Report to GiveWell

“Room for More Funding”

Estimated financial gaps preventing universal coverage of Vitamin A Supplementation for children 6 to 59 months in sub-Saharan Africa from July 2024 to June 2027

July 31, 2023

1. Overview

This “Room for More Funding” Request continues to be shaped by three key factors: (i) lower levels of VAS funding from UNICEF, (ii) countries requiring that VAS be better integrated in health systems and (iii) effects of COVID-19.

Lower levels of VAS support from UNICEF: UNICEF received a USD $25 million grant from Global Affairs Canada to support VAS in 15 countries (Angola, Benin, Burkina Faso, Cameroon, CAR, Chad, Cote d‘Ivoire, DRC, Guinea, Madagascar, Malawi, Mozambique, Sierra Leone, Sudan, Togo) from mid-2023 to end-2025 (5 Semesters). However, considering that some funds will be used for global studies and not all funds can be directly allocated to VAS support in the field, the actual direct VAS delivery support per semester and per country is less than USD $200,000. As a result, UNICEF has informed Helen Keller that it can no longer provide significant support for VAS in most countries. For instance, in Cameroon, Helen Keller had to cover the entire country in 2023, which doubled the number of targeted children and the required funding for the campaigns.

Integration of VAS in health systems: Efforts to integrate VAS delivery into health systems are ongoing in all countries. Cameroon and Senegal have already completed studies demonstrating the achievability of high coverage through integrated delivery systems. In Kenya, several studies will be conducted to identify the most appropriate integrated delivery models and support required for health systems to reach 100% of targeted children. Similarly, situation analyses are underway in other countries like Niger, Cote d'Ivoire, and Guinea, followed by pilot studies.

Effects of COVID-19: The Covid-19 pandemic has significantly impacted routine immunization coverage in Sub-Saharan Africa, leading to the organization of polio campaigns across the continent by WHO to prevent outbreaks of measles and polio. Helen Keller has been supporting mass immunization campaigns in all countries except Kenya. However, due to differences in geographic coverage and timing of these campaigns, the opportunity to piggyback VAS on them is not always systematic.

Estimated Room for More Funding: Taking into account the above factors, Helen Keller International estimates a funding gap of approximately $65 million for the period 2024 to 2027. This funding is needed to support VAS programs in the 9 GiveWell-supported sub-Saharan African countries during the next three years.

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1. Balance of funds received due to GiveWell's recommendation as of May 31, 2023

Table1 below presents the funding received by Helen Keller International for their Vitamin A Supplementation (VAS) programs influenced by GiveWell. The funds are directed towards supporting VAS services in various countries with a focus on preschool-aged children between 2018 and 2023. The total funding received or pledged for this period amounts to $194,885,505. The largest contribution comes from GiveWell donations, amounting to $171,022,275, which underscores the significance of their support in advancing VAS programs. Other significant contributors include the Ray and Tye Noorda Foundation, providing $6,000,000, and Three Graces, for $3,250,000.

Helen Keller International plans to utilize this funding to support existing VAS programs in multiple countries until June 2026. The organization also aims to expand its programs to additional regions in some of these countries, thereby increasing their impact on combating Vitamin A deficiency and related health issues.

The grant from GiveWell in January 2023 played a pivotal role in facilitating this financial support, with contributions from Open Philanthropy, Giving What We Can's Top Charities Fund, and Effective Altruism Australia. The decision to allocate these funds was guided by a belief in the cost-effectiveness and the significant impact of VAS programs on improving public health.

The collective efforts of various organizations and donors have contributed to making Helen Keller International's VAS programs one of GiveWell's top charities, reinforcing their commitment to addressing nutritional deficiencies and promoting child well-being.

Table 1 below highlights funding received by Helen Keller International for VAS.

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

Source	Pledged
Givewell	$171,022,275
UNICEF **	$6,580,532
Small donations	$1,378,256
Three Graces	$3,250,000
Noorda	$6,000,000
Centre for Effective Altruism	$443,366
Effective Altruism Foundation	$135,471
Effective Altruism Australia	$775,236
Ayuda Effectiva	$193,850
Effective Spenden Germany	$421,811
Effective Spenden Schweiz	$66,435
Founders for Good	$2,557,337
Stichting Effectief Doneren	$48,903
Effect Hope**	$1,907,033
Topsoe **	$105,000
Total	$194,885,505

Note 1: These are direct donations and pledges from Givewell influenced donors as at May 2023. Although donations from Givewell come from various sources since 2022, they have been grouped under the "Givewell" label for easier tracking.

*** these funds are not sourced directly by Givewell but are complementary funding and GiveWell funds are used to cover the overhead gap.*

Table 2 presents the actual expenditures for the Vitamin A Supplementation (VAS) program spanning from 2018 to 2023. However, it is important to note that there have been changes in the budgeting and reporting cycles during this period. From 2018 to 2022, the calendar years were used for budgeting and reporting. However, starting in 2023, the funding cycles have been aligned with the financial calendar of Helen Keller International.

