
# 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 2023 to 2025

**July 30, 2022**

## 1. Overview

This “Room for More Funding” Request is shaped by three key factors: (i) lower levels of VAS support from UNICEF—a main supporter of VAS, (ii) countries moving away from an exclusive reliance on VAS campaigns and moving towards integrating VAS delivery within existing health platforms and (iii) effects of COVID-19.

**Lower levels of VAS support from UNICEF:** In 2021, Helen Keller International significantly increased its support for Vitamin A Supplementation (VAS) in multiple countries following the large reduction in funds available from one of the main VAS supporters--UNICEF. With support from GiveWell, Helen Keller was able to close part of the funding gap and distributed ~50 million capsules through semi-annual VAS campaigns in 2021. More recently, reductions in UNICEF VAS funding in 2022 were less severe overall, but remain significant in countries such as Kenya, Nigeria or Niger. Although UNICEF thought it could provide greater support to Guinea, Mali and Cote d’Ivoire in 2022, their actual level of support remains lower than in the previous years. The likelihood of increased UNICEF support in these countries in the near future is low. Filling UNICEF’s funding gaps has led Helen Keller to spend higher amounts of GiveWell funds than initially budgeted, causing estimated funding gaps in each country beginning in 2024 and creating “room for more funding” for these countries.

**Countries moving away from an exclusive reliance on VAS campaigns and moving towards integrating VAS delivery within existing health platforms:** Another significant change between 2021 and 2022 is the deliberate push from most country governments towards identifying, testing and implementing more sustainable and integrated delivery models for VAS, and moving away from a reliance on traditional campaigns that are often organized in silos. Hybrid delivery models that better integrate VAS in the health system’s components (i.e., information systems, supply chains) are being designed and tested in several countries in the coming years, including in Guinea, Mali and Niger. Such systems are already in place in Democratic Republic of Congo and Cote d’Ivoire. Building evidence for this transition is essential to ensure that a high proportion of at-risk children are being reached at an affordable cost. Effective VAS delivery often relies on a functioning community health worker system which is lacking in many countries. In addition, evidence is needed on how to reduce the costs of campaigns. To this end, Helen Keller conducted cost-effectiveness studies in Kenya and Burkina Faso in 2022. Based on these experiences, Helen Keller will develop a simple, user-friendly toolkit to more easily assess costs of campaigns on a regular basis. This information will allow countries to identify main cost drivers, examine their impact on coverage, and explore ways to reduce costs without significant effects on VAS coverage.

**Effects of COVID-19.** The Covid-19 pandemic continues to significantly impact health systems and the health status of populations. In the last two years, access to routine immunization for children has reduced dramatically, leaving millions of children unprotected. As a result, cases of wild polio have resurfaced in Sub-Saharan Africa, and cases of measles are increasing rapidly. Polio campaigns are likely to be organized by WHO in 2022 and 2023, once again changing the campaign landscape in many countries.

**Estimated Room for More Funding:** Considering the above factors, Helen Keller estimates a funding gap for the period 2023 to 2025 of approximately $65 million to support VAS programs for the next three years in the 9 GiveWell-supported sub-Saharan Africa countries.

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## Tables

## 1. Balance of funds received due to GiveWell's recommendation as of July 31, 2022

**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 | Available funding for VAS campaigns programming 2018 - 2023 |
|---|---|
| Noorda | $6,000,000 |
| GV 1, 2, 3, 4 & 5 | $87,970,770 |
| Small Donations | $4,402,593 |
| Effect Hope | $1,918,080 |
| Effective Altruism Foundation | $135,342 |
| Founders for Good | $601,792 |
| Three Graces | $3,249,993 |
| Centre Effective Altruism | $3,641,689 |
| Effective Altruism Australia | $578,231 |
| UNICEF3 | $697,000 |
| Ayuda Effectiva | $50,541 |
| Effektiv Spenden Germany | $1,728,390 |
| Effektiv Spenden Switzerland | $290,139 |
| Total | ########### |

*Note 1:* The April 2022 report to Givewell included the full 2022 USD 46.7M as a direct donation from Givewell. In this table, the portion of Givewell 2022 recommendation donated by Center for Effective Altruism and Effektiv Spenden Switzerland and Germany are shown separately from Givewell, reducing the direct donation from Givewell from USD 46.7M to USD 41.2M.

