HELEN
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INTL

“Room for More Funding” Report to GiveWell

July 31, 2020

Executive Summary

In 2019, Helen Keller Intl met and addressed multiple challenges as we implemented vitamin A supplementation (VAS) activities. For example, in Guinea we faced the rejection of a VAS campaign following a preceding campaign that distributed Praziquantel that sickened children; in Burkina Faso, we overcame national strikes by health workers; in Mali, we dealt with the theft of all deworming tablets. Despite these setbacks, in most cases, we ensured that all targeted children received two doses of vitamin A as planned. Remarkably, surveys conducted in all countries where we worked showed coverage greater than 80 percent.

This year, unfortunately, has presented even greater challenges with the emergence of the COVID-19 pandemic. Movement restrictions forced us to adapt how we work, such as having to support governments remotely. VAS campaigns were also postponed from May to July 2020 in all countries, but our ongoing support and production of guidance has been instrumental in allowing all of our partnering governments to run campaigns as soon as situation allowed.

In the coming three years, COVID-19 will significantly affect the way campaigns are organized. Infection control and prevention measures will have to be enforced for several years to come. Phasing out of polio campaigns will also continue and require us to step up to cover additional regions. As a result of these and other trends, we estimate an approximately $24 million funding gap in VAS over the next three years.

Introduction

Funding for vitamin A supplementation (VAS) continues to deteriorate in sub-Saharan Africa (SSA) in 2020 and the situation has been exacerbated by COVID-19, which is causing some donors to divert funds from VAS to the pandemic response. For example, UNICEF has been a major donor of VAS, but in a growing number of countries, their support has dwindled or ceased. In countries where UNICEF support continues, the amount of funds is not enough to ensure national coverage of VAS campaigns. The Global Affairs Canada (GAC) grant to UNICEF, which ends in December 2020, has provided VAS support to 15 countries. It is uncertain whether and the extent to which GAC will renew its VAS support to UNICEF.

We currently expect that no country will receive support to implement two full polio campaigns in 2020 and beyond. It remains difficult to forecast funding gaps for VAS given the uncertainty of polio campaigns. For example, the first round of polio campaigns was cancelled in all countries due to the COVID-19 pandemic, and it is not known when they will again be organized. Hence, plans for VAS "stand-alone" campaigns are being organized beginning in July 2020. Without being able to piggy-back on polio campaigns and benefit from the cost efficiencies of delivering VAS and polio together, additional funds will be needed to implement "stand-alone" VAS campaigns.

In the context of COVID-19 and in the absence of polio campaigns, Helen Keller has provided technical and financial support to governments to re-tool VAS campaigns to assure adequate infection prevention and control (IPC) measures are implemented. This includes the provision of masks, hand sanitizer, IPC training, job aids and social mobilization strategies that respect physical distancing guidelines.

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 provide:

1. A balance of funds received based on GiveWell's recommendations as of July 31, 2020, which resulted in grants from Good Ventures, GiveWell, and other donors influenced by GiveWell's 2019 Top Charity recommendation;
2. The amount of funds on-hand committed to future programs (making them unavailable to allocate to items listed in the spending opportunities list);
3. A description of other potential funding sources for Helen Keller's VAS program in 2021; and

4. Spending opportunities, including Helen Keller's ideal budget size for VAS (including indirect costs as appropriate) for the next three years.

The subsequent sections of this report correspond to the four purposes mentioned above.

1. Balance of funds received due to GiveWell's recommendation as of July 31, 2020

GiveWell/Good Ventures has made the following financial donations to Hellen Keller: (i) $7.2 million in 2017; (ii) $6.5 million in 2018; and (iii) $13.9 million in 2019. In addition, Helen Keller received $4 million from and $1.75 million from . Since 2018, HKI received ~$2 million from various individual donors including Founders Pledge and Effective Altruism. In 2019, Helen Keller also received funds from Effect:hope, a Canadian organization supported by GAC, to run its VAS programs in Kenya and Cote d'Ivoire between April 2019 and March 2020. Although this last agreement is not directly due to GiveWell' s recommendation, it contributes to Helen Keller's VAS campaign programs. In total, Helen Keller has received $36,548,866 for mass VAS campaigns (Table 1).

