“Room for More Funding”

Report to GiveWell

31 July 2019

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Executive Summary

Since GiveWell recommended HKI Vitamin A Supplementation (VAS) program as a Top Charity at the end of 2017, HKI has received an additional ~USD $7.3 million from various donors, bringing the total to ~$USD 21 including the USD $13.7 million received from GiveWell over the past two years.

This funding has been used to support VAS programs in 6 countries to date: Burkina Faso, Cote d'Ivoire, Guinea, Kenya, Mali and Niger. In 2018, we distributed ~7 million vitamin A capsules (VAC) and we expect to distribute more than 10 million vitamin A capsules (VAC) in 2019.

The situation of VAS in 2019 is more complex than ever and funding gaps continue to increase in all six countries as well as others. Polio campaigns are unlikely to be organized more than once per year in any country, and when organized, they will only cover a limited geographic area. Due to funding gaps, HKI had to increase financial support to five of the GiveWell priority countries by ~USD $500,000 for the first campaign round in 2019 and greater gaps are anticipated for the 2nd distribution round.

HKI envisions room for more funding in the amount of ~$17m over the next three years.

Introduction

Funding for VAS continues to deteriorate in Sub Saharan Africa (SSA). UNICEF used to provide major financial support for VAS, but in a growing number of countries their support has ceased or been drastically reduced. In countries where UNCEF financial support continues, the amount of funds provided is not sufficient to ensure that campaigns cover the entire country. Between 2018 and 2019, all countries faced difficulties. It is expected that in 2019, no country will receive support to conduct two full national rounds of polio campaigns. In the first six months of 2019, polio campaigns were organized in most countries where HKI operates, but a national-scale round is very unlikely during the last six months of the year.

As always, it remains difficult to forecast with reasonable accuracy the anticipated funding gap. In Mali, for instance, during the first campaign round in 2019, WHO announced, at the very last minute, that the polio campaign would only cover the northern half of the country, forcing HKI and UNICEF to find funds to fully support the costs of VAS distribution in the southern half of the country. Similar situations will arise and likely increase in the coming years.

The result of this funding gap for VAS is a precipitous decrease of coverage in Sub Saharan Africa in the past few years. This decrease is continuing in 2019 with only ~50% of children receiving the full-annual protective dose of two capsules.

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 provides:

1. A balance of funds received due to GiveWell's recommendation as of July 31st 2019 (grants from Good Ventures, GiveWell, and all donors influenced by the GiveWell recommendation);
2. The amount committed to specific future programs (such that it's not available to allocate to the items on the spending opportunities list) from the balance of funds;
3. A description of any other potential funding sources for HKI's vitamin A supplementation program in the next year; and

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

The following sections respond to each of the purposes above.

1. Balance of funds received by or committed to HKI as a result of GiveWell's Top Charity designation

GiveWell/Good Ventures made its first donation to HKI at the start of 2018 for $7.2 million, and second at the start of 2019 for $6.5 million. In addition, HKI received $4 million from [redacted] in 209 and $1.75 million from [redacted] ($250,000 in 2018 and $1.5 million in 2019). In 2019, HKI also received $109,270 from various individual donors through the Founders for Good Foundation as well as $642,317 from small donations. In addition, Effect: Hope, a Canadian organization, requested HKI to manage the last year of its VAS programs in Kenya and Cote d'Ivoire (from April 2019 to March 2020). Although Effect:Hope's request is not directly due to GiveWell' s recommendation, the ~$1 million received from the organization contributes to HKI's overall resources dedicated to VAS distribution programs. In total, since January 2018, the total amount received by or committed to HKI to support VAS program is $21,236,924 **(Table 1).**

Table 1. Funds received by or committed to HKI from January-July 2019 to support VAS programs **<u>influenced</u>** by GiveWell

Source	Available funding for VAS Programming (2018 – 2022)
[redacted]	$4,000,000[1]
Good Ventures (2018 & 2019)	$13,700,000
Small donations	$642,317
[redacted] (2018)	$250,000
[redacted] (2019)	$1,500,000[2]
Founders for Good	$109,269[3]
Effect: Hope[4]	$1,035,338
Total	$21,236,924

[1] Only $1 million received by HKI to date
[2] Only $500,000 received by HKI to date
[3] Only $100,661 received by HKI to date
[4] Effect:Hope was not directly influenced by HKI's designation as a GiveWell Top Charity

2. Amount committed to specific future programs

Of the $21,236,924 received by or committed to HKI, we spent $3,032,440 in 2018 to support VAS distribution campaigns in Burkina Faso, Mali and Guinea. We have allocated the balance of $18,204,484 across eight countries from 2019-2022 (seven in 2019 and 2020, six in 2021 and two in 2022). We have also allocated costs to support our Regional Vitamin A Technical Team that provides critical technical support to HKI's VAS programs in each country. **Table 2** shows how the balance of funds are allocated from 2019 – 2022 across countries. Note that funds from different sources cover different time periods. GiveWell funding currently covers 2019-21; [redacted] covers 2019-22 for Niger and Cote d'Ivoire; and Founders for Good covers 2019 because they need to be used within one year of receipt.