**Table 2** provides actual spending for VAS from 2018-2021, and projects anticipated needs for the period 2022 to 2024.

*Table 2. Allocation of funds received following GiveWell recommendation, per country and per year, 2018 – 2024 (2018 – 2021 represent actual expenditures)*

| Country | Actual | | | | Budget | | |
|---|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 |
| Burkina Faso | $497,352 | $565,043 | $794,145 | $1,212,264 | $1,200,259 | $1,338,113 | $1,723,043 |
| Cameroon | $0 | $0 | $75,052 | $1,662,039 | $1,770,210 | $3,611,422 | $1,032,833 |
| Cote d' Ivoire | $472,416 | $1,173,552 | $1,015,906 | $2,202,689 | $2,052,104 | $2,429,519 | $3,080,778 |
| DRC | $0 | $0 | $32,476 | $1,525,242 | $4,817,050 | $2,355,283 | $0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Guinea | $832,259 | $819,744 | $1,274,493 | $846,207 | $427,705 | $2,191,333 | $2,028,138 |
| Kenya | $0 | $482,683 | $631,162 | $1,069,217 | $2,182,477 | $3,056,333 | $2,353,309 |
| Mali | $464,032 | $574,136 | $1,088,508 | $1,670,132 | $1,416,611 | $3,212,079 | $2,200,938 |
| Mozambique | $0 | $0 | $0 | $0 | $808,975 | $560,216 | $379,166 |
| Niger | $58 | $864,667 | $1,036,925 | $2,113,725 | $2,062,259 | $5,041,895 | $2,660,775 |
| Nigeria | $0 | $0 | $493,003 | $1,927,803 | $7,471,848 | $4,705,581 | $2,525,863 |
| Senegal | $0 | $0 | $134,466 | $201,214 | $483,362 | $0 | $0 |
| Sierra Leone | $17,774 | $156,655 | $103,367 | $176,779 | $260,805 | $0 | $0 |
| Tanzania | $0 | $0 | $0 | $0 | $166,195 | $0 | $0 |
| Management | $748,548 | $1,204,792 | $1,259,157 | $1,020,569 | $2,494,296 | $1,676,355 | $929,972 |
| Total | $3,032,438 | $5,841,273 | $7,938,660 | $15,627,880 | $27,614,155 | $30,178,128 | $18,914,815 |
| | $109,147,350 | | | | | | |

*Note:* The difference of totals between Table 1 and Table 2 amounts to USD 2.1 million. This amount relates to small donations (Discretionary Fund) received but not yet allocated to country offices. Helen Keller Int'l is planning to allocate up to USD 1.5 million out of these USD 2.1 million for research projects over the next 3 years.

Additional funds expected by Helen Keller International for the period 2023 – 2025 consist of an expected renewal of the Noorda foundation grant on a yearly basis for the next 3 years at a level of USD 1 million per year, after which period the foundation will cease to exist. We also expect to continue receiving funding from Effective Altruism groups and Founders Pledge, at a level we estimate, based on past experience, at around USD 500,000 per year.

Additional funds received in the last 18 months include:

- A USD 1.5 million donation from Three Graces received in April 2022
- A USD 2 million donation from Noorda to cover the period from November 2022 to November 2024

In addition to Givewell associated donations, Helen Keller has received funds from a variety of donors as described in **Table 3**.

*Table 3. Funds received by Helen Keller for VAS not influenced by Givewell*

| Description | Amount |
|---|---|
| UNICEF PCA for Burkina Faso | 285,044 |
| UNICEF PCA for Cameroon | 990,260 |
| UNICEF PCA for Cote d' Ivoire | 377,061 |
| UNICEF PCA for Guinea | 272,045 |
| UNICEF PCA for Mozambique | 1,077,937 |
| UNICEF PCA for Sierra Leone | 890,266 |
| UNICEF PCA for Global and Regional Support | 697,000 |
| Gates Foundation for Cote d'Ivoire | 150,000 |
| Nutrition International support to Nigeria | 60,000 |
| Irish Aid support to Sierra Leone | 744,423 |
| Advanced Nutrition Niger | 1,926,731 |
| Total | $6,029,344 |

*Note:* the USD 697,000 PCA is also already reported in Table 1, consistently with previous Room For More Funding reports

## 2. Spending Opportunities

The funding gap between 2023 and 2025 is estimated at approximately USD $65M (see **Table 4**) to ensure universal VAS coverage in the 9 Sub-Saharan countries where we operate. In countries already supported by GiveWell, with the exception of Nigeria, additional funds are needed by January 2022 to cover additional regions that are losing UNICEF support.

As expected, the larger amount is for 2025, as a number of countries are already partially supported by GiveWell for the years 2023 and 2024.

*Table 4. Spending Opportunities to cover financial gaps over three years in the most critical countries*

| Country | 2023 | 2024 | 2025 | Total (USD) |
|---|---|---|---|---|
| Burkina Faso | - | - | 1,575,676 | 1,575,676 |
| Cameroon | 571,868 | 2,907,727 | 3,662,714 | 7,142,308 |
| Cote d'Ivoire | 490,180 | 3,476,372 | 3,866,630 | 7,833,182 |
| DRC | 1,606,900 | 6,017,932 | 6,985,731 | 14,610,563 |
| Guinea | 369,628 | 1,111,082 | 1,838,722 | 3,319,433 |
| Kenya | 531,345 | 2,021,925 | 3,746,944 | 6,300,214 |
| Mali | 8,304 | 1,082,330 | 2,309,763 | 3,400,397 |
| Niger | - | 5,142,375 | 5,477,396 | 10,619,771 |
| Nigeria | - | 635,265 | 4,529,518 | 5,164,783 |
| Management | 594,081 | 1,976,697 | 2,449,152 | 5,019,930 |
| Total | 4,172,305 | 24,371,705 | 36,442,246 | 64,986,257 |