- Fiscal Year 2024 (FY24) corresponds to July 2023 to June 2024
- Fiscal Year 2025 (FY25) corresponds to July 2024 to June 2025
- Fiscal Year 2026 (FY26) corresponds to July 2025 to June 2026

- Fiscal Year 2027 (FY27) corresponds to July 2026 to June 2027

Table 2. Actual expenditures for VAS between 2018 and 2023

Country	Actual expenditures					
	2018	2019	2020	2021	2022	Jan - May 23
Burkina Faso	$497,352	$565,043	$794,145	$1,212,264	$1,043,727	$93,310
Cameroon	$0	$0	$75,052	$1,662,039	$2,736,583	$1,299,949
Cote d' Ivoire	$472,416	$1,173,552	$1,015,906	$2,202,689	$2,417,032	$330,040
DRC	$0	$0	$32,476	$1,525,242	$2,912,463	$1,774,326
Guinea	$832,259	$819,744	$1,274,493	$846,207	$2,014,507	$321,903
Kenya	$0	$482,683	$631,162	$1,069,217	$3,029,617	$1,020,143
Madagascar						$224
Mali	$464,032	$574,136	$1,088,508	$1,670,132	$1,691,131	$388,392
Mozambique	$0	$0	$0	$0	$328,917	$332,708
Niger	$58	$864,667	$1,036,925	$2,113,725	$2,471,192	$650,751
Nigeria	$0	$0	$493,003	$1,927,803	$4,956,047	$1,343,061
Senegal	$0	$0	$134,466	$201,214	$390,674	$149,725
Sierra Leone	$17,774	$156,655	$103,367	$176,779	$245,012	$169,167
Tanzania	$0	$0	$0	$0	$211,171	$86,813
Management	$748,548	$1,204,792	$1,259,157	$1,020,569	$2,180,997	$1,867,348
Totals	$3,032,438	$5,841,273	$7,938,660	$15,627,880	$26,629,070	$9,827,861
						$68,897,183

Table 3 presents the allocations of funds received or pledged for Vitamin A Supplementation (VAS) services, categorized by country and fiscal year from FY24 to FY27.

The table shows the available budgeted funds for each country and fiscal year, indicating the financial resources dedicated to VAS services in those periods.

It's important to note that there is a difference of USD $1,978,748 between the total of Table 1 and the combined totals of Table 2 and Table 3. This difference represents funds that have not yet been allocated but will be allocated in semester 2 of 2023.

Table 3. Allocation of funds received or pledged for VAS services, per country and per year, FY24 to FY27

Country	Available budgeted funds				
	Jun-23	FY 24	FY 25	FY 26	FY 27
Burkina Faso	$109,761	$1,794,821	$1,867,231	$1,710,392	
Cameroon	$997,388	$7,121,667	$6,556,781	$2,779,761	
Cote d' Ivoire	$934,372	$4,964,169	$4,182,066	$2,721,586	
DRC	$395,840	$5,720,527	$6,393,220	$6,694,954	
Guinea	$585,184	$2,510,065	$2,536,381	$621,513	
Kenya	$1,007,765	$3,956,730	$253,909	$0	
Madagascar		$1,499,776	$1,500,000	$1,500,000	$1,500,000
Mali	$944,494	$2,975,617	$2,364,438	$2,390,663	
Mozambique	$0	$1,157,719	$836,817		
Niger	$283,812	$4,533,528	$4,455,645	$4,830,889	
Nigeria	$881,999	$5,861,235	$5,376,550	$2,827,856	
Senegal	$85,805	$254,133			
Sierra Leone	$9,256	$111,517			
Tanzania		$728,590			
Management	$318,831	$3,148,703	$2,584,404	$2,551,216	
Research		$1,040,000	$1,040,000		
Totals	$6,554,506	$47,378,795	$39,947,444	$28,628,830	$1,500,000
					$124,009,575

Note 2: The difference between table 1, table 2 and table 3 of USD $1,978,748 represents funds that have not yet been allocated but will be allocated in semester 2 of 2023

To date, Helen Keller Int'l does not have visibility on additional funding to be received from other sources.
In addition to Givewell associated donations, Helen Keller has received funds from a variety of donors as described in **Table 4**.

Table 4. Funds received by Helen Keller for VAS not influenced by Givewell

Description	2017-2018	2018-2023	Status
UNICEF PCA for Burkina Faso		283,023	Closed
UNICEF PCA for Cameroon	157,886	400,000	Ongoing
UNICEF PCA for Cote d' Ivoire		377,061	Closed
UNICEF PCA for Guinea		272,045	Closed
UNICEF PCA for Mozambique	705,560	1,077,937	Closed
UNICEF PCA for Sierra Leone	247,093	890,266	Closed
UNICEF PCA for Global and Regional Support	697,000	-	Closed
Gates Foundation for Cote d'Ivoire		150,000	Closed
Nutrition International support to Nigeria	201,797	60,000	Closed
Irish Aid support to Sierra Leone	744,423	-	Closed
Advanced Nutrition Niger		1,926,731	Closed
Advanced Nutrition Nigeria		10,000	Closed
LDSC Nigeria		300,000	Closed
Total	2,753,759.00	5,747,063.07	

2. Monitoring and evaluation

Helen Keller Int'l is actively working on strengthening its Monitoring and Evaluation (M&E) system for Vitamin A Supplementation (VAS). In 2023, a new tool was developed to enhance decision-making regarding the conduct of Post Event Coverage Surveys (PECS). This tool provides crucial information on administrative and PECS measured coverage for all regions of the countries where Helen Keller has been operating since 2018. The tool assists in prioritizing survey locations by identifying regions where coverage has not been measured through surveys in recent years or where administrative coverage indicates low levels. Utilizing this tool, Helen Keller aims to conduct a minimum of one coverage survey per year in each country. It will also help determine the frequency of national surveys (at least every 3 years) and identify regions that require separate stratification due to a risk of not reaching the minimum 80% coverage threshold. Furthermore, the tool enables the alternation of surveys between semester 1 and 2.

