds;
3. a description of any other potential funding sources for HKI's vitamin A supplementation program in the next year; and
4. spending opportunities including HKI's ideal budget size for VAS (including indirect costs as appropriate) in each of the next three years including activities HKI would fund if it had sufficient funding for its ideal budget size.

The following sections respond to each of the purposes above.

1. Balance of funds received due to GiveWell's recommendation as of June 30, 2018.

In addition to the \$7.2 million dollar provided to HKI by GiveWell/Good Ventures immediately following HKI's designation as a GiveWell Top Charity, HKI received an additional amount of \$513,579 from sources influenced by GiveWell, bringing the total funds received due to GiveWell's recommendation to \$7,713,579. This amount includes \$250,000 from the ██████████ Foundation ██████, \$222,167 from amounts given to GiveWell but ear-marked for HKI, and a total of \$41,412 from 17 smaller donors who gave between \$25-\$18,609 (**Table 1**).

Table 1. Funds received by HKI from January-July 2018 to support VAS programs **influenced** by GiveWell

Country	Funds received by HKI from GiveWell/Good Venture in January 2018 (USD)	Funds received by HKI in from January-July 2018 Influenced by GiveWell “Top Charity” Designation (USD)
Burkina Faso	1,977,700	
Cameroon		
Cote d’Ivoire		141,825
DRC		
Guinea	2,603,439	217,296
Kenya		
Mali	2,180,843	
Mozambique		
Niger		
Nigeria		
Senegal		
Sierra Leone		
Tanzania		
Regional technical team	438,018	
Contingency fund		154,458*
Total	7,200,000	513,579

*These Contingency Funds are being held to allow HKI to rapidly respond to funding gaps to support VAS campaigns for which the amount available is likely to make an important difference in VAS coverage.

2. Amount committed to specific future programs

All of the funds received, with the exception of \$154,458 “Contingency Fund”, have been budgeted to support VAS activities mostly in Burkina Faso, Guinea and Mali. Existing GiveWell funds were originally budgeted to support three-years of VAS activities in Guinea, Burkina Faso and Mali with the aim of achieving high coverage and minimizing the risk of campaign cancellation (which occurred in 2017). At the request of GiveWell, HKI is investing a portion of its existing resources to conduct nationally representative coverage surveys in all three countries. These surveys are costly but

essential because they generate valid national-level coverage estimates. However, their costs will likely only allow HKI to provide two-years of full support rather than the three years originally planned, with additional funds needed to support activities in third year. The amount of funds needed is not yet known, as the funding allocated to each of the three countries for year 2 and 3 will depend on the performance of the first round of campaign supported by HKI in 2018. In countries where coverage would be low, additional funds and support may be decided that would influence the amount of funds needed. It is expected that the amount of the shortfall will be known by mid-2019.

HKI recognizes the importance of helping countries to identify the most cost-effective, feasible and affordable strategies to ensure high VAS coverage especially as polio campaigns phase down or phase out. To this end, HKI plans to design and carryout a cost effectiveness study over the next year in several countries to obtain more accurate estimate of costs associated with Vitamin A supplement distribution on a per child basis. This study will use rigorous scientific methods, engage cost effectiveness experts, and will allow cross-country and cross-delivery strategy comparisons. Results of this study will allow HKI use funds more efficiently with the goal of lowering VAS distribution costs. Funds from the ██████████ Foundation will be used to support the cost-effectiveness study in Guinea and build evidence on how to reach high coverage of VAS through routine delivery.

Since 2017, in addition to GiveWell-influenced funds, HKI received ~\$2,009,336 funding commitments mostly from UNICEF PCAs to provide regional and country-level technical support for VAS in Mozambique, Sierra Leone and Cameroon (**Table 2**). These PCAs are intended to provide support for facility-based routine delivery of VAS and not campaigns. This amount also includes a grant provided to HKI from Nutrition International for VAS work in Nigeria. In addition to these committed funds, there are pending country-level PCAs with UNICEF to support routine VAS distribution programs totaling \$2,020,072 which we envision being finalized in late 2018 or early 2019. See **Table 2** for funding awards to HKI between 2017-present and projected funding awards that are not influenced by GiveWell.