*Note:* With the planned addition of seven new states in Nigeria from 2023, additional needs amount to USD 12.9 million (USD 2.6 million in 2023, USD 4.1 million in 2024 and USD 6.2 million in 2025), not shown in this table. As at May 2022, there are USD 13.8 million available to cover activities in Nigeria, and USD 11 million of these funds can be used for activities in existing states. There is a balance of USD 2.8 million which can be used to partially cover the USD 12.9 million total needs between 2023-2025 for the seven new states, should Givewell approve the start of operations in these new states. Out of these USD 2.8 million, USD 2.4 million are available up to the end of 2023 and USD 0.4 million are available up to the end of 2024.

**Table 5** shows the budget per country after additional funds are added to funds already available.

*Table 5. Budgets per country if gaps proposed in Table 4 are covered*

| Country | 2022 | 2023 | 2024 | 2025 | Total (USD) |
|---|---|---|---|---|---|
| Burkina Faso | 1,200,259 | 1,338,113 | 1,723,043 | 1,575,676 | 5,837,091 |

| | | | | | |
|---|---|---|---|---|---|
| Cameroon | 1,770,210 | 4,183,289 | 3,940,560 | 3,662,714 | 13,556,773 |
| Cote d' Ivoire | 2,052,104 | 2,919,698 | 6,557,149 | 3,866,630 | 15,395,582 |
| DRC | 4,817,050 | 3,962,183 | 6,017,932 | 6,985,731 | 21,782,895 |
| Guinea | 427,705 | 2,560,962 | 3,139,220 | 1,838,722 | 7,966,609 |
| Kenya | 2,182,477 | 3,587,678 | 4,375,234 | 3,746,944 | 13,892,333 |
| Mali | 1,416,611 | 3,220,383 | 3,283,268 | 2,309,763 | 10,230,024 |
| Mozambique | 559,411 | 560,216 | 379,166 | - | 1,498,793 |
| Niger | 2,062,259 | 5,041,895 | 7,803,151 | 5,477,396 | 20,384,700 |
| Nigeria | 7,471,848 | 4,705,581 | 3,161,129 | 4,529,518 | 19,868,075 |
| Management | 2,494,296 | 2,270,437 | 2,906,669 | 2,449,152 | 10,120,554 |
| Total | 26,454,230 | 34,350,433 | 43,286,520 | 36,442,246 | 140,533,430 |

*Note:* The expansion in Nigeria is not considered in this table, similarly to table 4. Scoping studies and research projects in Senegal, Sierra Leone, Tanzania and Mozambique were also removed from this table for a total amount of around USD 1 million.

The total budgets planned for countries for the period 2023 – 2025 will represent an average cost of around USD 0.5 per supplement distributed.

**Table 6** shows the number of children expected to be reached by Helen Keller if gaps identified and listed in Table 5 are filled.

*Table 6.Children targeted per country and per year*

| Country | 2023 | 2024 | 2025 | Total |
|---|---|---|---|---|
| Burkina Faso | 1,934,620 | 1,994,595 | 2,056,426 | 5,985,641 |
| Cameroon | 2,839,100 | 2,907,238 | 2,977,012 | 8,723,350 |
| Cote d'Ivoire | 5,876,962 | 6,029,763 | 6,186,537 | 18,093,262 |
| DRC | 7,919,797 | 9,379,417 | 10,955,462 | 28,254,676 |
| Guinea | 1,732,550 | 1,779,278 | 1,826,863 | 5,338,691 |
| Kenya | 3,498,926 | 3,575,900 | 3,618,814 | 10,693,640 |
| Mali | 2,886,498 | 2,938,455 | 2,991,348 | 8,816,301 |
| Niger | 7,031,555 | 7,320,043 | 7,620,971 | 21,972,569 |
| Nigeria | 4,661,351 | 4,802,018 | 4,946,945 | 14,410,314 |
| Total | 38,381,359 | 40,726,707 | 43,180,378 | 122,288,444 |

### 2.1. Burkina Faso

After having had to extend its support to the entire country in 2021, Helen Keller supported five regions only in 2022 as UNICEF secured funding for the other 8 regions. It is expected that UNICEF and Helen Keller will continue their support with the same division of regions as illustrated in **Table 7** as UNICEF received funds from Global Affairs Canada through mid-2025.

Delivery mechanisms will continue as before, with community health workers distributing VAS and deworming in rural areas over a five-week period, and distributors recruited for the occasion supplementing children over a five days period in urban settings. While the costs of the urban distributors is fully supported by external partners Helen Keller and UNICEF, community workers are paid by the World Bank, who contributes USD 8 per month, and the Ministry of health who

contributes USD 25. The loan from the World Bank will end in December 2023, and it is expected that the Ministry will cover the full cost of the community workers starting 2024.