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

	2018	2019	2020	2021	2022
Burkina Faso	$497,352	$932,807	$801,458	$777,500	
Cameroon	$0	$109,269			
Cote d' Ivoire	$472,416	$1,172,626	$611,233	$584,943	$318,254
DRC	$0				
Guinea	$832,259	$822,406	$795,500	$733,287	
Kenya	$0	$736,148	$269,040	$258,677	
Mali	$464,032	$987,212	$952,275	$919,623	
Mozambique	$0		$164,009		
Niger	$0	$788,706	$771,165	$775,127	$399,327
Nigeria	$0				
Senegal	$0				
Sierra Leone	$17,774				
Tanzania	$0				
Regional Technical Support	$748,606	$1,261,710	$1,102040	$881,740	$278,402
Annual Total	$3,032,440	$6,810,884	$5,466,720	$4,930,897	$995,983
GRAND Total	$21,236,924				

While funds from all sources are used to support vitamin A programs, the focus of funding varies by funding source. For example, support from UNICEF, Nutrition International, Irish Aid and Funds for Good are used to help countries integrate VAS into

routine health services; funds from GiveWell/Good Ventures are used to support VAS campaigns; and a portion of the funds from [redacted] support VAS integration into routine health services or scaling up integrated VAS programs in Niger ($199,189) and Cote d'Ivoire ($358,073).

In 2019, HKI reserved $642,317 as a contingency fund to fill emergency needs for VAS campaigns. Part of this reserve supported campaign rounds in Mali, Guinea and Cote d'Ivoire. In Mali, for example, because the polio campaign in Mali only took place in the northern half of the country, HKI provided supplemental funding to the government to support a "stand alone" (i.e. not linked to the polio campaign) VAS campaign in the southern half of the country. Similarly, in Guinea and Cote d'Ivoire, HKI provided supplemental funding to bridge UNICEF's funding shortfall for VAS. Such situations are expected to get worse in the coming years. UNICEF funding for VAS has declined steadily since 2016 and the current funding received by UNICEF for VAS from Global Affairs Canada is ending at the end of 2020 without any assurance of renewal.

In 2019, HKI continues to partner with other donor organizations. We partner with UNICEF for routine delivery of VAS in five countries (Cameroon, Cote d'Ivoire, Guinea, Mozambique and Sierra Leone), with Nutrition International in Nigeria, and with Irish Aid in Sierra Leone (**Table 3**). HKI anticipates receiving additional funds over the next two years from these donor organizations in the amount of $2,642,844 (broken down as follows: $369,174 for Cote d'Ivoire from UNICEF: $271,940 for Guinea from UNICEF; $1,077,937 for Mozambique from UNICEF; $60,000 for Nigeria from Nutrition International; and $673,793 from UNICEF and $190,000 from Irish Aid for Sierra Leone).

Table 3. Funds awarded to HKI from January 2017-July 2019 to support VAS programs **not influenced** by GiveWell

Country	Funding received in 2017-19 from donors **not influenced** by GiveWell (USD)
Burkina Faso	
Cameroon	$157,886[a]
Cote d' Ivoire	
DRC	
Guinea	
Kenya	
Mali	
Mozambique	$705,[560a]
Niger	
Nigeria	$201,797[b]
Senegal	
Sierra Leone	$247,093[a] + 744,423[c]
Tanzania	
Regional Technical Support	$697,000[a]
Total	**2,753,759**

[a] Unicef
[b] Nutrition International
[c] Irish Aid

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

Beyond the funds described in Tables 1-3, no other funds are currently expected for VAS programs for the coming year.

