



Report to GiveWell on VAS Program Activities, Spending and Monitoring for 2019

18 March 2020

1. Vitamin A Supplementation Program Spending for 2019

Tables 1, 2 and 3 below present Helen Keller’s spending on VAS campaigns in 2019. It should be noted that not all the funds described below are exclusively supporting VAS campaigns. Funds from the Noorda Foundation support the transition towards sustainable delivery mechanisms for VAS in Niger, and Cote d’Ivoire. Some funds from small donations supported operations research efforts in Sierra Leone focusing on integrating gender equity components within the country’s routine delivery system.

Table 1. 2019 Expenses for VAS Campaigns by Line Item

2019 VAS EXPENSES - CONSOLIDATED	
Line Item	Amount
Personnel	\$1,362,454
Travel	\$68,992
Equipment and supplies	\$77,959
Other Direct Costs	\$827,997
Activities	\$900,476
Sub Agreements	\$1,498,104
Indirect Costs/Overheads	\$1,105,291
Total	\$5,841,273

Table 2. 2019 Expenses for VAS Campaigns by Line Item and Country

2019 VAS - EXPENSES BY LOCATION										
Line Item	Central office	Regional office	Burkina Faso	Cote d'Ivoire	Guinea	Mali	Niger	Kenya	Sierra Leone	Total
Personnel	\$52,750	\$533,524	\$110,902	\$172,229	\$130,880	\$114,120	\$125,234	\$81,051	\$41,763	\$1,362,454
Travel	\$2,293	\$13,088	\$312	\$4,901	\$151	\$521	\$655	\$28,972	\$18,099	\$68,992
Equipment and supplies	\$0	\$20,647	\$10,209	\$14,246	\$9,005	\$5,639	\$4,470	\$10,893	\$2,850	\$77,959
Other Direct Costs	\$10,000	\$186,755	\$105,562	\$129,324	\$110,923	\$55,400	\$91,565	\$107,545	\$30,921	\$827,997
Activities	\$42,108	\$50,846	\$59,740	\$226,078	\$53,554	\$86,013	\$182,710	\$187,809	\$11,617	\$900,476
Sub Agreements	\$0	\$0	\$179,784	\$405,312	\$380,625	\$209,472	\$322,911	\$0	\$0	\$1,498,104
Indirect Costs/Overheads	\$18,962	\$273,817	\$98,535	\$221,462	\$134,605	\$102,970	\$137,122	\$66,413	\$51,406	\$1,105,291
Total	\$126,112	\$1,078,678	\$565,043	\$1,173,552	\$819,744	\$574,136	\$864,668	\$482,683	\$156,655	\$5,841,273

Table 3. 2019 Expenses for VAS Campaigns by Line Item and Donor

2019 VAS - EXPENSES BY FUNDING SOURCE						
	GiveWell/Good Venture	Noorda	Three Graces Foundation	ECT	Small donations	Total
Personnel	\$821,498	\$326,543	\$28,267	\$140,163	\$45,983	\$1,362,454
Travel	\$3,297	\$15,727	\$2,179	\$19,906	\$27,882	\$68,992
Equipment and supplies	\$46,176	\$15,493	\$1,859	\$11,040	\$3,392	\$77,959
Other Direct Costs	\$524,442	\$129,367	\$43,245	\$58,693	\$72,251	\$827,997
Activities	\$432,343	\$108,724	\$16,042	\$261,607	\$81,759	\$900,476
Sub Agreements	\$1,004,503	\$293,777	\$0	\$199,825	\$0	\$1,498,104
Indirect Costs/Overheads	\$584,862	\$133,445	\$16,539	\$69,123	\$301,322	\$1,105,291
Total	\$3,417,120	\$1,023,076	\$108,130	\$760,358	\$532,590	\$5,841,273

Additional funds were also received by HKI for routine delivery of VAS in 2019, mainly through grants signed at country level with UNICEF. Full details will be provided on 15 April 2020.

2. Delivery approaches and summary of campaigns for 2019

Thanks to the financial support from GiveWell/Good Ventures, Helen Keller provided support to vitamin A supplementation (VAS) campaigns in five countries in 2019. **Table 4** summarizes information about the VAS campaigns in each country per campaign round including distribution method, additional interventions implemented, whether PECS were conducted and their scope (local or national), the target number of children 6-59 months of age and the estimated coverage rates.