*Table 7. Target population of children 6 to 59 months in Helen Keller supported regions*

| Regions | Population 6 - 59 months | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |
| Centre Est | 291,844 | 296,062 | 300,605 |
| Centre Ouest | 297,356 | 301,584 | 306,154 |
| Centre Sud | 130,466 | 131,786 | 133,259 |
| Hauts Bassins | 350,744 | 356,503 | 362,683 |
| Sud Ouest | 152,536 | 154,720 | 157,062 |
| Total | 1,222,946 | 1,240,655 | 1,259,763 |

Helen Keller intends to measure VAS coverage both nationally and in Helen Keller-supported areas in Burkina Faso according to the plans proposed in **Table 8.**

*Table 8. Post event coverage surveys plans for 2023 – 2025 in Burkina Faso*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | | | |
| | R2 | X | | X |
| Strata | National | | X | |
| | Helen Keller areas only | X | X | X |

We estimate the VAS funding gap in Burkina Faso to be $1,575,676, essentially to cover the campaigns in the year 2025. The cost per supplement amounts to around USD 0.57 in Burkina Faso, including the cost of salaries for community workers.

## 2.2. Cameroon

Helen Keller resumed its support to the government of Cameroon for VAS during the second semester of 2021 in six regions: Centre, Littoral, West, South, Adamawa and East. These six regions represent close 3 million children 6-59 months of age (see **Table 9**), accounting for around 50 percent of all children in Cameroon. It also includes internally displaced persons (IDP) who are victims of insecurity in Northwest and Southwest regions. The other 4 regions were supported by Nutrition International (2) and UNICEF (2).

*Table 9. Target children 6 to 59 months in Helen Keller supported regions in Cameroon*

| Regions | Population 6 - 59 months | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |

| | | | |
|---|---|---|---|
| Adamaoua | 360,068 | 368,710 | 377,559 |
| Centre | 1,014,948 | 1,039,307 | 1,064,250 |
| Est | 325,364 | 333,172 | 341,169 |
| Littoral | 561,645 | , 575,124 | 588,927 |
| Ouest | 448,808 | 459,579 | 470,609 |
| Sud | 128,267 | 131,346 | 134,498 |
| Total | 2, 839,099 | 2,907,238 | 2,977,011 |

While the first campaign round in 2021 was coupled with polio, the second round provided a package of services through door-to-door distribution including VAS, deworming, catch-up immunization, distribution of bed nets and intermittent preventive treatment of malaria for pregnant women.

In 2022, the first round was also coupled with polio and co-funded by:

- WHO: all costs related to polio in all regions;
- Helen Keller: all costs related to VAS in 6 regions;
- UNICEF: all costs related to VAS in 4 regions;
- NI: all costs related to central level supervision.

In an effort to optimize campaign coverage, the Ministry of Health also requested Helen Keller to conduct a bottleneck analysis and coverage survey to assess the performance of campaign implementation. This study focused on the second round 2021 and 1st round 2022. The recommendations from this study will be used to improve the implementation of future campaigns.

For the next 3 years, 2023 to 2025, it is expected that funding capacity by UNICEF and Nutrition International will remain unchanged. Helen Keller will therefore continue focusing on the same 6 regions.

Coverage surveys will be conducted according to the schedule described in the **Table 10** below.

*Table 10. Post event coverage surveys plans for 2023 – 2025 in Cameroon*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | X | X | X |
| | R2 | X | X | X |
| Strata | National | | | |
| | Helen Keller areas only | X | X | X |

To continue its support to VAS campaigns in Cameroon, Helen Keller will need USD 7,142,308, essentially to support activities in 2024 and 2025. Cost of distribution per supplement incurred by Helen Keller amounts to around USD 0.6.

### 2.3. Cote d'Ivoire

In the first round of 2022, Helen Keller supported all operational costs of the campaign in 63 districts, Nutrition International 9 districts, and UNICEF 41 districts. For the second semester, the Ministry of Health decided that 39 more districts will switch from a traditional campaign approach to a hybrid model that combines routine delivery (mainly for children 6 to 12 months) and mop up events at the end of the semester. Discussions will be conducted with partners to identify funding gaps and allocate districts for support. **Table 9** below shows the transition process from campaign to hybrid model in Cote d'Ivoire. It is expected that the transition will be completed by end of 2023.

*Table 11. Division of districts by delivery model in Cote d'Ivoire*

| Delivery model | Number of Districts | | | | |
|---|---|---|---|---|---|
| | 2019 | 2020 | 2021 | 2022 | 2023 |
| Campaign | 72 | 72 | 72 | 33 | 0 |
| Hybrid | 41 | 41 | 41 | 80 | 113 |

Experience has shown that relying on routine health facility delivery results in significant decreases in VAS coverage. To reduce this risk, the hybrid model includes the organization of national weeks of intensification of nutrition activities with several other services such as VAS, deworming and screening for malnutrition.