Table 2. Funds awarded to HKI in January 2017-July 2018 to support VAS programs **not influenced** by GiveWell

Country	Funding received in 2017-18 from donors not influenced by GiveWell (USD)	Additional funds expected between 2018-20 from donors not influenced by GiveWell (USD) ^c
Burkina Faso		
Cameroon	157,886 ^a	200,000 ^{a c}
Cote d' Ivoire		448,712 ^{a c}
DRC		
Guinea		272,072 ^{a c}
Kenya		
Mali		
Mozambique	705,560 ^a	1,099,288 ^{a c}
Niger		
Nigeria	201,797 ^b	
Senegal		
Sierra Leone	247,093 ^a	
Tanzania		
Regional Technical Support	697,000 ^a	
Total	2,009,336	2,020,072

^a Unicef

^b Nutrition International

^c These represent funds to support routine VAS distribution currently under negotiation with UNICEF

3. A description of any other potential funding sources for HKI's vitamin A supplementation program in the next year

In addition to the funds above, as a result of GiveWell's Top Charity designation, HKI was contacted by and has applied for funds from the ██████████ Foundation ██████████ in the amount of \$3m. HKI's initial letter of interest to ██████████ was favorably viewed and HK was invited to submit additional documentation as part of ██████████ phase two process. A decision about the award is anticipated in September or October 2018.

If HKI is successful in securing \$3m from ██████, these funds will be used to provide technical support for VAS in Cote d'Ivoire and Niger over a three-year period.

4. Spending Opportunities

Overall, additional funds are needed to support institutional capacity and accountability and strengthen government ownership for high-coverage VAS distribution in countries where the risk of vitamin A deficiency and high child mortality are high. HKI's strategy is to maximize impact by providing vital technical support, covering funding shortfalls and targeting the most vulnerable and densely populated areas to achieve at least 80% VAS coverage in the neediest regions or districts. With future continued GiveWell support, HKI will deploy teams of independent monitors during VAS campaigns, along-side government oversight efforts, to trouble-shoot and supervise the quality of campaign implementation. After the campaign events, HKI will conduct Post Event Coverage Surveys (PECs) to obtain population-based coverage estimates.

The following section describes potential funding gaps for VAS support in HKI countries (excluding Burkina Faso, Guinea and Mali) in Africa. They are based on discussions between HKI and its main country partners, and reflect, to the best of our knowledge, the views of all actors. **Table 3** below displays the spending opportunities by country over a three-year period.

Cameroon. In Cameroon, the second VAS campaign round was cancelled in 2017 due to insufficient funds. No polio campaign was required at that time and stakeholders did not have sufficient funds to support VAS either as a stand-alone campaign, or a fixed-facility based Child Health Day (CHD) approach. HKI conducted discussions with the WHO, UNICEF and the Ministry of Health (MoH) of Cameroon in 2018 that revealed that the likelihood of funding gaps would keep increasing in the future. The first round of campaign in 2018 was supported by polio eradication funds, but it seems unlikely that a second polio campaign will take place in the second half of 2018, putting VAS distribution in jeopardy.

Table 3. Spending Opportunities to cover financial gaps over three years in the most critical countries

Country	Estimated VAS funding gap to support HKI VAS activities for three years (USD)
Burkina Faso	
Cameroon	4,200,000
Cote d' Ivoire	500,000 ^a
DRC	9,000,000
Guinea	
Kenya	1,890,000
Mali	
Mozambique	4,500,000
Niger	1,500,000 ^b
Nigeria	528,125
Senegal	
Sierra Leone	
Tanzania	
Regional technical support	
Total	22,118,125

^a Plus ~\$1.5m if HKI is not successful in securing funds from [REDACTED]

^b This amount will not be needed if HKI's proposal to [REDACTED] is successful.