Using this tool, Helen Keller identified the following priorities:

- In Burkina Faso, immediate attention is required in the Centre-Est region due to the absence of surveys. Additionally, specific regions that have not been surveyed since 2020 will no longer be grouped until coverage is measured in each of these regions.
- In Côte d'Ivoire, where recent PECS surveys have been conducted at the national level, the decision tool will assist in targeting specific administrative areas for future surveys.

- The expansion of the VAS program in the Democratic Republic of the Congo (DRC) necessitates grouping provinces based on priority to effectively manage available resources.
- In Niger, while national surveys achieved over 90% coverage in 2022, there is a need for region-specific surveys to identify areas with lower coverage. Regions such as Dosso, Agadez, and Tillabery, with coverage below 80%, should be prioritized. The Diffa region, which has never been surveyed, also requires immediate attention.
- Mali urgently requires region-specific surveys as no PECS surveys have been conducted since 2021. The national survey in 2022 revealed a coverage rate of 70%. It will be important to identify which districts have lower coverage.
- In Cameroon and Nigeria, region-specific and state-specific surveys will continue based on priority using the decision tool until disaggregated data is available for all areas.
- In Guinea, the focus will shift from national surveys to district-level surveys, beginning with the districts facing the most challenges, as determined by the decision tool.

To maximize the benefits of the PECS, additional modules have been developed that will be added to the PECS questionnaire on a needs basis. These modules include assessing access and use of health services, maternal and child morbidity, and access to nutrition services or fortified foods. In 2022, modules were tested for dietary diversity, providing essential information on dietary habits in several countries.

Starting in the second semester of 2023, Helen Keller Int'l will include accountability and service quality questions in all its PECS. Caregivers will be asked about their level of satisfaction with the services they received, and health workers and community distributors will also be questioned about their satisfaction.

Furthermore, in July 2023, Helen Keller partnered with ID Insight to outsource the conduct of a PECS in Kenya. The objective of this partnership is to evaluate the benefit of the Data Capture system developed by ID Insight on the cost and quality of PECS.

By implementing these improvements and adjustments, Helen Keller Int'l aims to enhance the effectiveness and impact of its VAS program and continue its mission of reducing malnutrition and averting blindness in vulnerable communities.

3. Research & Studies

Helen Keller International has dedicated significant efforts to conduct research and studies aimed at integrating Vitamin A Supplementation (VAS) delivery into countries' health systems while ensuring cost-effectiveness. The main objectives of our research are to reach 100% of targeted children and enhance the effectiveness of VAS campaigns.

3.1. Completed studies:

Burkina Faso

Collaborating with the Burkina Faso Ministry of Health and Public Hygiene and the University of California, Davis (UC Davis), Helen Keller Int'l completed a cost-effectiveness study on the Vitamin A Days Plus (JVA+) campaign in Yako and Kombissiri health districts. The study achieved approximately 88% supplementation coverage among targeted children aged 6-59 months. While urban areas showed lower coverage, the cost per child reached ranged from 0.93 USD to 1.45 USD in rural and urban areas, respectively.

Cameroon

In partnership with the Ministry of Health, we implemented a self-monitoring approach to strengthen routine VAS delivery in Kaele and Guidiguis health districts [REFERENCE]. Community health volunteers played a crucial role in reminding and referring caregivers to health facilities, resulting in a cost of approximately 0.75 USD per child supplemented with vitamin A.

Kenya

A pilot study comparing the feasibility and coverage of VAS delivered by Community health workers (CHW) to the bi-annual Malezi Bora campaign event was conducted in Siaya County [REFERENCE]. The VAS coverage by community health volunteers through routine CHS was 90.6%, compared to 70.4% through Malezi Bora, with incremental costs per child of US$1.13 and US$0.30, respectively.

Senegal

Our efforts to improve routine VAS coverage led to an overall increase of approximately 25% (P-value <0,001) in health districts implementing the self-monitoring approach [REFERENCE]. Through monthly monitoring and corrective actions, we enhanced VAS uptake.

Regional Studies

Scoping studies conducted in four countries in Africa explored VAS coverage and socio-demographic factors influencing uptake among children aged 6-59 months [REFERENCE]. The findings highlighted differences in coverage among countries, with urban/rural disparities and age-related variations influencing VAS uptake.

Cost-effectiveness Toolkit

We developed a comprehensive cost-effectiveness toolkit for the VAS program. The toolkit includes study guidance documents, data analysis tools, and training materials, and will be piloted in Cote d'Ivoire in the second semester of 2023.