Table 1. Funds received by Helen Keller since 2018 to support VAS programs **influenced** by GiveWell

Source	Available funding for VAS campaigns programming 2018 – 2022
	$4,000,000
Good Ventures 1, 2 & 3	$27,567,973
Small Donations	$1,820,336
Effect:Hope	$1,153,313
Effective Altruism	$88,401
Founders Pledge	$168,841
	$250,000
	$1,500,000
Total	$36,548,866

2. Amount committed to specific future programs

As of July 31, 2020, Helen Keller has received a total of $36,548,866 from all sources following GiveWell's Top Charity designation. Since 2018, as the number of countries and regions supported by Helen Keller have increased, so too has the annual amount of funds allocated to support VAS campaigns in these countries. In 2021, we anticipate

that the annual amount of funds to support Helen Keller VAS programs will reach approximately $10 million.

Table 2 shows the allocations of all funds for the period 2018 – 2022. It should be noted that all funds do not cover the same period. If GiveWell funding currently covers the period between 2018 and 2022, [redacted] funds cover the year 2019 - 2022 for Niger and Cote d'Ivoire. Other funds such as the Founders Pledge have a one-year eligibility. Amounts presented are the budgeted amounts, and do not necessarily represent the precise amount spent. For instance, in 2018, the need to recruit new teams and develop strategies and sign an Memorandum of Understanding with country governments delayed the implementation of programs. This was compensated through 2019 with a significant scale up of program implementation.

Table 2. Allocation of funds received following GiveWell recommendation, per country and per year

	2018	2019	2020	2021	2022
Burkina Faso	$670,058	$729,923	$814,248	$700,585	$737,268
Cameroon	$0	$133,234	$88,401	-	-
Cote d' Ivoire	$847,902	$1,175,166	$1,473,514	$1,182,368	$1,277,403
DRC	$0	0	-	$1,751,447	$1,751,447
Guinea	$902,514	$752,227	$808,482	$881,674	$797,105
Kenya	$0	$590,654	$361,127	$274,913	-
Mali	$894,149	$812,487	$776,837	$711,783	$856,105
Mozambique	$0	$218,320	-	-	-
Niger	$0	$1,105,225	$911,900	$1,055,638	$840,039
Nigeria	$0	$18,999	$769,654	$686,712	$708,780
Senegal	$0	$0	$225,828	-	-
Sierra Leone	$0	$363,349	$133,736	-	-
Tanzania	$0	$0	-	-	-
Regional Technical Support	$355,089	$997,293	$1,958,568	$1,969,688	$1,189,025
	$3,669,712	$6,896,877	$8,322,295	$9,214,808	$8,157,173
	$36,260,865				

Overall, the full amount of funds received by Helen Keller for VAS to date have been committed to and budgeted for VAS programs in Helen Keller countries in Africa. While funds from GiveWell/Good Ventures are used to support mass VAS campaigns, this is not true of all VAS funds received by Helen Keller. For example, funds from Founders Pledge and Effective Altruism are used to support a study to find the best ways to integrate VAS delivery into the primary health care services in Cameroon and Senegal.

A portion of funds from [redacted] are also being used to support VAS integration into routine health services.

For 2020 and 2021, a large amount is budgeted as "contingency" funds within the regional budget. These funds will be disbursed to various countries based on an as-needed basis. Some of these funds will be used to explore a role for Helen Keller in supporting VAS programs in the Democratic Republic of the Congo (DRC). Others will be used to cover the additional costs of VAS campaigns in several countries for which funding gaps for 2020 have already been identified (e.g., Niger, Guinea, Cote d'Ivoire).

Table 2a shows the actual expenditures for 2018 and 2019. The balance of funds compared to funds received (around $2 million) are planned to cover extra needs in 2020.