Starting June 2018, UNICEF and HKI signed a PCA in the amount of \$157,886. With this funding, HKI will support the scale-up of the facility-based routine delivery of VAS for children 6-11 months of age in two regions of Cameroon. Meanwhile, UNICEF confirmed that they will have sufficient funds to support VAS campaigns in 4 regions (i.e. North, North West, extreme north and Adamaoua), at least in 2018 and 2019. Other regions, that represent around 70% of the country's population, currently have not source of support.

HKI proposes to support VAS campaigns in the remaining six regions of the country where it is likely that no VAS distribution will take place. The total budget for one campaign round for the six regions is estimated at \$680,000. Of this amount, the MoH has committed \$170,000 resulting in an estimated funding gap of \$510,000 for each round. To support VAS campaigns in these six regions over three years (2019-21), HKI

estimates the need for \$1,020,000/year as direct support to the government's VAS campaigns plus \$1,140,000/year to support HKI's administrative and technical personnel and VAS program planning, advocacy, communications, training, monitoring and other activities costs or total of **\$4.2 m** for 3 years.

Cote d'Ivoire. In Cote d'Ivoire, the government is organizing the scale-up of VAS as a facility-based routine service. HKI is providing support to the government to design and implement this scale up process, which will be conducted over a three years period. In 2018, 28 districts will be targeted for the scale up, while the 55 remaining districts will deliver VAS through campaign. Funding campaigns have been consistently difficult since 2016, and this situation pushed the government to hurry the transition towards routine, although in most parts of the country, the health system is not performing sufficiently well to ensure high coverage of routine VAS especially among children 12 to 59 months.

To avoid the cancellation of the first campaign round of 2018, HKI supported its implementation with \$141,825 received from GiveWell's leveraged support. Unfortunately, the funding shortfall for the second campaign round (planned for October 2018) is significantly higher—between \$500,000-\$800,000-- because no polio vaccination campaign will be conducted during this period. HKI plans to use existing GiveWell funds to cover a small part of the shortfall and support VAS delivery in the most vulnerable districts. However, HKI funds are not enough to cover the entire funding gap. If HKI's proposal to [REDACTED] is successful, it will use funds (\$1.5m over three years) to partially cover anticipated funding shortfalls, but because [REDACTED] decision will likely occur after the October VAS round, HKI needs ~\$500,000 to cover the balance of the funding gap for October 2018. If HKI's proposal to [REDACTED] is not successful, HKI anticipates the need for ~\$1.5m for three years to support its VAS activities in Cote d'Ivoire

Democratic Republic of Congo (DRD). Prevalence of vitamin A deficiency and rates of under-five mortality are high in DRC. Before closing its office in mid-2016 due to lack of funds, HKI had supported the DRC government's VAS program for more than a

decade. It had provided VAS support to about half of the country (with UNICEF supporting the other half). In each HKI-assigned province, HKI, together with the provincial and district health authorities, defined and implemented several delivery models including (i) door to door polio campaigns, (ii) fixed + outreach Child Health Days (CHDs) campaigns with a package of services, (iii) stand-alone VAS & deworming door-to-door campaigns, and (iv) routine delivery. Whatever the approach supported by HKI, VAS coverage was consistently above 80%.

After HKI's exit from DRC, funding for VAS has decreased significantly resulting in inconsistent and incomplete geographic VAS coverage. For the first round in 2017, only 88% (23 out of 26 provinces) implemented VAS distribution, and coverage was 68% based on administrative data. The situation deteriorated further for the second round of 2017 with only 19% (5 out of 16) of provinces distributing VAS and coverage of only 63% of children based on government data. For 2018, only 50% (13 of 26) of the provinces will receive support from UNICEF. Currently, UNICEF is the only partner supporting VAS financially. They provide each province with ~\$55,000, an amount likely to be far too low to achieve high VAS coverage. This amount, if averaged over the DRC target population of preschool-age children, represents \$0.10 per child and per round—far below the ~\$0.75-\$1.00 needed.