3.2. Proposed research for FY24 to FY28 (July 2023 – June 2027)

Over the next four years, Helen Keller International's research agenda will be focused on several key themes, aimed at advancing vitamin A supplementation (VAS) programs and strengthening health systems. The primary objectives are as follows:

Identifying, Implementing, and Documenting Sustainable and Cost-Effective VAS Delivery Models:

- Helen Keller International will work towards maximizing the cost-effectiveness of VAS campaigns by exploring innovative solutions to reduce costs while maintaining high impact. Efforts will be directed towards integrating VAS into routine health systems and structures, ensuring sustainability and long-term impact.
- Supporting the Transition from Vertical Campaigns to Routine VAS Delivery Models. Helen Keller International aims to facilitate a smooth transition from vertical campaign-based VAS delivery to more sustainable routine models. This transition will help ensure that VAS becomes an integral part of regular health services, leading to more efficient and effective delivery.
- Leveraging VAS as a means to Strengthen Health Systems. Beyond its direct impact on vitamin A supplementation, VAS can play a pivotal role in strengthening overall health systems. Helen Keller International will explore ways to leverage VAS programs to enhance health service delivery, improve health outcomes, and address other health challenges.

Table 5 provides a description of the research proposed from Fiscal Year 2024 to Fiscal Year 2028

Table 5. Proposed research for FY24 to FY28

Country	Study timeframe	Delivery Models	Approximate cost (USD)
Cote d'Ivoire	July – December 2023 (Semester 2)	Cost-effectiveness study. The analysis will be conducted in three health districts in Cote d'Ivoire and capture the coverage, cost and cost-effectiveness of (1) the campaign delivery model, (2) the routine delivery model that is established and has been fully implemented for a minimum of 2 years, and (3) the routine VAS delivery model that has just begun implementation (will include start-up costs from the transition from campaign to routine delivery).	300,000
Democratic Republic of Congo	January – June 2024	Cost-effectiveness study .The analysis will be conducted in three provinces in the Democratic Republic of Congo. The analysis will capture the coverage, cost, and cost-effectiveness of two delivery models, (1) the standard campaign delivery model (without support), and (2) the advanced campaign delivery model (with support).	300,000
Niger	January – June 2024	Cost-effectiveness study. In collaboration with the WCAR GAVA Group (Helen Keller Intl, Nutrition International and UNICEF), a cost-effectiveness analysis will be undertaken in Niger. The study's primary focus is on the coverage, cost and cost-effectiveness of the campaign delivery model; however, the routine delivery model will also be explored in a selected district supported by Helen Keller International and the Ministry of Health.	200,000
Kenya	January 2024 – January 2025	The study aims to measure the feasibility and cost-effectiveness of using a social mobilization approach in the routine health facility-based delivery of VAS. At the study onset, community health volunteers (CHVs) will conduct a comprehensive census of all children between the ages 0-59 months in the study locations. These data and administrative supplementation data (from health facilities) will be reviewed monthly and children who are due for supplementation will be targeted for referral to the health facility. There will be two methods for implementing the referral system, (1) CHVs will make in-person visits to their designated households where they will refer the caregiver to bring their child to the nearest health facility for supplementation, and (2) CHVs will use CHVs government issued smart phones to send SMS referrals to the designated households/caregivers.	200,000
	June 2024 – December 2024	We are proposing a study that will assess the feasibility and effectiveness of using a smart phone application to collect coverage data at the point of VAS distribution during the Malezi Bora campaigns in Tharaka Nithi and Kisumu Counties. To assess reliability, we will compare these coverage estimates to those collected from the post-event	380,000

		coverage survey (PECS). In addition to recording whether a child was supplemented with vitamin A, the child's basic demographic and location data will be collected.	
	July 2023 – December 2024	This study will use GIS data to inform decision-making to increase the reach and coverage of routine health services (at health facility, community health units and outreach, household levels) in one County in Kenya.	200,000
Multi-country study	January 2024 – June 2025	This multi-country study aims to achieve 100% VAS coverage in three campaign settings in Niger, Guinea and Mali. The study will look into which components of campaigns are more likely to help reach coverage of 100%: increase number of distributors, social mobilizers, supervisors, decentralize planning at the community level.	500,000
Estimated total cost			2,080,000

It should be noted that the proposed budget is not yet confirmed and will not be added in the funding gap submitted to Givewell. Funding received from individual donors will be used for research. Timeline for the studies will also be adjusted.

4. Spending Opportunities

The funding gap between July 2024 and June 2027 is estimated at approximately USD $66M (see **Table 6**) to ensure universal VAS coverage in the 9 Sub-Saharan countries where we operate.

All countries except Kenya and Nigeria have sufficient funds available to cover the gaps until June 2025.

Table 6. Spending Opportunities to cover financial gaps over three years in the most critical countries.

	Financial gaps			
	FY25	FY26	FY27	Total
Burkina Faso	-	82,182	1,843,038	1,925,220
Cameroon	-	3,940,727	6,874,430	10,815,157
Cote D'Ivoire	-	1,880,026	4,790,070	6,670,095
DRC	-	488,250	7,243,497	7,731,747
Guinea	-	1,898,889	2,615,088	4,513,977
Kenya	551,303	481,995	558,820	1,592,118
Mali	-	-	2,456,545	2,456,545
Niger	-	-	3,907,550	3,907,550
Nigeria with extension	4,540,183	7,625,416	9,750,144	21,915,743
Management	-	220,856	2,787,399	3,008,254
Total	5,091,485	16,618,341	42,826,580	64,536,406
Nigeria without extension	-	2,836,934	5,065,043	7,901,977
Total without extension in Nigeria	551,303	11,829,859	38,141,478	50,522,640

In Nigeria, Helen Keller proposes to extend its support to five additional states starting second semester of 2024.

