

## **A conversation with Helen Keller International, April 23, 2018**

### **Participants**

- Rolf Klemm – Vice President of Nutrition, Helen Keller International
- David Doledec – Regional Vitamin A Supplementation Program Manager, Helen Keller International
- Andrew Martin – Research Analyst, GiveWell

**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Helen Keller International.

### **Summary**

GiveWell spoke with Mr. Klemm and Mr. Doledec of Helen Keller International (HKI) to get an update on its activities. Conversation topics included HKI's current projects and the possibility for HKI to receive a GiveWell Incubation Grant for technical assistance work on vitamin A supplementation (VAS) campaigns.

### **Current projects**

#### **Child Health Day campaign in Côte d'Ivoire**

##### *Funding gap*

The upcoming Child Health Day campaign in Côte d'Ivoire in October 2018 will be partially funded by UNICEF and the nation's Ministry of Health and Public Hygiene. However, if the remaining funding gap is not filled, the campaign will likely not take place in some regions of the country.

The projected budget for one round of the campaign across the entire country is approximately \$1.5 million.

If funding is available for a polio immunization campaign in Côte d'Ivoire in October 2018, the funding gap for VAS and deworming for preschool-aged children would be relatively small (around \$150,000), since many costs would be shared between the polio immunization, VAS, and deworming programs. If a polio immunization campaign does not occur, the funding gap for VAS and deworming programs would be larger (around \$500,000).

#### **Polio immunization, vitamin A supplementation, and deworming campaign in Mali**

Last year, HKI did not think it was very likely that a national-level door-to-door polio vaccination campaign would occur in Mali in 2018, since several campaigns in the past few years had been skipped due to lack of available funding. However, the World Health Organization (WHO) ultimately decided to fully fund the polio immunization campaign for the entire nation, with other partners (including HKI and UNICEF) providing funding for the VAS and deworming components. HKI

believes that it is generally difficult to accurately predict how organizations will make funding commitments.

#### *Added value of funding from HKI*

If HKI had not been able to provide funding for the campaign, VAS and deworming would likely not be occurring in certain regions of Mali.

#### *Additional cost of VAS and deworming*

VAS and deworming are significantly less costly interventions to implement when delivered through the infrastructure of a polio immunization campaign. For example, transportation of VAS and deworming supplies can be included under costs for polio immunization.

Costs specific to the VAS and deworming components of the 2018 campaign in Mali include:

- One additional staff member per distribution team for the proper administration of vitamin A capsules and albendazole tablets (deworming medication)
- Campaign oversight by nutrition officials from Mali's Ministry of Public Health and Hygiene
- Training for additional staff members needed to work on VAS and deworming components of the campaign
- Reporting, printing, and other infrastructural costs related to VAS and deworming

#### *Coverage survey*

HKI plans to conduct a coverage survey that will gather data on households' receipt of polio vaccines, vitamin A capsules, and albendazole tablets.

#### **VAS, deworming, and nutrition campaign in Burkina Faso**

HKI and its partners will conduct a fixed-site 2018 campaign in Burkina Faso to administer VAS, deworming, and screenings for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). HKI will not be directly involved in providing treatment for SAM or MAM.

#### **VAS, deworming, and "mop-up" immunization campaign in Guinea**

HKI and its partners will conduct a fixed-site 2018 campaign in Guinea to administer VAS, deworming, and "mop-up" immunizations (including Bacillus Calmette–Guérin (BCG) vaccine, pentavalent vaccine, and vaccines for polio, measles, yellow fever, and hepatitis B).

## **Grants to governments for VAS campaigns in Guinea, Mali, and Burkina Faso**

HKI's budgets for VAS campaigns in Guinea, Mali, and Burkina Faso in 2018 include grants (or "sub-agreements") to local and regional governments to support the implementation of the campaigns.

## **Potential for HKI to receive a GiveWell Incubation Grant**

### **Technical assistance work on VAS campaigns**

GiveWell is considering HKI as a potential recipient of an Incubation Grant, with the goal of evaluating the impact of HKI's technical assistance work on VAS campaigns. The grant would be specifically targeted at countries such as Kenya and Nigeria, in which VAS campaigns would occur without HKI's support but which may achieve higher coverage rates with technical assistance from HKI. HKI already has experience working in Benue, Katsina, Ebonyi, and a few other Nigerian states.

HKI's goal for its technical assistance work in Nigeria and Kenya is to raise VAS coverage rates to 80%. In its past work in Nigeria, it operated in a large number of states, which limited its capacity to achieve higher coverage rates. HKI believes that its future technical assistance work on VAS campaigns would be more effective at increasing coverage rates if it focused on a smaller number of states.

### *Vitamin A deficiency in Kenya*

National averages suggest that Kenya's vitamin A deficiency burden is not significantly high. However, HKI believes that national estimates of vitamin A deficiency in Kenya can be misleading. Various regions of Kenya are highly developed, with a predominantly middle-income population. However, other areas of Kenya are significantly poorer, with low VAS coverage rates and high malnutrition rates.

### **Miniature campaigns**

Mozambique and Sierra Leone are modifying national health systems to begin routinely supplying households with vitamin A supplements. However, funding has not been available in either country for surveys that evaluate VAS coverage. In the absence of VAS coverage surveys, a common assumption is that routine VAS delivery is achieving high coverage rates. However, routine VAS in Mozambique and Sierra Leone may not be reaching children older than one year. HKI believes that it could assist these countries and others transitioning to routine VAS delivery to increase coverage rates by conducting miniature campaigns that deliver vitamin A supplements to children that were not reached through routine delivery.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*