Table 4 Summary of 2019 VAS Campaigns: Method, Interventions, Population and Coverage

Country	Distribution Round	Distribution Method	Additional Interventions Delivered	Campaign Duration	PECS Conducted	HKI support	Target Population (6-59 m of age)	VAS Coverage (based on PECS)	VAS Coverage (based on Administrative data)
Burkina Faso	1	Door-to-door	Deworming & SAM screening	1 month rural, 4 days urban	Local	3 Regions	573,155	>80%	No data
	2	Door-to-door	Deworming & SAM screening	1 month rural, 4 days urban	No	3 Regions	573,155	N/A	100%
Guinea	1	Door-to-door	Polio immunizations & Deworming	~4 days	National	4 Regions	1,152,336	>80%	100%
	2	Door-to-door	Deworming	~4 days	National	3 Regions	1,156,576	>80%	90%
Mali	1	Door-to-door	Deworming & SAM screening	~4 days	National	3 Regions	2,701,314	74%	>80%
	2	No campaign	N/A	N/A	No	N/A	N/A	N/A	N/A
Côte d'Ivoire	1	Door-to-door	Deworming	~4 days	No	12 Districts	2,808,461	N/A	95%
	2	Door-to-door	Deworming	~4 days	National	16 Districts	2,746,655	>80%	95%
Niger	1	Door-to-door	Polio immunizations & deworming	~4 days	National	National	5,208,087	95%	100%
	2	Door-to-door	Deworming	~4 days	No	3 Regions	1,206,504	>80%	100%
Kenya	1	Mixed	Deworming	1 month	No	8 Counties	1,544,848	N/A	60%-100%
	2	Mixed	Deworming	1 month	Yes	8 Counties	1,544,848	>80%	60%-100%

- In **Burkina Faso**, health personnel engaged in a strike starting May 2019 that only ended in February 2020 and resulted in the holding of all types of health information. Helen Keller could not access administrative data during this period because no report was produced by health facilities; however, based on Helen Keller's PECS, VAS coverage exceeded 80% in its target areas. The strike did not prevent campaigns from taking place as usual. Helen Keller worked closely with the Directorate for Nutrition from the Ministry of Health to improve early planning and implementation of the campaigns, as planning often only starts a few weeks before the campaign dates, and such delays result in inefficiencies and delays. Additional efforts are still needed to improve planning practices, but overall progress has been made, mainly in urban areas, where the overall coverage now exceeds 80%. Some regions, however, report VAS coverage between 70%-80%, indicating the need for continued improvements in the planning and implementation of the VAS campaigns.
- In **Guinea**, campaigns took place later than expected and were affected by numerous planning and implementation difficulties, but with support from Helen Keller, VAS coverage exceeded 80% of the targeted children. The first campaign round, but not the second, was linked to polio immunization. In March 2019, a separate campaign providing Praziquantel, a drug to treat Schistosomiasis, to children sparked a general distrust towards campaigns due to side-effects (i.e. nausea and vomiting) experienced by children. The high number of children suffering from side-effects may have been caused by administering the drug on empty stomachs which goes against recommendations. Multiple efforts and communication campaigns were needed to restore public trust and allow VAS and polio campaigns to take place. The VAS/Polio campaign finally took place in July instead of May. As a result, the second round was also postponed to late December. In Guinea, planning for campaigns also remains an issue, as it is difficult to mobilize all actors in a timely way, ensure that they are closely coordinating and planning activities, and being accountable to their respective commitments. A major shortcoming is inadequate communication to the sub-national levels which regularly affects the implementation of the campaign.
- In **Mali**, the first campaign round was also delayed due to a shortfall in UNICEF support. No polio campaign took place in HKI areas for the first round, and UNICEF initially refused to provide funding to support the VAS campaign. The VAS campaign finally took place in June 2019 after weeks of negotiation. The second campaign round did not take place at all for several reasons. First, planning was made difficult by the government's and WHO's refusal to combine the polio campaign with the VAS campaign in the north part of the country. When the parties finally agreed to combine the campaigns, it was too late to implement them. Furthermore, the entire stock of deworming tablets was stolen by the personnel in charge of managing the warehouse. This created confusion and embarrassment at the highest level of the government because the deworming tablets were a donation from

UNICEF and World Vision International. Implementing a catch-up campaign in early 2020 was discussed but ultimately a decision was made to not derail the scheduled timing of campaigns and proceed as expected in 2020.