Table 7 shows the budget per country after additional funds are added to funds already available.

Table 7. Budgets per country if gaps proposed in Table 4 are covered

	Budgets				
	FY24	FY25	FY26	FY27	Total
Burkina Faso	1,794,821	1,867,231	1,792,574	1,843,038	7,297,664
Cameroon	7,121,667	6,556,781	6,720,489	6,874,430	27,273,366
Cote D'Ivoire	4,964,169	4,182,066	4,601,612	4,790,069	18,537,916
DRC	5,720,527	6,393,220	7,183,205	7,243,497	26,540,449
Guinea	2,510,065	2,536,381	2,520,402	2,615,088	10,181,936
Kenya	3,956,730	805,212	481,995	558,820	5,802,756
Mali	2,975,617	2,364,438	2,390,663	2,456,545	10,187,263
Niger	4,533,528	4,455,645	4,830,889	3,907,550	17,727,612
Nigeria extension	5,861,235	9,916,733	10,168,559	9,750,144	35,696,672
Management	3,148,703	2,584,404	2,772,071	2,787,399	11,292,577
Total	42,587,062	41,662,112	43,462,458	42,826,578	170,538,211
Nigeria no extension	5,861,235	5,376,550	5,664,790	5,065,043	21,967,619
Total without extension in Nigeria	42,587,062	37,121,929	38,958,690	38,141,477	156,809,158

Table 8 shows the number of children expected to be reached by Helen Keller if gaps identified and listed in Table 6 are filled.

Table 8. Children targeted per country and per year

	Number of children 6-59 months targeted				
	FY24	FY25	FY26	FY27	Total
Burkina Faso	1,289,158	1,309,605	1,329,474	1,348,890	5,277,127
Cameroon	5,824,470	5,964,258	6,107,400	6,253,977	24,150,105
Cote D'Ivoire	4,654,325	4,575,033	3,529,236	3,683,558	16,442,152
DRC	9,379,417	10,955,462	11,284,126	11,622,650	43,241,655
Guinea	1,779,278	1,826,863	1,938,119	1,938,119	7,482,379
Kenya	3,497,297	701,325	710,745	720,301	5,629,668
Mali	2,053,898	2,109,865	2,167,386	2,226,506	8,557,655
Niger	6,609,745	6,867,526	7,135,360	7,413,640	28,026,271
Nigeria extension	11,566,363	11,917,917	12,290,849	12,660,468	48,435,597
Total	46,653,951	46,227,854	46,492,695	47,868,109	187,242,609
Nigeria no extension	4,802,018	4,946,945	5,106,907	5,257,018	20,112,888
Total without extension in Nigeria	39,889,606	39,256,882	39,308,753	40,464,659	158,919,900

4.1. Burkina Faso

Burkina Faso faces ongoing challenges of insecurity in many regions and a high prevalence of acute malnutrition. Approximately 11% of children under the age of five suffer from global acute malnutrition, while stunting affects 23% of children in the country. Shockingly, only 19% of children aged 6-23 months have received the minimum dietary diversity required for their age group.

To combat this, Helen Keller International and UNICEF jointly support Vitamin A distribution activities in Burkina Faso using a mixed approach. In urban areas, distributors are recruited to organize five-day-long door-to-door mass distribution campaigns. In rural areas, paid community volunteers distribute Vitamin A supplements to households in their catchment area over a five-week period. This distribution also includes deworming and screening for acute malnutrition. The payment for community volunteers is currently facilitated by a loan from the World Bank, set to end by the close of 2023. Discussions are ongoing with UNICEF and the Ministry of Health to ensure continued payment by the government of Burkina Faso in 2024 and beyond.

In 2023, the VAS campaign implementation guide was adapted to accommodate the specific challenges in insecure areas, improve coverage in urban regions through an increase in community distributors, and integrate the rise in per diem rates for Ministry of Health actors as mandated by the government. To further enhance coverage in certain areas, the Nutrition department has adopted strategies used for immunization. Additionally, in rural areas with a population of 5,000 or more, community distributors are employed alongside ASBCs (Area Service Birth Centers). This change has also resulted in a reduced daily workload for community distributors from over 100 children per team to 80 children.

These adjustments have led to significant positive results in the Haut Bassin and Centre Ouest regions, where these changes were applied during Round 1 in 2023. The impact was a $28,000 increase in the initial planned amount. The support from Helen Keller International and UNICEF will continue in the same manner, with Helen Keller supporting 5 regions and UNICEF supporting 8 regions. The expected targets in the regions supported by Helen Keller are presented in **Table 9**.

Table 9: Target population in Burkina Faso 2024-2027

Regions	Number of children 6-59 months targeted			
	FY24	FY25	FY26	FY27
Centre Est	296,062	300,605	305,024	309,359
Centre Ouest	301,584	306,154	310,589	314,926
Haut-Bassins	356,503	362,683	368,704	374,576
Plateau Central	180,289	183,101	185,823	188,480
Sud-Ouest	154,720	157,062	159,334	161,549
Total	1,289,158	1,309,605	1,329,474	1,348,890

4.2. Cameroon

In Cameroon, Vitamin A supplements are distributed to children aged 6 to 59 months through mass door-to-door campaigns called SASNIM (Semaine d'Actions de Santé et de Nutrition Infantile et Maternelle).