For the coming 3 years, the funding capacity from other actors (i.e. Nutrition International and UNICEF) is unclear. At the request of the Ministry of Health, Helen Keller intends to continue supporting 63 Health Districts over the next 3 years through the implementation of campaigns or National Weeks of Intensification of Nutrition activities.

The number of children targeted for each round each year is summarized in the **Table 12** below.

*Table 12: Target children 6 to 59 months in Helen Keller supported districts in Côte d'Ivoire*

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| Geographic coverage (Districts) | 63 | 63 | 63 |
| Target population | 5,876,962 | 6,029,763 | 6,186,537 |

Coverage surveys will be conducted according to the schedule described in the **Table 13**.

*Table 13. Post event coverage surveys plans for 2023 – 2025 in Cameroon*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | X | | X |
| | R2 | | X | |
| Strata | National | - Strata 1: 41 Districts<br>- Strata 2: 72 Districts | | |
| | Helen Keller areas only | NA | NA | NA |

Considering the funds already available for Cote d'Ivoire, we estimate the need for USD 7,833,182 to continue supporting the 63 districts until 2025. The cost per supplement in Cote d'Ivoire reaches around USD 0.33.

## 2.4. Democratic Republic of Congo

Helen Keller resumed its support to the Ministry of Health of DRC in semester 1, 2021, starting in three provinces: Kinshasa, Kasai Oriental and Kongo Central. For the two rounds of support from 2021, VAS coverage based on administrative data reached >80%. The VAS campaign uses community health workers to distribute VAS door-to-door to all children.

To strengthen the integration of campaigns in the health system, plans are being made to develop community registers to help community workers identify and visit more routinely all households in their catchment area to ensure high VAS coverage.

In February 2022, a workshop was organized by Helen Keller and UNICEF and the National Program for Nutrition (PRONANUT) to reflect on the campaigns and plan for the future of VAS in DRC. It was agreed between partners to continue to organize mop-up events at the end of each semester to ensure high coverage of children, while identifying and implementing cost effective solutions to increase routine coverage. PRONANUT officially requested Helen Keller to extend its support to 10 more provinces that are not currently being supported.

**Table 14** shows the extension plan proposed by PRONANUT.

*Table 14. Target children 6 to 59 months in Helen Keller supported regions in DRC*

| Provinces | Population 6 – 59 months | | | |
|---|---|---|---|---|
| | 2022 | 2023 | 2024 | 2025 |
| Kinshasa | 1,925,232 | 1,982,989 | 2,042,479 | 2,103,753 |
| Kongo central | 755,299 | 777,958 | 801,297 | 825,336 |
| Kasaï Oriental | 967,122 | 996,136 | 1,026,020 | 1,056,801 |
| Kwuilu | 1,026,110 | 1,056,893 | 1,088,600 | 1,121,258 |
| Lomami | 770,048 | 793,150 | 816,944 | 841,452 |
| Kasaï | 967,122 | 999,918 | 1,029,916 | 1,060,813 |
| Kwango | | 522,519 | 537,332 | 553,452 |
| Nord Ubangi | | 315,868 | 325,345 | 335,105 |
| Sankuru | | 474,366 | 488,597 | 503,255 |
| Mongala | | | 572,936 | 590,124 |
| Sud Ubangi | | | 649,951 | 669,450 |
| Mai Ndombe | | | | 853,587 |
| Tshuapa | | | | 441,076 |
| **Total** | 6,410,933 | 7,919,797 | 9,379,417 | 10,955,462 |

Coverage surveys will be conducted according to the schedule described in the **Table 15**.

*Table 15. Post event coverage surveys plans for 2023 – 2025 in DRC*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | X | X | |
| | R2 | | | X |
| Strata | National | | | |
| | Helen Keller areas only | Kinshasa | Kwuilu & Kwango | Lomami & Sankuru |

We estimate a funding gap of USD $14,610,563 for the three years to support this extension to 13 provinces. Cost per supplement in DRC is estimated at USD 0.33.

## 2.5. Guinea

No significant change occurred in the support provided by Helen Keller in Guinea. For the two rounds of 2022, Helen Keller supported 5 regions and UNICEF 3 regions.

In February 2022, all partners gathered met with the Ministry of Health to develop a national plan to transition VAS delivery to a more sustainable approach. The model agreed upon is similar to the ones implemented in Cote d'Ivoire and other countries. It consists of increasing the integration of VAS in routine primary health care services such as the EPI, growth promotion monitoring or sick child consultations. But, since these services focus mostly on younger children, weeks of intensification will be organized at the end of each semester. The integration process is expected to be completed by end of 2025.