Table 2a. Allocation of funds received following GiveWell recommendation, per country and per year with Actuals for 2018 and 2019

	2018	2019	2020	2021	2022
Burkina Faso	$491,540	$565,043	$814,248	$700,585	$737,268
Cameroon	$0	$50,247	$88,401	$0	$0
Cote d' Ivoire	$589,429	$1,173,552	$1,473,514	$1,182,368	$1,277,403
DRC	$0	$0	$0	$1,751,447	$1,751,447
Guinea	$818,068	$819,744	$808,482	$881,674	$797,105
Kenya	$0	$482,683	$361,127	$274,913	$0
Mali	$584,501	$574,136	$776,837	$711,783	$856,105
Mozambique	$0		$0	$0	$0
Niger	$0	$864,667	$911,900	$1,055,638	$840,039
Nigeria	$0		$769,654	$686,712	$708,780
Senegal	$0	$0	$225,828	$0	$0
Sierra Leone	$17,433	$156,655	$133,736	$0	$0
Tanzania	$0	$0	$0	$0	$0
Regional Technical Support	$251,201	$1,204,792	$1,958,568	$1,969,688	$1,189,025
	$2,752,171	$5,891,519	$8,322,295	$9,214,808	$8,157,173
	$34,337,966				

VAS and COVID-19 Pandemic

Due to the COVID-19 pandemic, VAS campaigns in most Helen Keller countries were postponed by several months following WHO recommendations to temporarily suspend all mass campaigns, including immunization campaigns, as a measure to mitigate viral

spread.[1] Soon after COVID-19 was declared a pandemic, Helen Keller worked quickly together with UNICEF and Nutrition International, under the GAVA umbrella, to provide guidance to countries to help them decide whether and how VAS campaigns should be implemented in the context of COVID-19. GAVA guidance closely followed WHO recommendations.[2] Even before the development of GAVA guidance, Helen Keller developed its own internal guidance to help its country teams and governments prepare for VAS campaigns as soon as the country situation would allow. As the situation improved in most SSA countries, Helen Keller's internal guide served as the basis for GAVA's document (i.e., "Operational Guidance on the Administration of VAS for Preschool-aged Children in the Context of COVID-19"[3]).

To publicize the operational guidance and address questions raised by country teams in Africa, GAVA organized two webinars—one in French and one in English—that were attended by more than 200 health managers globally.[4] The operational guidance highlighted the critical importance of adhering to and implementing strict infection prevention and control (IPC) measures as part of VAS campaigns. The guidance stressed the importance of (i) having VAS distribution organized by local community volunteers using a door-to-door approach to prevent large groups; (ii) maintaining physical distancing; (iii) administering VAS outside the house of the recipient; and (iv) providing and using medical masks and hand-sanitizers by VAS distributors. Where medical masks are not available, the guidance recommended that caregivers administer VAS capsule to their child under supervision by the VAS distributor.

As a result of these COVID-19 "readiness" efforts by Helen Keller and the local COVID-19 situation, VAS campaigns fully adhering to IPC measures were implemented in July 2020 in Cote d'Ivoire, Nigeria, Kenya, Niger, Guinea, and Burkina Faso.

In 2020, HKI continues to partner with UNICEF for routine delivery of VAS in several countries which are listed Table 3.

With respect to VAS support received from UNICEF for Cote d'Ivoire, Guinea and Mozambique, funds were received in 2019 (or earlier), and should have been spent by the end of 2020. However, due to COVID-19-related health service disruptions and the

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[1] WHO, "Guiding principles for immunization activities during the COVID-19 pandemic," https://www.who.int/publications/i/item/guiding-principles-for-immunization-activities-during-the-covid19-pandemic-interim-guidance

[2] GAVA, "UNIVERSAL VITAMIN A SUPPLEMENTATION FOR PRESCHOOL-AGED CHILDREN IN THE CONTEXT OF COVID-19: GAVA CONSENSUS STATEMENT", http://www.gava.org/content/user_files/2020/04/GAVA-Consensus-Statement-VAS-in-the-context-of-COVID-19-v.20200407.pdf

[3] http://www.gava.org/content/user_files/2020/06/GAVA-Operational-Guidance-VAS-in-the-context-of-COVID-19-1.pdf

[4] http://www.gava.org/vas-covid-19/covid-19-operational-guidance-webinar/

activity slowdowns, Helen Keller is exploring the permissibility of no-cost extensions to enable funds to be used in early 2021. We also expect that the last round of funding from UNICEF and Irish Aid in Sierra Leone will be signed in the second half of 2020. These funds will be used to implement the final steps needed to implement routine VAS at national scale. In Nigeria, a small grant was signed with Nutrition International to help roll out sensitization materials for VAS.