Between 2021 and 2022, Helen Keller supported SASNIM in 6 regions, while UNICEF supported it in 4 regions. However, starting from 2023, UNICEF no longer has funds to support the campaigns, and as a result, Helen Keller is now supporting the entire country. This represents a significant increase in the target and financial gap for Cameroon in the coming years.

In 2023 and 2024, polio and measles campaigns are expected to be conducted, but there is currently no visibility on their geographic coverage or the timing of their implementation. Whenever possible, as was the case in the first semester of 2023, Vitamin A supplementation (VAS) will be integrated into these campaigns.

To further enhance the cost-effectiveness and sustainability of VAS services, Helen Keller International conducted a study in 2 districts. The preliminary findings of the study are promising and will be shared with the Ministry of Health and partners for a potential extension to more districts. **Table 10** provides estimates of the number of children targeted for VAS by region from 2024-2027.

Table 10: Target population in Cameroon 2024-2027

Regions	Number of children 6-59 months targeted			
	FY24	FY25	FY26	FY27
Adamaoua	368,710	377,559	386,620	395,899
Centre	1,039,307	1,064,250	1,089,792	1,115,947
Est	333,172	341,169	349,357	357,741
Littoral	575,124	588,927	603,061	617,535
Ouest	459,579	470,609	481,904	493,470
Sud	131,346	134,498	137,726	141,031
Nord	852,619	873,082	894,036	915,493
Extreme nord	1,527,120	1,563,771	1,601,301	1,639,732
Nord Ouest	271,290	277,801	284,469	291,296
Sud Ouest	266,203	272,592	279,134	285,833
Total	5,824,470	5,964,258	6,107,400	6,253,977

4.3. Cote d'Ivoire

In Côte d'Ivoire, vitamin A supplementation is distributed through mass door-to-door vitamin A distribution campaigns in 40 districts, and an hybrid approach is used in 73 others. The hybrid approach consists of routine delivery in primary health care facilities throughout the semesters, and catch-up campaigns are conducted at the end of the semester to reach children who may have been missed by routine services. Before the

catch-up campaigns were organized, the coverage for the 1st and 2nd semesters in 2022 was measured at 17% and 10% respectively.

The Ministry of Health aims to transition all 113 districts to this hybrid approach in the coming years. To ensure that the coverage of vitamin A supplementation (VAS) remains above 80%, Helen Keller Int'l will accompany this transition. In the initial years, some districts will continue distributing VAS through the traditional campaign approach, while others will be supported in adopting the hybrid approach combining routine delivery and campaigns. In certain districts, a combination of facility delivery, outreach distribution sessions, and delivery by community volunteers will be tested and later scaled up.

UNICEF received funding from Global Affairs Canada for Cote d'Ivoire, but it is not sufficient to continue supporting campaigns as in the past. For the next 2 years, they plan to focus their support on VAS routine strengthening, specifically on central level activities. However, after 2025, they do not have any visibility on provisions for VAS. **Table 11** provides estimates of the number of children targeted for VAS by distribution mode and semester from FY24-FY27.

Table 11: Target population in Cote d'Ivoire 2024-2027

	FY24		FY25		FY26		FY27	
	Sem 1	Sem 2	Sem 1	Sem 2	Sem 1	Sem 2	Sem 1	Sem 2
Campaign	40	40	40	30	0	0	0	0
VAS Routine Strenghtening	8	8	17	17	50	50	75	75
Routine Catch up	52	52	43	53	50	50	25	25
Target beneficiaries	4,654,325		4,575,033		3,529,236		3,683,558	

Target populations will have to be revised as the program continues. Targets used for routine delivery are usually lower than the ones used for campaigns, hence the lower targets for FY26 and FY27. Discussions are ongoing with UNICEF and the Ministry of health to clarify which targets are the more reliable for adoption by all partners.

4.4. Democratic Republic of Congo

Helen Keller Int'l continues to extend its support to more provinces with the enrollment of 3 new provinces in the second semester of 2022, 3 more in the second semester of 2023, 2 more in first semester of 2024, the final 2 in the second semester of 2024.

By 2025, 7 additional provinces will benefit from Helen Keller's support with Givewell funding.

UNICEF plans to continue supporting the remaining 13 provinces over the next few years, using a distribution approach based on routine primary health care facilities delivery. No coverage survey has been conducted in UNICE supported provinces, but it is expected that coverage is lower in these provinces due to the difficulty to reach children 12 to 59 months with routine services. UNICEF and Helen Keller will conduct a cost effectiveness study in 2 provinces in June 2024, one supported by UNICEF and one by Helen Keller to identify strengths and costs of each approach and make progress towards a more cost effective and sustainable delivery approach for VAS. **Table 12** provides estimates of the number of children targeted for VAS by province from 2024-2027.