Following discussions with the Ministry of Health and partners, it appears that UNICEF's funding will be inadequate to support VAS in more regions, although it intends to continue to support at least 3 out of the 8 regions in the country. Nutrition International's current funding will end in 2022. Thus, it is expected that between 2023 and 2025, Helen Keller will be requested to support the remaining 5 regions for the implementation of campaigns or weeks of intensification.

**Table 16** provides details on the regions and target populations.

*Table 16. Target children 6 to 59 months in Helen Keller supported regions in Guinea*

| Regions | Population 6-59 months | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |
| Faranah | 231,869 | 238,123 | 244,491 |
| Kankan | 483,239 | 496,272 | 509,544 |
| Kindia | 384,261 | 394,625 | 405,179 |
| Labé | 244,518 | 251,113 | 257,829 |
| N'Zérékoré | 388,663 | 399,145 | 409,820 |
| TOTAL | 1,732,550 | 1,779,278 | 1,826,863 |

Coverage surveys will be conducted according to the schedule described in the **Table 17**.

*Table 17. Post event coverage surveys plans for 2023 – 2025 in Guinea*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | | X | |
| | R2 | X | | X |
| Strata | National | X | | X |
| | Helen Keller areas only | | X | |

Based on the funds already available for Helen Keller Guinea, we estimate the need for USD 3,319,433 to support the 5 regions between 2023 and 2025 at an estimated cost per supplement of about USD 0.54.

## 2.6. Kenya

Vitamin A supplements in Kenya are administered to children aged 6-59 months through various delivery approaches. Throughout the year, children can access VAS in primary health care facilities, but this routine coverage only accounts for around 20% of children (i.e.mostly children 6-11 months of age). This is because many caregivers do not bring their children to the health facilities after they have completed their required immunizations at one year of age. To compensate for the low routine coverage, campaigns called Malezi Bora are implemented twice yearly, combining door-to-door distribution by community health volunteers and outreach distribution in communities and early childhood development centers.

From 2020 to 2022 Nutrition International (NI), UNICEF and Helen Keller International have each been supporting assigned counties within the country to ensure all 47 counties have VAS support with no duplication of resources. This coordinated strategy has been associated with increases in VAS coverage in most of the counties with 40/47 counties achieving the national target (KHIS) of >80%. The country achieved an average VAS coverage of 86.3% in 2021 based on KHIS2 data. However, the quality of administrative data is still a concern, and Helen Keller in collaboration with MOH and partners are working to improve its reliability. Helen Keller introduced PECS in Kenya in the year 2020 and has been strengthening capacities of the Ministry of Health and other partners on PECS, which if conducted routinely will ascertain the VAS coverage more accurately and precisely.

In the first semester of 2022, on request from the Ministry of health and UNICEF, Helen Keller has increased its support from 11 to 24 counties (see **Table 18**) as UNICEF did not have funds to cover a number of the counties they supported previously.

*Table 18. Targeted population of children 6 to 59 months in Helen Keller supported regions*

| County | Population 6-59 months | | | |
|---|---|---|---|---|
| | 2022 | 2023 | 2024 | 2025 |
| Baringo | 95,056 | 97,147 | 98,313 | 100,476 |
| Bungoma | 224,141 | 229,072 | 231,821 | 236,921 |
| Elgeyo Marakwet | 62,232 | 63,601 | 64,364 | 65,780 |
| Homa Bay | 156,593 | 160,038 | 161,959 | 165,522 |
| Kakamega | 231,027 | 236,110 | 238,943 | 244,200 |
| Kilifi | 206,164 | 210,699 | 213,228 | 217,919 |
| Kirinyaga | 55,625 | 56,848 | 57,531 | 58,796 |
| Kwale | 134,245 | 137,198 | 138,845 | 141,899 |
| Laikipia | 71,622 | 73,197 | 74,076 | 75,705 |
| Machakos | 142,660 | 145,798 | 147,548 | 150,794 |
| Migori | 177,710 | 181,620 | 183,799 | 187,843 |
| Mombasa | 147,233 | 150,472 | 152,278 | 155,628 |
| Nairobi | 541,126 | 553,030 | 559,667 | 571,979 |
| Nyamira | 133,488 | 136,425 | 138,062 | 141,099 |

| | | | | |
|---|---|---|---|---|
| Narok | 190,219 | 194,404 | 196,737 | 201,065 |
| Nyandarua | 68,091 | 69,589 | 70,424 | 71,973 |
| Nyeri | 70,813 | 72,371 | 73,239 | 74,851 |
| Siaya | 127,445 | 130,249 | 131,812 | 134,712 |
| Tana River | 60,572 | 61,904 | 62,647 | 64,026 |
| Trans Nzoia | 129,291 | 132,136 | 133,721 | 136,663 |
| Tharaka Nithi | 43,527 | 44,484 | 45,018 | 46,008 |
| Uasin Gishu | 141,806 | 144,926 | 146,665 | 149,891 |
| Kisumu | 162,154 | 165,722 | 167,710 | 171,400 |
| Kitui | 126,086 | 128,860 | 130,407 | 133,275 |
| Total | 3,498,926 | 3,575,900 | 3,618,814 | 3,698,425 |