4. Spending Opportunities

Overall, there is room for more funding to support government capacity building, ownership and accountability for achieving high-coverage VAS in countries with high or presumed high vitamin A deficiency (VAD) prevalence and high under-five child mortality rates (UFMR). HKI's strategy is to maximize impact by providing vital technical

support to priority countries, covering funding shortfalls and targeting the most vulnerable and densely populated areas to achieve at least 80% VAS coverage in the neediest regions or districts. With continued GiveWell support, HKI will deploy teams of independent monitors during VAS campaigns, along-side government oversight efforts, to trouble-shoot and supervise the quality of campaign implementation. After the campaign events, HKI will conduct Post Event Coverage Surveys (PECs) to obtain population-based coverage estimates.

The following section describes room for more funding for VAS in HKI countries in Africa. They are based on discussions between HKI and its main country partners, and reflect, to the best of our knowledge, the views of all actors. **Table 4** below displays the room for more funding opportunities by country over the next three years.

Table 4. Room for More Funding Opportunities to cover financial gaps over the next three years in priority countries in Africa

Country	Estimated VAS funding gap to support HKI VAS activities for three years (USD)
Burkina Faso	1,081,579
Cameroon	1,800,000
Cote d' Ivoire	1,061,500
DRC	4,500,000
Guinea	1,265,563
Kenya	1,500,000
Mali	2,006,226
Niger	1,244,438
Nigeria	2,367,765
Total	**16,827,071**

Burkina Faso. Vitamin A deficiency (VAD) is estimated to affect more than 40% of children under five years of age in Burkina Faso. The under-five-mortality rate (UFMR) still hovers at ~100 deaths for 1,000 live births. Since 2016, campaigns have been organized using a dual approach: in urban areas, door-to-door campaigns are

conducted by distributors recruited for the five-day campaign, but in rural areas, the campaigns are implemented over 4 weeks by community health volunteers. While this approach has reduced campaign costs, the costs are still beyond the means of the government; hence HKI and UNICEF continue to provide supplemental financial as well as technical support. The first PECS since the government transitioned to its dual approach found 75% and 50% VAS coverage in rural and urban areas, respectively. These results are promising but suggest the need for continued and greater support. To ensure that coverage surveys are organized annually, and funding and technical support continues for the next three years, HKI estimates the room for more funding to be $ 66,950/year for 2019 to 2021 and $880,729 for 2022, totaling $1,081,579 over three years.

Cameroon. In Cameroon, VAD affects about 35% of children under 5 years and UFMR is ~112. In 2018, UNICEF was able to support four regions to conduct a second campaign round, but no support for the remaining 70% of the country's population. We anticipate this situation to continue over the next several years as polio campaigns now take place only once per year and do not cover the whole country anymore. HKI proposes to support VAS campaigns in two of the six uncovered regions of the country where no VAS distribution will otherwise occur. HKI estimates the support needed for two distribution rounds in these two regions to be $600,000/year or a total of $ 1,800,000 over three years (2020-22).

Cote d'Ivoire. Based on 2014 data, 20.5% of the population did not meet the minimum threshold for adequate caloric intake and the diet lacks diversity in all age groups. While childhood stunting prevalence has decreased from 29.6% in 2012 to 21.6% in 2017, an estimated one million children remain abnormally short for their age. These proxy dietary and nutritional indicators suggest that VAD persists as a public health problem in Côte d'Ivoire. After decades of coupling VAS distribution with polio campaigns, Cote d'Ivoire is using a phased approach to transition VAS distribution from a campaign to a health systems approach. A third (29/86) of the country's districts have transitioned to a health systems approach for VAS achieving low coverage (~<20%), while the remaining 57 districts continue to use a campaign approach for VAS. While the country's initial

plan was to transition VAS delivery in all districts to a health systems approach by 2020, the low VAS coverage in the "transitioned" districts makes it likely that campaigns will continue until (at least) 2022. During this period, financial gaps will increase due to the cessation of polio campaigns and reduced funding from UNICEF. HKI therefore estimates a funding gap of $1,061,500 of which 50% is needed to support a second VAS campaign round in 2019 and 2020, and the other 50% to support campaigns in areas where the health systems approach is not yet effective.

Democratic Republic of Congo (DRD). The situation of VAS continues to deteriorate in DRC as funds are increasingly difficult to mobilize for VAS campaigns. Polio campaigns are only organized in a few provinces, and VAS campaigns in other provinces depend on available funds. From 2017 to 2019, VAS campaigns were organized in only 10%-60% of provinces. This situation will likely worsen in the coming years. HKI proposes to support VAS campaigns in two provinces over the next three years, supplementing an estimated 2 million children per campaign round. The estimated additional budget required is $1.5 million/year or $4.5 million over 3 years.