Table 12: Target population in DRC 2024-2027

Provinces	Number of children 6-59 months targeted			
	FY24	FY25	FY26	FY27
Kinshasa	2,042,479	2,103,753	2,166,866	2,231,872
Kongo central	801,297	825,336	850,096	875,599
Kasaï Oriental	1,026,020	1,056,801	1,088,505	1,121,160
Kwuilu	1,088,600	1,121,258	1,154,896	1,189,543
Lomami	816,944	841,452	866,696	892,696
Kasaï	1,029,916	1,060,813	1,092,637	1,125,417
Kwango	537,332	553,452	570,056	587,157
Nord Ubangi	325,345	335,105	345,158	355,513
Sankuru	488,597	503,255	518,353	533,903
Mongala	572,936	590,124	607,828	626,063
Sud Ubangi	649,951	669,450	689,534	710,220
Mai Ndombe		853,587	879,195	905,570
Tshuapa		441,076	454,308	467,938
Total	9,379,417	10,955,462	11,284,126	11,622,650

4.5. Guinea

According to a survey conducted in 2022, global acute malnutrition remains at around 6.7 percent, and stunting stands at 25.5 percent. In efforts to combat these challenges, Helen Keller and UNICEF are the two main partners providing technical and financial support for Vitamin A Supplementation (VAS) through door-to-door campaigns that are organized twice a year. In 2022, UNICEF supported three regions, while the remaining five regions were supported by Helen Keller. This division of support will continue in the coming years.

Looking ahead to 2023, Helen Keller is supporting the Ministry of Health in conducting a situation analysis study. The objective of this study is to identify possible approaches to

further integrate VAS in routine primary health care services, thereby increasing the cost-effectiveness and sustainability of VAS services. **Table 13** provides estimates of the number of children targeted for VAS by region from 2024-2027.

Table 13:Target population Guinea 2024-2027

Regions	Number of children 6-59 months targeted			
	FY24	FY25	FY26	FY27
Faranah	238,123	244,491	259,381	259,381
Kankan	496,272	509,544	540,575	540,575
Kindia	394,625	405,179	429,854	429,854
Labé	251,113	257,829	273,531	273,531
N'Zérékoré	399,145	409,820	434,778	434,778
Total	1,779,278	1,826,863	1,938,119	1,938,119

4.6. Kenya

The prevalence of stunting in Kenya remains high, affecting around 18% of children under five. Additionally, 5% of children in the country suffer from acute malnutrition, with some counties experiencing rates as high as 25%.

Vitamin A Supplementation is delivered through a mixed approach, which involves providing VAS in primary health care facilities throughout the semester. To reach children who may have been missed by routine services, catch-up campaigns are organized through outreach events at the end of the semester. Outreach posts include locations such as Early Child Development Centres (ECDCs) and any gathering areas with a large number of children.

Since 2021, Helen Keller International has been supporting up to 25 counties, as UNICEF lacked the funds to support VAS, and Nutrition International could only support 10 counties. However, moving forward, Helen Keller International plans to scale down its support to 5 counties to test innovative and cost-effective approaches to deliver VAS. Consequently, around 20 counties are expected to receive no external support for VAS.

The studies conducted will explore various strategies to improve VAS services. These strategies include using mapping solutions to reach 100% of children, testing real-time monitoring of VAS, and comparing the results with PECS (Parenteral, Enteral, and Continuous Sedation) to enhance the quality of data and effectiveness of services.

It's worth considering the findings of a study that supports refocusing VAS efforts on populations with continued high child mortality rates and high vitamin A deficiency prevalence to maximize child survival benefits [1]. Evaluating where child mortality and/or vitamin A deficiency rates have dropped can help identify countries that may no longer require prioritization for VAS. The ultimate goal is to make VAS resources more

efficient and continue promoting young child survival. **Table 14** provides estimates of the number of children targeted for VAS by county from 2025-2027.

Table 14: Target population Kenya 2024-2027

County	Number of children 6-59 months targeted		
	FY25	FY26	FY27
Kisumu County	171,400	173,457	175,538
Homa Bay County	165,522	167,508	169,518
Kilifi County	217,919	220,534	223,180
Tharaka Nithi County	46,008	46,560	47,119
Baringo	100,476	102,686	104,946
Total	701,325	710,745	720,301

4.7. Mali

A survey conducted in 2022 in Mali revealed that global acute malnutrition had a prevalence as high as 10.8 percent, and only 20% of children under the age of five reached the minimum dietary diversity threshold.

Vitamin A supplementation in Mali is distributed to children through mass door-to-door campaigns called SIAN (Semaine d'intensification des activités de nutrition Communautaire). The Ministry of Health's primary partners in this endeavor are Helen Keller and UNICEF, with occasional support from World Vision and Nutrition International.

In 2023, the Ministry of Health initiated the decentralization of the organization of SIAN campaigns. Previously, all aspects of campaign planning were decided at the national level, which created inefficiencies as it did not consider the specific contexts of different districts. The decentralization process is expected to improve coverage in all districts.

In the coming years, UNICEF will continue its support for Vitamin A Supplementation in eight regions, including six in the north (Mopti, Timbuktu, Gao, Kidal, Taoudéni, and Ménaka) and two in the south (Sikasso and the District of Bamako). Helen Keller International will continue to support the three southern regions of Kayes, Ségou, and Koulikoro.