Table 3. Funds awarded to HKI in January 2017-July 2019 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 2018-22 from donors not influenced by GiveWell (USD)
Burkina Faso		
Cameroon	$157,886[a]	-
Cote d' Ivoire		$377,061[a]
DRC		
Guinea		$272,045[a]
Kenya		
Mali		
Mozambique	$705,560[a]	$1,077,937[a]
Niger		
Nigeria	$201,797[b]	$60,000[b]
Senegal		
Sierra Leone	$247,093[a] + 744,423[c]	$573,203[c] + $317,063[a]
Tanzania		
Regional Technical Support	$697,000[a]	
Total	**2,753,759**	**$2,677,309**

[a] UNICEF
[b] Nutrition International
[c] Irish Aid
[d] USAID

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

Beyond the funds described in Tables 1-3, no other significant funding is currently expected for VAS programs in 2021. Small amounts of funding may come from individuals and small donors and foundations, similar to the amounts received from Founders Pledge in 2020; however, at this point, it is difficult to predict.

4. Spending Opportunities

Overall, additional funds are needed to support activities to increase institutional capacity, accountability and government ownership for high-coverage VAS distribution especially in countries where the risk of vitamin A deficiency and high child mortality remain high. Helen Keller'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 percent VAS coverage in the neediest regions or districts in a country. With future continued GiveWell support, Helen Keller will deploy teams of independent monitors during VAS campaigns, along-side government oversight efforts, to troubleshoot and supervise the quality of campaign implementation. After the campaign events, at least once a year in each country, we will conduct Post Event Coverage Surveys (PECs) to obtain population-based coverage estimates.

The following section describes potential funding gaps for VAS support in Helen Keller countries in Africa. They are based on discussions between Helen Keller and its main country partners, and reflect, to the best of our knowledge, the views of all actors.

Table 4 below displays the spending opportunities by country over a three-year period.

Table 4. Spending Opportunities to cover financial gaps over three years in the most critical countries

Country	Estimated VAS funding gap to support Helen Keller VAS activities for three years (USD)
Burkina Faso	$1,219,278
Cameroon	$2,405,547
Cote d' Ivoire	$1,775,000
DRC	$1,500,000
Guinea	$1,825,627
Kenya	$3,375,000
Mali	$1,230,146
Niger	$2,126,378
Nigeria	$8,667,896
Total	**$24,124,872**

Burkina Faso

After many years of piggybacking on polio campaigns, VAS services were re-organized in 2017 using a dual approach: in urban areas, door-to-door campaigns are conducted by distributors recruited for four days, while in rural areas, VAS is implemented over four-weeks by community health workers (CHWs). Throughout the year, CHWs are paid a monthly stipend of 20,000 FCFA/month (~$35), 75 percent of which is supported by the government and 25 percent by the Global Fund. They implement key preventive and curative primary health care services directly at the household. Because the government remains unable to cover most costs of VAS beyond the CHW stipends, Helen Keller and UNICEF continue providing financial and technical support to the government.

The first national coverage survey conducted by Hellen Keller in 2018 showed a coverage of ~50 percent in urban areas and 75 percent rural areas. In 2019, a subsequent coverage survey conducted in the Helen Keller implementation areas showed coverage of ~80 percent in both rural and urban areas, demonstrating the added value of Helen Keller's technical support to the government at national and district levels. In 2021 and beyond, Helen Keller plans to continue providing technical support to Nutrition Directorate and health regions/districts for VAS planning and supervision. At least one national-level coverage survey will be conducted each year.

The COVID-19 pandemic delayed the implementation of the first round of the national VAS campaign by approximately three months. The campaign was originally scheduled for implementation in May-June. With Helen Keller support, including IPC measures, the campaign will be completed by the end of July 2020. Helen Keller also expects to extend its support to three additional health regions in 2022 -2023 to cover an anticipated shortfall of funds from UNICEF. The regions supported by Helen Keller include Centre-Ouest, Centre-Sud, Plateau Central, Haut-Bassin, Sud-Ouest, and Centre Est. These areas have an estimated 1,322,066 children between the ages of 6-59 months. Selection of the regions was made in consultation with UNICEF and the Burkina Faso government. They represent regions not supported by any other partner.