- In **Cote d'Ivoire**, campaigns took place as expected for both rounds in 46 districts covering half the country. HKI supported the Ministry of Health at all levels for the preparation, planning, implementation and monitoring of the campaigns, and VAS coverage exceeded 80% for both campaign rounds. UNICEF supported VAS distribution in the other half of the country.
- In **Niger**, VAS delivery was integrated with a polio campaign that was organized in May 2019 for the whole country. HKI supported this integration process and provided financing for the whole country, including national planning and supervision by national health managers. For the second round, no polio campaign was organized, so HKI supported the planning, implementation and monitoring of a VAS and deworming campaign in 3 (out of 8) regions. UNICEF supported other regions. Thanks to this support, VAS coverage exceeded 80% for both rounds.
- In **Kenya** campaigns, called Malezi Bora, were organized as expected throughout the country. Helen Keller supported 8 counties with multiple funding sources and exceeded coverage of 80% for both rounds. The campaigns were organized mainly through door-to-door distribution by Community Health volunteers, but also through distribution in early child development centers (kindergarten) and at health facilities.

3. Helen Keller Monitoring Processes

Helen Keller uses a variety of approaches to monitor its own performance and the performance of the campaigns it supports.

- Post event coverage surveys (PECS) are an essential component of this monitoring system. Seven PECS were conducted in 2019, at least one in each country supported by GiveWell/Good Ventures. To date, PECS reports are available for the first campaign rounds in 2019 implemented in Burkina Faso, Guinea, Mali and Niger and can be found here: <https://www.dropbox.com/sh/q4demsnx7lr1hf9/AABKFuhKJwi0ItZY3C11ToK7a?dl=0>. These reports are in French which is the lingua franca in Burkina Faso, Cote d'Ivoire, Guinea, Mali and Niger. Reports for the second campaign rounds, most of which occurred in December 2019, are being drafted. Helen Keller attempts to alternate between national and more circumscribed surveys focusing on HKI-supported areas. Decision on the areas covered are taken in coordination with country governments and partners.

- All PECS in 2019 were conducted using the 2018 WHO recommendations for monitoring coverage of immunization programs. The WHO Vaccination Cluster Survey Reference Manual can be found here: <https://www.dropbox.com/s/vy9m7w2iyec9qw1/WHO%20Vaccination%20Coverage%20Cluster%20Surveys-Reference%20Manual-2018.pdf?dl=0>
- Also, in 2019 Helen Keller developed standard tools and guides to help ensure that high-quality PECS are implemented by its country teams. These include a PECS guide, Protocol and Questionnaire, all of which can be accessed here: <https://www.dropbox.com/sh/8injkzbiclk7y2/AACw-bbP6mAN2o7rlxXoByHha?dl=0>
- For most campaigns, Helen Keller also recruits teams of monitors who randomly visit distribution areas and assess the quality of implementation including whether planned activities are taking place as expected, problems and challenges are being identified and communicated on a daily so that corrective action by Helen Keller and Ministry of Health teams can be taken. Examples of VAS Supervision Reports for 2019 can be found here: <https://www.dropbox.com/sh/tsxnig6n2aon34h/AADBftVumUzsdzqCAQwAchkaa?dl=0>
- Post-campaign workshops are also organized systematically to review the processes and performance of the planning, implementation and monitoring of each campaign, and identify needed adjustments for subsequent campaign rounds. The workshops look at all aspects of the campaign and carefully analyze all data available including administrative and PECS data. In most cases, campaign reports are produced to help track challenges encountered and solutions proposed. Copies of VAS Campaign Reports for 2019 can be found here: https://www.dropbox.com/sh/mfnw9ecpnfg5yaq/AAB8a5MphD4c3oClS_HKHEF1a?dl=0. These reports are also in French.
- To continue strengthening the monitoring of its VAS programs, Helen Keller is also finalizing the development and roll-out of an online monitoring system and dashboard that will facilitate the monthly capture and tracking of progress on VAS activities from each country using standardized indicators. Based on monthly reporting from countries, the dashboard will provide an updated snapshot of (i) national nutrition indicators related to vitamin A deficiency (e.g. under-five mortality rates, population of children 6-59 months of age, exclusive breast feeding rates among children <6 months of age, prevalence of severe and moderate acute wasting, stunting, and vitamin A deficiency, and information about foods fortified with vitamin A, micronutrient powder interventions and dietary diversity among children), (ii) information about VAS campaigns including funding levels by HKI and other actors, campaign details (e.g. start and end dates, services provided, distribution model), target number of children, planning and implementation activities (e.g. national planning and district micro-planning meetings, training

support, social mobilization and monitoring activities) and VAS coverage as a result of the campaign; and (iii) information on VAS integration into routine health services.

- At the regional level, Helen Keller is also monitoring country programs and sends its technical managers to the countries several times a year to support the planning, implementation and monitoring of campaigns. Visit reports are produced for every visit and describe all activities and decisions taken with support for the regional managers.