The decentralization of SIAN campaigns is expected to enhance the efficiency and effectiveness of Vitamin A Supplementation in Mali by taking into account the unique needs of each district. By continuing collaboration with various partners and implementing targeted strategies, the country aims to improve the nutritional status of its children and reduce the prevalence of acute malnutrition. **Table 15** provides estimates of the number of children targeted for VAS by region from 2024-2027.

Table 15: Target population Mali 2024-2027

Regions	Number of children 6-59 months targeted			
	FY24	FY25	FY26	FY27
Kayes	625,868	640,263	654,989	654,989
Ségou	740,576	764,274	788,731	788,731
Koulikoro	687,454	705,328	723,666	723,666
TOTAL	2,053,898	2,109,865	2,167,386	2,226,506

4.8. Niger

Between 2022 and 2023, Vitamin A Supplementation (VAS) was systematically distributed alongside either polio (during the 1st rounds in 2022 and 2023) or measles (during the 2nd round in 2022). It is expected that polio campaigns will continue at least until the second semester of 2023.

Since 2022, Helen Keller Int'l has been supporting all 8 regions of the country, as UNICEF does not have funds for VAS and is not anticipating obtaining new funding for it.

Distribution of Vitamin A Supplementation will continue as a door-to-door mass campaign in the coming years. However, the Ministry of Health of Niger is urging its partners to support the design and testing of alternative approaches that would integrate VAS into the routine primary health care system, making it more cost-effective and sustainable. Helen Keller International has supported the design of a pilot test, which will be implemented in 4 districts over an 18-month period starting in 2024. **Table 16** provides estimates of the number of children targeted for VAS by region from 2024-2027.

Table 16: Target population Niger 22024-2027

Region	Number of children 6-59 months targeted			
	FY24	FY25	FY26	FY27
Agadez	180,168	187,195	194,496	202,082
Diffa	219,767	228,338	237,244	246,497
Dosso	796,226	827,279	859,543	893,066
Maradi	1,317,369	1,368,747	1,422,129	1,477,593
Tahoua	1,290,671	1,341,008	1,393,308	1,447,648
Tillabéry	1,055,242	1,096,397	1,139,157	1,183,585
Zinder	1,372,455	1,425,981	1,481,595	1,539,378
Niamey	377,851	392,588	407,899	423,808
TOTAL	6,609,745	6,867,526	7,135,360	7,413,640

4.9. Nigeria

In 2022, Helen Keller International supported Vitamin A Supplementation (VAS) in 7 states for children aged 6 to 59 months. During the first semester of 2023, the support was extended to 5 states. The distribution campaigns, known as MNCHW (Maternal Newborn and Child Health Weeks), span over a week and involve delivery at the primary health care facility level combined with outreach events organized in remote areas.

Apart from VAS, the campaigns offer a range of services, including antenatal care, deworming, routine immunizations, malaria prevention, HIV testing and counseling, and nutrition education.

However, there are still challenges as 11 states lack support to implement these campaigns. In response, Helen Keller proposes to expand its support from the current 5 states to 10 states. Most of these states, with little or no support, face concerning health and nutrition situations. To illustrate, the table below presents indicators for the 5 proposed states for expansion, which are characterized by critical health and nutrition challenges.

It's important to note that Sokoto and Kebbi states receive support from Nutrition International and USAID. However, this support is not sufficient to ensure high coverage.

To address the situation, Helen Keller International aims to support these 5 states, in addition to the initial 5, for the next 3 years. This expansion would help increase VAS coverage and contribute to reducing morbidity and mortality. To ensure data quality, Helen Keller Nigeria plans to conduct a Post Event Coverage Survey before enrolling the 5 new states to ensure support reaches those states in dire need. **Table 17** provides recent estimates of child mortality, stunting and wasting prevalence, VAS coverage, and partner organization providing VAS support. **Table 18** provides estimates of the number of children targeted for VAS by region from 2024-2027.

Table 17: Current State of Nutrition Administrative Indices in 2023 for the proposed new states

State	Child mortality rate (DHS 2018) (‰)	Stunting (DHS 2018) (%)	Wasting (DHS 2018) (%)	VAS coverage (2022 DHIS) (%)	Supporting partner
Sokoto	106	55	18	61	NI, USAID Advancing nutrition
Kebbi	157	66	12	65	NI
Plateau	44	45	2	38	No partner
Kaduna	100	48	5	79	No partner

Niger	44	28	5	93	No partner

Table 18: Target population Nigeria 2024-2027

Regions	Number of children 6-59 months targeted			
	FY24	FY25	FY26	2027
Adamawa	954,000	981,666	1,010,134	1,039,428
Benue	1,292,936	1,331,725	1,371,676	1,412,827
Ebonyi	626,400	647,698	679,665	698,695
Nasarawa	1,241,968	1,279,227	1,317,604	1,357,133
Taraba	686,714	706,629	727,828	748,935
Total no extension	4,802,018	4,946,945	5,106,907	5,257,018
Kaduna	2,021,464	2,082,108	2,144,571	2,208,908
Niger	1,405,931	1,453,733	1,503,160	1,554,268
Plateau	1,007,951	1,035,165	1,063,115	1,091,819
Sokoto	1,231,892	1,268,849	1,306,914	1,346,122
Kebbi	1,097107	1,131,117	1,166,182	1,202,333
Total with extension	11,566,363	11,917,917	12,290,849	12,660,468