It should be noted that starting 2021, Helen Keller is planning to use the VAS platform to add azithromycin distribution to the children aged 1-11 months. The azithromycin distribution will be supported by the Bill and Melinda Gates Foundation and is being used to assess the impact of this low-dose prophylactic antibiotic on child mortality reduction.[5] To ensure the effective implementation of VAS campaigns at national level,

[5] https://www.nejm.org/doi/full/10.1056/NEJMoa1715474

there is a need for an additional $226,548 in 2022 and $992,730 in 2023, or a total "room for more funding" in Burkina Faso of $1,219,278 for 2021-2023.

Cameroon

In Cameroon, the under-five mortality rate remains high with 112 deaths per 1,000 live births and is even higher in the Far North (154/1,000) and North (173/1,000) regions. These two regions include ~37 percent of children <5 years in Cameroon or about 2,405,547 children not including the large number of refugee children whose families have fled from the conflict areas in Northeast Nigeria and Central African Republic. UNICEF has supported VAS campaigns in four priority regions since 2016 including the Far-North and North (but also Adamawa and East). Due to funding gaps, UNICEF will cease their support by the end of 2020. Thus far, UNICEF's support to these regions has resulted in VAS coverage of ~90 percent (although some distribution rounds were missed in 2017 and 2018 due to funding gaps). Due to the COVID-19 pandemic, the first VAS campaign round of 2020 was cancelled and it remains uncertain whether a VAS campaign will be implemented in the second half of 2020.

To address the short-fall in UNICEF funding, Helen Keller proposes to support VAS campaigns over three years (2021-2023) in at least two of the most vulnerable regions of the country (Far-North and North). Without support, it is not likely that VAS campaigns will take place. We estimate a need for $1,214,105 per year for a total of $3,642,315 over three years to provide VAS support in these regions. This level of support will cover an estimated 2.4 million children per year.

Cote d'Ivoire

Vitamin A deficiency in Cote d'Ivoire constitutes a risk for 60 percent of children aged 6-59 months. Anemia affects 75 percent of children, 54 percent of women of reproductive age (15 to 49 years) and 30 percent of men from 15-49 years (DHS 2011-2012). Combined with high rates of all forms of malnutrition, these public health issues convinced the Ministry of Health to integrate VAS and deworming into twice yearly mass polio campaigns. However, with the phase-out of polio campaigns, VAS and deworming were distributed in stand-alone campaigns. At the same time, the government has started to integrate VAS into routine health services using a phased approach. To date, 29 out of 101 districts have transitioned to routine VAS delivery, however 72 districts still use VAS campaigns. A coverage survey for VAS delivered through routine services conducted in early 2020 reported coverage rates >50 percent.

We expect VAS funding to be reduced from 2021-23 as the GAC grant to UNICEF expires. The country's phased-approach to transitioning from VAS campaigns to routine VAS has been halted due to the COVID-19 pandemic and will likely not make

significant progress in the coming 2-3 years until coverage a VAS coverage of at least 80 percent can be achieved in 29 transitioned districts.

To cover the anticipated funding gap for 2021-23, Helen Keller estimates the need for an additional $1,775,000 most of which will be used in 2023. We estimate that more than 4 million children will be covered by Helen Keller's support to the VAS program in Cote d'Ivoire.

Democratic Republic of Congo (DRC)

The VAS situation in DRC continued to deteriorate in 2020. VAS campaigns were postponed and finally cancelled in most of the country. VAS was implemented in only one province, North Kivu, in June 2020. Polio campaigns are usually only organized in a few provinces and VAS in others, depending on available funds. Between 2017-2020, only 10 to 60 percent of DRC's provinces implemented VAS. The situation is likely to worsen in the coming years. Helen Keller planned to support VAS programming in DRC in 2020, but the scoping visit was postponed due to COVID-19 travel restrictions. We hope to be able to conduct the scoping visit before the end of 2020, but this depends on the lifting of travel restrictions. Helen Keller proposes to support two provinces for the next three years, covering approximately 2 million children per VAS campaign round. The estimated additional budget is ~$1.5 million to cover costs in 2023 because we currently have sufficient GiveWell funds to support VAS activities in 2021 and 2022.

