A conversation with David Doledec and Dr. Rolf Klemm, April 9, 2018

Participants

- David Doledec – Regional Vitamin A Supplementation Program Manager, Helen Keller International
- Dr. Rolf Klemm – Vice President of Nutrition, Helen Keller International
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. David Doledec and Dr. Rolf Klemm.

Summary

GiveWell spoke with Mr. Doledec and Dr. Klemm of Helen Keller International (HKI) for an update on HKI's activities in 2018. Conversation topics included funding shortages for upcoming vitamin A supplementation (VAS) campaigns, planned coverage surveys, and potential ways to evaluate HKI's work.

Funding for upcoming campaigns in Côte d'Ivoire

Funding from UNICEF and the Ministry of Health

UNICEF Côte d'Ivoire and the Ivorian Ministry of Health will most likely not have sufficient funding to support a full national polio immunization campaign in October. While it is possible that some funding will be available from other sources, there is a significant chance that there will be no polio campaign at all in the second half of 2018.

In the coming weeks the Ministry of Health will send HKI two plans, indicating how much a national campaign using each plan would cost, and what funds are available. Roughly, the plans are:

- **Plan A** – Ideally, VAS will occur along with a polio immunization campaign, so that some of the costs of the distribution are covered.
- **Plan B** – If there is no polio campaign, HKI will run an independent campaign that includes VAS, deworming, malnutrition screening, and vaccination catch-up. The lack of a polio immunization campaign is likely to increase costs.

Drug and capsule availability

It is still unknown whether there will be sufficient drugs for deworming activities for preschool-aged children in Côte d'Ivoire, but HKI expects that there will be no capsule shortage for VAS activities. Although UNICEF Côte d'Ivoire initially ordered an insufficient number of vitamin A capsules from Nutrition International, it was able to convince Nutrition International to donate additional capsules later, even though the allocation process usually only happens once per year.

Coverage surveys for upcoming campaigns

Timing

HKI aims to begin coverage surveys as soon as possible after the end of a campaign, usually within two weeks, and a maximum of six weeks afterwards.

The coverage surveys for campaigns in the current round are scheduled as follows:

	Campaign	Coverage survey
Mali	Early April	Late April
Burkina Faso	June	July
Guinea	June	July

Methodology

HKI will conduct national post-event coverage surveys (PECS) using cross-sectional methodology with city clusters. It plans to sample urban and rural areas differently because they usually have quite different coverage, so at the end of the survey there will be three coverage measures:

- representative coverage for rural areas,
- representative coverage for urban areas, and
- national representative coverage.

Sampling of rural areas

For rural populations, HKI plans to do two-phase sampling. HKI will randomly select some number of districts, and then randomly select some number of villages within those districts. With this system, less travel time will be necessary to collect data than it would be if the villages were randomly selected throughout the entire country.

Sampling of urban areas

In Burkina Faso, HKI plans to use fully separate samples for urban areas and rural areas. In Guinea and Mali, sampling will be stratified between urban and rural areas. HKI also plans to evaluate differences in coverage of vitamin A supplementation by economic status.

Further details on upcoming campaigns

Vaccinations

In Guinea, immunizations for measles and polio are provided as part of the CHD campaign. Health workers look at the vaccination card of each child under two years old who is brought to a CHD, and provide catch-up vaccines if the child missed anything during normal routine vaccination.

Assessing the impact of CHDs on immunization rates

There is administrative data on the number of children who receive the measles vaccine during a CHD campaign, but it is difficult to know what gain in coverage that corresponds to. However, given that the baseline proportion of children that receive the measles vaccine in routine is usually low (around ~50% in most countries), it is plausible that many of the children who receive measles vaccinations through a CHD program would not otherwise have been vaccinated.

Security concerns in Mali

Coverage surveys

HKI will most likely not be able to conduct a full nationally-representative survey in Mali because there are quite a few areas to which it cannot travel due to security concerns. HKI expects that it will be able to conduct a coverage survey representative of around 75% of the full targeted population in Mali.

Campaigns

Implementation of campaigns will most likely not be disrupted, simply because Mali has a very long tradition of CHDs. In order to ensure the quality of CHDs, HKI usually dispatches nationally trained teams to conduct the campaigns. However, given the security situation in some parts of Mali, it is important to only send people who have in-depth knowledge of the region, so instead of a central team they are having local teams from each village collect data in their own areas. This approach has required more preparation than usual on HKI's part.

Evaluating the marginal impact of HKI's work

Last year, GiveWell primarily wanted to provide funding to HKI to work in countries where it expected that VAS campaigns would be skipped in absence of additional funding (Guinea, Burkina Faso, and Mali), since the impact of HKI's work in those cases is straightforward to evaluate. This year, GiveWell is interested in assessing the impact of HKI's work in countries where it seems likely that CHD programs would still occur without technical assistance from HKI, but might achieve lower coverage rates.

One way to create an estimate of how much HKI's technical support can increase coverage would be to conduct coverage surveys for two CHDs – one for which HKI provides technical assistance, and one for which it does not. Comparing the results of these two surveys would help HKI to understand how much counterfactual impact its work has. HKI may be interested in doing this in Kenya or Nigeria.