Coverage surveys will be conducted according to the schedule described in the **Table 19.**

*Table 19. Post event coverage surveys plans for 2023 – 2025 in Kenya*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | 3 | 3 | 3 |
| | R2 | 3 | 3 | 3 |
| Strata | National | 1 | 1 | 1 |
| | Helen Keller areas only | 4 | 4 | 4 |
| | Non-Helen Keller areas | 1 | 1 | 1 |

Remaining funding gaps for the period 2023 to 2025 amount to USD 6,300,214, essentially to cover the years 2024 and 2025, at a cost per supplement estimated at USD 0.49.

## 2.7. Mali

In 2021, as UNICEF experienced funding gaps, Helen Keller was requested to support the additional region of Koulikoro for both semesters. Nutrition International also supported several regions.

In 2022, it is planned that Helen Keller continues to support the 3 regions of Kayes, Ségou and Koulikoro for both semi-annual VAS distribution 2 rounds. UNICEF will support the remaining 8 regions and the Bamako District with various sources of funds, including some received from Nutrition International.

The Ministry of Health of Mali intends to decentralize campaigns and entrust their organization to local authorities as a means to integrate VAS within the existing health system and make it more sustainable. Plans for this transition still have to be developed, and Helen Keller will support this process.

Based on in-country discussions with all actors, it was agreed that Helen Keller will support 3 regions (see **Table 20**) and UNICEF 8 regions (as well as the District of Bamako) for the period 2023 to 2025. It was also agreed that Helen Keller will continue to bear the costs associated with the implementation of the PECS.

*Table 20.Target children 6 to 59 months in Helen Keller supported regions in Mali*

| County | Population 6-59 months | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |
| Kayes | 832,430 | 847,414 | 862,668 |
| Segou | 999,447 | 1,017,437 | 1,035,751 |
| Koulikoro | 1,054,621 | 1,073,604 | 1,092,929 |
| Total | 2,886,498 | 2,938,455 | 2,991,348 |

Coverage surveys will be conducted according to the schedule described in the **Table 21**.

*Table 21. Post event coverage surveys plans for 2023 – 2025 in Mali*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | | X | |
| | R2 | X | | X |
| Strata | National | X | X | X |
| | Helen Keller areas only | | | |

To cover the needs of the three regions, Helen Keller will require USD 3,400,397 with a cost per supplement around USD 0.39.

## 2.8. Niger

In 2021, Helen Keller, UNICEF and WHO supported the Ministry of Health of Niger to organize two campaign rounds. The first was coupled with a polio campaign. Helen Keller also supported the costs of implementing a coverage survey.

In 2022, for both rounds, Helen Keller is expected to support 6 regions and UNICEF 2 regions. The first round implemented during the month of June was coupled with polio.

In parallel with these campaigns, the Ministry of Health with support from Helen Keller, has developed a national plan for transition to a hybrid VAS delivery model. This plan is primarily aimed at children 6–23 months age who are reached through vaccination. Current administrative data show coverage of routine vitamin A delivery from January to April 2022 in children from 6-23 months of 20% and 3% for children 12-59 months.

Helen Keller supports the operationalization of this plan through a documentation of this strategy in 4 Health Districts. The purpose of this documentation is to generate new information on the feasibility of integrating VAS into routine services. It will last 1 year at the end of which recommendations will be issued and perspectives identified.

Regarding the forecasts for the next few years, UNICEF said it does not have enough funds to support the campaigns from 2023 and beyond. Thus, Helen Keller intends to support the 8 regions for the distribution of Vitamin A from 2023 to 2025.

The expected targets for the 8 regions over the 3 years are described in **Table 22** below.

*Table 22. Helen Heller International VAS program target population in Niger for the coming three years*

| Regions | Population 6-59 months | | |
|---|---|---|---|
| | 2023 | 2024 | 2025 |
| Agadez | 191,362 | 198,251 | 205,388 |
| Diffa | 236,816 | 249,130 | 262,085 |
| Dosso | 838,767 | 864,769 | 891,577 |
| Maradi | 1,394,800 | 1,446,408 | 1,499,925 |
| Niamey | 399,916 | 411,513 | 423,447 |
| Tahoua | 1,388,753 | 1,462,357 | 1,539,862 |
| Tillabery | 1,111,193 | 1,145,640 | 1,181,155 |
| Zinder | 1,469,948 | 1,541,975 | 1,617,532 |
| Total | 7,031,555 | 7,320,043 | 7,620,971 |

For PECS, Niger will conduct a national survey stratified by Urban/Rural each year to report on the coverage obtained during supplementation activities (see **Table 23**).

