

Concept Note for Filling VAS Funding Gap in Kenya

Background

The UNICEF Regional Nutrition Specialist based in Nairobi sent an email on April 30, 2020 to partner organizations working in Kenya to solicit assistance in meeting a funding gap of ~\$1 million for vitamin A supplementation (VAS) in the first semester of 2020. Helen Keller Int'l initiated a call with the UNICEF Kenya and Regional Office in early May to learn more about the funding gap—cause, duration, number and names of counties affected, and activities that would not be implemented due to the gap. In brief, UNICEF said that:

- (i) the funding gap was due to reprogramming of funds to respond to the more immediate needs resulting from the COVID-19 situation,
- (ii) that the funding gap would likely endure for at least two years because the UNICEF Kenya office is embarking on a phased reduction of VAS support now that VAS delivery is integrated within the Kenya health system,
- (iii) that the funding gap would affect 30-32 of the country's 47 counties
- (iv) that the supply of vitamin A capsules to the country was assured, but the technical and financial support to counties used for training, social mobilization, transportation and community health worker (CHW) support for VAS delivery would not be supported.

Rationale for Filling the Funding Gap

Helen Keller Int'l views the funding gap situation in Kenya as an opportunity to improve the VAS coverage in Kenya by strengthening existing VAS delivery platforms that include (i) the twice-yearly Malezi Bora Weeks (i.e. strengthening of maternal and child health services), (ii) facility-based VAS distribution, (iii) distribution in Early Child Development Centers (ECDC) and (iv) door-to-door delivery in remote areas. The Malezi Bora approach uses CHWs to distribute VAS in the community and shares many features associated with high-coverage VAS campaigns including two defined weeks per year when VAS activities such as social mobilization, training, and VAS distribution are concentrated. The other delivery platforms (i.e. facility- and ECDC-based) also have the potential to complement Malezi Bora weeks.

Proposed Strategy

With support from GiveWell, Helen Keller Int'l plans to implement a technical support strategy in ~30 counties affected by UNICEF's funding gap. The strategy would be implemented over a 3-year time period and focus on building the capacity of each county to manage, improve and finance their respective VAS delivery platforms to achieve high coverage. Helen Keller Int'l's approach would also include developing a "phase out-phase in" strategy with each county government body so that over a 3-year period external support from Helen Keller Int'l would gradually decline and the technical and financial capacity of country governments to support VAS would gradually increase. Given the COVID-19 situation, Helen Keller Int'l strategy would

also include working with and supporting counties to implement risk mitigation measures such as the use of masks, gloves, hand-sanitizer and practicing appropriate physical distancing as part of VAS delivery.

Table 1 below provides estimates of the number of target children in the 30 counties, and the costs of supporting VAS delivery per semester and over a three-year period.

Table 1

Description	
No of counties with funding gap over the next 3 years	30
Average number of children 6-59 m of age per county	148,005
Estimated total number of children 6-59 m of age in the 30 counties	4,440,138
Estimated funding support per country per semester	\$16,666
Estimated total funding support for 30 counties for 6 semesters (i.e. 3 years)	\$3,000,000