Guinea. UFMR remains high in Guinea at 111 and VAD is estimated to affect >40% of children. In 2019, VAS will be linked to polio campaigns for both distribution rounds, but the future geographic coverage of polio campaigns is not known. It is very likely that some districts will not be covered, requiring HKI to provide supplemental funds to ensure that all children receive two doses of VAS. We expect the situation in 2020 to be similar but worsen in 2021 because UNICEF's VAS grant from Global Affairs Canada will expire and polio campaigns will likely cease. The government of Guinea, HKI and UNICEF are currently identifying delivery models to reduce costs but still achieve high VAS coverage. We estimate the funding gap to be $153 935 and $126 832 in 2020 and 2021, respectively, but increase to $984,796 in 2022 for a total estimated "room for more funding" of $1,265,563 over the next three years.

Kenya. VAS in Kenya is organized through Child Health Day campaigns. However, funding is limited in many counties where no external support is provided. In 2018 and 2019, Nutrition International and UNICEF supported half the country, leaving 22 out of 47 counties unsupported. VAS coverage for these unsupported counties is ~20%. In

2019, 15 counties were (again) missed for the first distribution round due to a funding shortfall. HKI supported eight counties with funds from [redacted] and Global Affairs Canada, but many counties still need support. We estimate that an additional $500,000/year is needed to ensure that VAS is provided to all children in the country, or a total of $1,500,000 for the next three years.

Mali. UFMR in Mali remains above 100 and VAD affects >40% of children in Mail. Since the early 2000's, bi-annual VAS distribution has been piggy-backed on polio campaigns. Currently VAS distribution is at a high risk of disappearing in Mali because polio campaigns have been phasing out as of 2017. In the first six months of 2019, for example, because the polio campaign covered just northern half of the country, HKI had to significantly increase its financial support to the government to ensure VAS coverage in the areas not covered by the polio campaign. This situation will continue in the coming years. We estimate the need for an additional $341,986 and $378,056 for 2020 and 2021, respectively, to support the national VAS campaign and a PECS national coverage survey and an additional $1,286,184 for 2022 for a total of $2,006,226 over the next 3 years.

Niger. Despite the important progress made in recent years, malnutrition remains a major public health problem in Niger with child stunting prevalence exceeding 40%. UFMR remains well above 100 in 2019. Because polio campaigns were not conducted during the second half of 2017 or 2018, VAS distribution was not conducted in many districts due to funding shortfalls. VAS was distributed in slightly more than half (41/72) of the districts. Funds from [redacted] and GiveWell were used to provide support to Mali, but resources were not enough to reach the large number of unsupported districts. HKI estimates that an additional $1,244,438 is needed to cover all 31 unsupported districts over the next three years. With this additional support, we estimate that an additional 2 million children will receive a vitamin A twice per year.

Nigeria. HKI has been supporting Nigeria's VAS program for more than a decade and has regularly achieved ≥80% coverage despite challenges such as insecurity, poor planning at the state level, and scattered population living far from health facilities. High VAD and UFMR justify continued VAS campaigns in Nigeria but funding gaps prevent

campaigns from taking place and reaching large numbers of children. With additional funds, HKI proposes to support VAS campaigns in Bauchi state from 2020 to 2022. Bauchi State is located in the northeast part of Nigeria and is composed of twenty local government areas and 323 political wards. Bauchi ~1.3 million children under five years and an extremely high UFMR of 161 (MICS 2016-2017). Its other nutritional indicators show Bauchi to be a nutritionally high-risk state with levels of severe stunting, severe underweight and severe acute malnutrition of 16.3%, 8.2% and 1.6%, respectively (NNHS, 2018). The state also suffers from low (29%) VAS coverage (NNHS, 2018). With additional funds, HKI will support bi-annual VAS campaigns in this high-priority state. We estimate the need for $789,255/year for a total of $2,367,765 over three years.

5. Prioritization process

Our total estimate of "room for more funding" is ~$17 million. Depending on the amount of funding made available to HKI, we will prioritize their use to achieve maximum impact. Budget allocations will be based on reaching the largest number of children in areas of highest need using UFMR as an important criterion. Therefore, countries like Niger and Mali with large populations and high UFMRs will be given priority. We will also consider DRC, but HKI would need at least $1,500,000 over a three year period to make it cost-effective to open an office and hire personnel given the high rental and other costs in Kinshasa. Without at least this $1,500,000 over three years, the cost of office set-up, personnel and operational support would represent too great a proportion of the total funds available.