*Table 23. Post event coverage surveys plans for 2023 – 2025 in Niger*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | | | |
| | R2 | X | X | X |
| Strata | National | X | X | X |
| | Helen Keller areas only | | | |
| | Rural/Urban | X | X | X |

For the period 2023 to 2025, the funding gap for Helen Keller to extend its support to 8 regions will amount to USD 10,619,771, with a cost per supplement of around USD 0.39

## 2.9. Nigeria

Heller Keller resumed its support to the Ministry of Health of Nigeria in 2020, first supporting Nasarawa State. It added Benue State in May 2021; the states of Adamawa, Akwa Ibom, Taraba in November 202; and Ekiti State in May 2022. Delivery of VAS is organized through health facilities and outreach distribution points. It requires social mobilization to motivate caregivers to attend the distribution.

Helen Keller supported the 6 states mentioned above for the two rounds of 2022, but also added the state of Ebonyi for the second round of 2022. Helen Keller will, however, cease to support the two states of Akwa Ibom and Ekiti from 2023, as they do not meet the minimum threshold for cost-effectiveness.

Over the next three years, Helen Keller will continue to support 5 states--Nasarawa, Benue, Adamawa, Ebonyi and Taraba. We will also consider providing support to up to 7 additional states that do not receive significant partner support for VAS campaigns, as described in **Table 24.**

**Table 24** shows target populations in proposed and supported states in Nigeria.

*Table 24. Target population in Nigeria, 2021 - 2025*

| States | Population 6-59 months | | | | |
|---|---|---|---|---|---|
| | 2021 | 2022 | 2023 | 2024 | 2025 |
| Nasarawa | 1,136,577 | 1,170,674 | 1,205,795 | 1,241,968 | 1,279,227 |
| Benue | 1,183,220 | 1,218,717 | 1,255,278 | 1,292,936 | 1,331,725 |
| Adamawa | 874,743 | 900,985 | 927,114 | 954,000 | 981,666 |
| Akwa Ibom | 1,032,709 | 1,032,709 | | | |
| Ekiti | 607,735 | 607,735 | | | |
| Taraba | 629,663 | 648,553 | 667,361 | 686,714 | 706,629 |
| Ebonyi | | 585,883 | 605,803 | 626,400 | 647,698 |
| Total current states | | | 4,661,351 | 4,802,018 | 4,946,945 |
| Bauchi | | | 1,260,553 | 1,303,412 | 1,347,728 |
| Plateau | | | 851,044 | 874,022 | 897,621 |
| Kaduna | | | | 1,728,163 | 1,780,008 |
| Gombe | | | | 696,039 | 696,039 |
| Niger | | | | 1,177,164 | 1,177,164 |
| Zamfara | | | | 934,043 | 963,932 |
| FCT | | | | 1,498,770 | 1,498,770 |
| Grand Total | 5,464,647 | 6,165,256 | 6,772,947 | 13,013,632 | 13,308,207 |

With the planned addition of seven new states in Nigeria from 2023, additional required funding amounts to USD 12.9 million (USD 2.6 million in 2023, USD 4.1 million in 2024 and USD 6.2 million in 2025) (*not shown in this table*). As at May 2022, there are USD 13.8 million in funds available to cover activities in Nigeria, and USD 11 million of these funds can be used for activities in existing states. There is a balance of USD 2.8 million which can be used to partially cover the USD 12.9 million total needs between 2023-2025 for the seven new states, should Givewell approve the start of operations in these new states. Out of these USD 2.8 million, USD 2.4 million are available up to the end of 2023 and USD 0.4 million are available up to the end of 2024.

Plans for PECS in Nigeria are described in **Table 25.**

*Table 25. Post event coverage surveys plans for 2023 – 2025 in Nigeria*

| | | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| Rounds | R1 | 6 | 6 | 6 |
| | R2 | 6 | 6 | 6 |
| Strata | National | | | |
| | Helen Keller areas only | 12 | 12 | 12 |

For the period 2023 to 2025, the funding gap for Helen Keller to continue supporting the 5 states will amount to USD 5,164,783, with a cost per supplement of around USD 0.50. To extend to 7

more states, the gap will add USD 10.1 million, taking into account the balance of USD 2.8 million in existing funds which we can reprioritize for these new states.

## 3. Prioritization process

The large VAS funding gaps described in this “Room for More Funding” Report are due largely to dramatic reduction of funding from UNICEF and the uncertainty of UNICEF’s future VAS funding levels.

Continued support for countries with the highest mortality and vitamin A deficiency levels remains a priority in the region: Mali, Guinea, Burkina Faso, Niger, Cote d’Ivoire, Nigeria, DRC, Cameroon. In these countries, extending support to areas where declining UNICEF support creates funding gaps is a top priority to ensure continued VAS protection to millions of children.

Extending support in Nigeria, however, is a secondary priority as Helen Keller is already supporting 7 states. Extending support to the additional states would require an additional USD 10.1 million to be added to proposed room for more funding (table 4), making the total gap at USD 75.1 million.