Guinea

Vitamin A deficiency in Guinea is estimated at greater than 40 percent of children under five years of age. As in other countries, the VAS campaign scheduled for the first semester of 2020 was postponed due to COVID-19. However, encouragingly, it was finally implemented from July 26-29, 2020, in most of the country as a stand-alone campaign with support from UNICEF and Helen Keller. IPC measures were implemented as part of the campaign and all distributors were given medical masks and hand sanitizer.

UNICEF has announced that they expect reduced funding for VAS starting in 2021 as the GAC grant expires and as polio campaigns continue to be phased out. HKI is working with the Guinea government to organize more cost-effective campaign models that will use community health volunteers to distribute VAS over a one-month period twice a year in rural areas and over a 10-day period in urban ones. Helen Keller will support three regions and 14 districts in the country. Combined these areas cover ~1.5 million children or about 50 percent of the total child population in the country. We estimate a funding gap $1,825,627 for the period 2021 - 2023.

Kenya

VAS in Kenya is organized through Child Health Day campaigns conducted twice yearly. However, funding is limited in many counties where no support is provided. In 2019, both Nutrition International and UNICEF supported 33 out of 47 counties, and Helen Keller supported 8 counties with funds received from [redacted] and GAC. Several counties were given no support. In unsupported counties, only ~20 percent of children received VAS. Essential health services, including VAS, have been disrupted as a result of the COVID-19 pandemic. As of May 2020, VAS coverage was estimated to be only 20 percent nationally.

UNICEF has provided VAS support to the majority of the country's counties until recently. In 2020, UNICEF announced that its support to VAS will be drastically reduced leaving many counties will little or no support and putting many children a risk of not receiving VAS. Helen Keller supported five counties this year with funds received from [redacted]; however, we anticipate that 32 counties, including those previously supported by UNICEF, are in need of VAS support. To ensure that VAS is provided to all children in the country, an additional $1,125,000 per year is needed or a total of $3,375,000 from 2021-23. With this funding level, we anticipate delivering VAS to 4,325,678 children twice per year.

Mali

VAS activities in Mali started in 2000 through a combination of door-to-door mass campaigns and routine delivery at the health facilities. Since 2018, Helen Keller has supported semi-annual VAS campaigns in two regions (Segou and Kayes). Unfortunately, in 2019 only one VAS round was implemented due to programmatic issue at the Ministry of Health. The second VAS round was cancelled due to the theft of the government's stock of deworming tablets. However, a distribution round was implemented in March 2020, just as COVID-19 was immerging as an issue in Africa, to make up for the missed second semester round in 2019. Hydro-alcoholic solution was provided to all distributors and supervisors and the campaign proceeded with no reported issues related to COVID-19 transmission.

Three partners provide support to the country's VAS program: (i) UNICEF provides the capsules and operational funds for VAS in the northern, central and Bamako regions; (ii) Helen Keller provides technical support, capsule logistics in the south and operational support for Kayes and Segou; and (iii) Save the Children provides operational funds in Sikasso as co-funding with UNICEF and World Vision for provision of deworming tablets.

We expect the second-semester VAS round to be implemented as scheduled, but it will require additional funds to support the purchase of personal protective equipment including medical masks and hydroalcoholic solution. Also, Save the Children's project which support VAS in Sikasso will end this year. Helen Keller plans to provide support to the Koulikoro region and its 1,164,256 children. We estimate a funding gap of $126,175 in 2021 and $107,905 in 2020, and $996,066 to support campaigns 2023, for a total gap of $1,230,146 from 2021-23.

Niger

According to the results of the 2019 SMART national survey, the prevalence of global acute malnutrition in children aged 6-59 months is 10.7 percent in Niger, childhood stunting prevalence is estimated at 45.7 percent, and under five mortality exceeds 100 deaths per 1,000 live births.

Since 2017, polio campaigns have been implemented on a sub-national basis, leaving some districts with no support for VAS campaigns. Helen Keller has been supporting these regions since 2018. In 2020, polio campaigns were postponed to July due to the COVID-19 pandemic and were supposed to be coupled with VAS. However, with the discovery of polio cases linked to the vaccine-derived polio virus in 4 out of 8 regions of the country, this polio campaign was postponed further.