To support the DRC government's VAS campaigns for three years (i.e. 2019-21), HKI would require ~\$3m per year (\$9m over three years) to cover ~6 million children in 10-13 provinces.

Kenya. The national prevalence of vitamin A deficiency (VAD) has decreased in Kenya to ~9% based on findings from a 2015 cross-sectional survey. This represents significant progress at a national level, but it masks regional “hot spots” with high VAD prevalence especially in the Arid and Semi-Arid Lands (ASAL) region. Out of 47 counties, 23 are located in ASAL, and 10 counties are considered arid and particularly vulnerable. While national average prevalence of global acute malnutrition (GAM) is ~5% in Kenya, these 10 counties show rates that exceed 20% and peak at levels of 30%. Other related indicators suggest ASAL to be a high-risk region for VAD, including

high under-five mortality, low dietary diversity, and high undernutrition. HKI proposes to support VAS campaigns in these 10 vulnerable counties. Coverage of VAS ranges between 5% and 20% because there is no current support provided to Child Health Days campaigns. Prior to 2016, when funding for VAS in Kenya was available from HKI, VAS coverage levels were much higher.

To support two VAS campaign rounds in the 10 counties over a three year period a total of ~1,890,000 is needed. This amount is based on ~\$200,000/VAS campaign round (\$400,000 per year), and \$230,000 for HKI's technical and operational support per year. This amount would support VAS distribution to ~900,000 children twice each year for three years.

Mozambique. Due to large reductions in funding for VAS since 2016, the country has organized few VAS campaigns. In 2017 only one distribution round was implemented, and none will be conducted in 2018. UNICEF and HKI signed a PCA in 2017 to support the scale-up of facility-based routine delivery of VAS, but coverage has remained very low so far. When considering the current lack of funds and personnel shortage affecting most health facilities in the country and the fact that up to 66.7% of the Mozambican population lives in underserved areas (too far from health services), it is unlikely that coverage of routine services will reach >80% any time soon. Nonetheless, vitamin A deficiency prevalence remains >50%.

In 2018, the Ministry of Health of Mozambique requested HKI support for a transitional approach between national campaigns (e.g. those implemented before 2016) and the current routine delivery platform for VAS. The government aims to organize small-scale campaigns in hard-to-reach areas in the provinces of Tete, Nampula, Zambezia, Sofala, Maputo. Micro-campaigns are planned to occur twice annually, involving health staff from provincial and district health directorates. The aim is to reach a total of 2,772,508 children.

To support the micro-campaign approach over three years, HKI estimates the need for a total of \$4.5 m based on ~\$1m/year of direct campaign support and the balance to support HKI VAS activities and the personnel to oversee and implement these activities.

Niger. HKI's proposal to ██████ for \$3m is intended to support VAS activities for three years in both Cote d'Ivoire (~\$1.5 m; activities described previously) and Niger (~\$1.5m). In Niger, as in other countries, the phase out of polio campaigns creates the risk that VAS will no longer be provided due to lack of funds for alternative delivery platforms. However, Niger has some of the worst humanitarian indicators in the region, and its health system remains weak and largely underfunded. HKI envisions the need for \$1.5m over three years to ensure that campaigns take place even when polio funds are not available.

Nigeria. HKI and GiveWell have discussed funding support to Nigeria since May 2018. GiveWell suggested the use of an "incubation grant" to document the added value of HKI technical support where campaigns take place every year but in most cases, they only reach a small proportion of children (40 to 60%). HKI proposes that the incubation grant cover a study in the State of Katsina to measure coverage with and without HKI's technical assistance. Comparison between the coverage measured before and after HKI support will provide a reliable estimate of HKI's added value in this state.

The budget required for this study is \$528,125.