As are result, Helen Keller and UNICEF are planning to support VAS stand-alone campaigns in the entire country. These will require significantly more funds. The campaign is intended to take the form of National Micronutrient Days (JNM). Also, with the COVID-19 pandemic, the first case of which was declared in Niger on March 19, these campaigns are carried out in compliance with COVID-19 IPC measures including the provision of masks and hydroalcoholic gel for distributors, supervisors, and others.

Helen Keller has received funding from [redacted] and GiveWell to support VAS but given the large number of districts uncovered and the cost of IPC equipment, further funding gaps are anticipated. Helen Keller is therefore requesting additional funding to cover all 20 districts that are not been covered by UNICEF to ensure equitable access for all vulnerable children. The amount needed to cover estimated funding gaps for 2021-23 is $2,126,378. It is expected that more than 2 million children will be covered annually.

Nigeria

Helen Keller has been supporting VAS in Nigeria for more than a decade and has regularly managed to get coverage greater than 80 percent despite the numerous

challenges encountered including insecurity, poor government planning, and dispersed populations. High vitamin A deficiency prevalence and under five mortality justify continuing VAS campaigns in Nigeria. However, VAS campaigns are either not taking place or only reaching very few children due to funding shortfalls. Helen Keller is already supporting campaigns in Nasarawa state in 2020-22 using GiveWell funds. Nasarawa state is in the northcentral geo-political region of Nigeria. It has 13 local government areas and 147 political wards. The state has approximately 1 million children aged 6-59 months and an under-five mortality rate of 141 (MICS 2016-2017).

For the period 2021-2023, Helen Keller is proposing to extend its support to several additional states as described in Table 5 below. The extension of the support would be gradual as indicated.

Table 5. Spending Opportunities to cover financial gaps over three years in Nigeria

State	Population 6 to 59 months	Under five Mortality rates	Rates of malnutrition	Cost per year	2021	2022	2023
Nassarawa State	1,009,834	141 per 1000	SAM: 0.5 %; severe underweight: 2.1 %; and severe stunting: 7.3 %	$789,255	-	-	$789,255
Benue State	1,073,380	82 per 1000 live births	SAM:1.1 %; severe underweight: 2.6 %; and severe stunting: 6.6 %	$838,919	$838,919	$838,919	$838,919
Niger state	1,040,622	149 per 1000 live births	SAM: 0.4 %; severe underweight: 3.2 %; and severe stunting: 8.7 %	$1,016,646		$1,016,646	$1,016,646
Plateau state	787,715	80 per 1000 live births	SAM: 1.1 %; severe underweight: 7.2 %; and severe stunting: 12.6 %	$769,566		$769,566	$769,566
Akwa Ibom state	1,032,709	73 per 1000 live births	SAM: 1.7 %; severe underweight: 5.2 %; and severe stunting: 6.0 %	$1,008,915			$1,008,915
Adamawa state	798,953	84 per 1000 live births	SAM: 1.6 %; severe underweight: 3.4 %; and severe stunting: 9.0 %	$780,545			$780,545
Total	5,743,213			$5,203,846	$838,919	$2,625,131	$5,203,846
Grand total							$8,667,896

5. Prioritization process

Based on the amount of funding available, Helen Keller will prioritize funding opportunities. Our decision is based on maximizing impact of available funds and is determined by where we can reach the largest number of at-risk children. Areas with high under-five mortality are considered high priority. Therefore, countries like Niger and Mali that have a large population and high rates of mortality would be constitute priority funding opportunities.

Table 6. Prioritization of funding for 2021-2023

Priorities	Country	reasons	Funding gap (USD)
1	Niger	Highest mortality and funding gap	$2,126,378
2	Mali	High mortality and funding gap	$1,230,146
3	DRC	High mortality and funding gap	$1,500,000
4	Guinea	High mortality and funding gap	$1,825,627
5	Cote d' Ivoire	High mortality and funding gap	$1,775,000
6	Nigeria Nassarawa	High mortality and funding gap	$789,255
7	Nigeria extensions	Lack of funds and support, high mortality	$7,878,641
7	Kenya	Lack of funds and support, high mortality	$3,375,000
8	Burkina Faso	Lack of funds and support, high mortality	$1,219,278
9	Cameroon	Lack of funds and support, high mortality	$2,405,547
	Total		**$24,124,872**