Helen Keller International (Helen Keller) cost per supplement analysis [2022]

Background

For a discussion of GiveWell's high-level approach to calculating Helen Keller's cost per vitamin A supplement delivered, see this section of our review of Helen Keller.

This document provides additional details on our assumptions for calculating Helen Keller's cost per supplement by country.

Note: Helen Keller provides support for vitamin A supplementation (VAS) campaigns at a national level and provides additional technical and financial support to specific geographic focus areas. See this section of our review of Helen Keller. In this document and our cost per supplement analysis spreadsheet, we refer to these areas as "Helen Keller-supported areas" or "Helen Keller focus areas."

Guinea

Notes on estimating the number of supplements delivered

- We estimate that 6,003,796 vitamin A supplements were delivered in Helen Keller-supported areas in Guinea in the eight supplementation rounds implemented in the 2018-2021 period.
- See the "Supplements delivered" sheet for listings of Helen Keller-supported areas by supplementation round.
- To estimate the number of supplements delivered by geographic area, we use:
    - The estimate of the size of the targeted population of 6- to 59-month-old children in the area provided to us by Helen Keller (see this column).
    - The results of Helen Keller's coverage survey following the VAS campaign (see this column). For more details on Helen Keller's coverage surveys, see this section of our review of Helen Keller and this spreadsheet.
- In Guinea, Helen Keller did not implement coverage surveys following the second VAS campaign round in 2018 or the first VAS campaign round in 2021. Because we have not seen coverage surveys for these two campaign rounds, we use the median coverage rate from Helen Keller's coverage surveys of other geographic areas in Guinea from 2018 through 2021 as a rough estimate.
- In campaign rounds from 2019 through 2021, we note that we use results of some coverage surveys that were not intended to be representative of Helen Keller-supported areas only. See cell notes in this column for more details.

Notes on estimating costs

- In Guinea, we include estimates of costs incurred by Helen Keller, indirect (or in-kind) government contributions, supplement costs (covered by Nutrition International), and contributions from the World Health Organization (WHO). See this sheet for details.
- In our cost estimates, we excluded contributions by the Child Fund ($26,823) and the World Bank ($8,036) on campaigns in 2020 because they were very small contributions relative to overall campaign spending and, in the case of the Child Fund, our understanding is that these costs supported only the deworming aspect of the campaign.[1]
- Our method for estimating WHO's funding contribution to supplements delivered in Helen Keller-supported areas:
    - Helen Keller has shared information with us indicating that WHO contributed funding for grants to governments in Guinea for implementing VAS campaigns for the first supplementation round of 2019. See this section of our "Budgets of other organizations" sheet.
    - Our understanding, based on conversations with Helen Keller, is that WHO provides funding to support polio immunization campaigns and that VAS may be

[1] See these costs here.

delivered alongside polio immunizations in these campaigns. In 2018 and 2019, polio immunizations were delivered along with vitamin A supplements in Guinea in the second campaign round of 2018 and in the first campaign round of 2019. See this spreadsheet for more details.
    - We assume that WHO contributed the same amount of funding for the second campaign round of 2018 as it did in the first campaign round in 2019 (since both campaigns provided polio vaccinations). We note that the information Helen Keller provided to us about funding contributed by other organizations for the second campaign round of 2018 in Guinea did not include any funding from WHO. See this section of our "Budgets of other organizations" sheet.
    - Helen Keller has told us that WHO likely uses some additional resources other than its grants directly to governments (e.g. staff time).[2] We do not have information on these cost amounts—as a rough guess, we assume that these costs raise WHO's expenditure by 20%.
    - Our understanding is that WHO's contributions were in support of VAS and polio campaigns throughout Guinea (not only in Helen Keller-supported areas). We assume that WHO's spending is allocated proportionally to the size of targeted populations in Helen Keller-supported areas and other areas. We have not seen detailed descriptions of WHO's spending on these campaigns, so we are uncertain about this assumption. See this row for our calculation.
    - In 2020 and 2021, WHO-supported polio campaigns were not coupled with VAS in 2020 and 2021, so no WHO costs were included for those years.[3]
- Notes on UNICEF's spending:
    - Helen Keller has also provided information on UNICEF's contributions to VAS campaigns in Guinea in 2018-2021. See our "Budgets of other organizations" sheet.
    - We do not count any of UNICEF's spending in our cost per supplement estimate for Guinea. Our understanding is that UNICEF provided technical and financial support to geographic regions in Guinea not supported by Helen Keller in each supplementation round.[4] We decided to not count any of UNICEF's costs in

[2] David Doledec, Regional VAS Program manager, and Rolf Klemm, Vice President of Nutrition, Helen Keller, conversation with GiveWell, October 15, 2020 (unpublished).
[3] "In 2020 and 2021 there was no VAS campaign coupled with polio campaign, so WHO did not contribute on VAS campaign during these two years." David Doledec, Regional VAS Program manager, Helen Keller, Answers to GiveWell questions, June 9, 2022 (unpublished). See the section of WHO costs here.
[4] For 2019, see Helen Keller annual report Guinea 2019, pp. 1-2 for a listing of regions supported by Helen Keller and UNICEF. See link to Helen Keller annual report Guinea 2019 on the "Supplements delivered in Helen Keller-supported areas" sheet in the 2020 Helen Keller cost per supplement analysis, column K. Our understanding is that all regions of Guinea are listed as being covered by either Helen Keller or UNICEF. We have not seen the areas supported by UNICEF in 2018 specified, but our understanding based on conversations with Helen Keller is that all areas were covered by either Helen Keller or UNICEF in 2018 as well. Based on Helen Keller's 2021 data report, our understanding is that this continued to be the case for campaigns in 2020 as well. In 2021, technical support in Guinea was provided by Helen Keller, UNICEF, and Nutrition International, but our understanding is that Helen Keller and UNICEF continued to support separate regions (See Helen Keller's 2022 data report, "Guinea" sheet).

Guinea because we were counting supplements delivered only in Helen Keller-supported areas.
    - In addition to supporting specific geographic areas, it is our understanding that both Helen Keller and UNICEF also provide technical and financial support at a national level.[5] We have not seen detailed breakdowns of Helen Keller's and UNICEF's spending and allocations of staff time for national-level and subnational-level support.[6] It might be reasonable to allocate a portion of the costs of UNICEF's national-level activities to vitamin A supplements delivered in Helen Keller-supported areas, but we could also assume that Helen Keller's national-level activities are responsible for a portion of supplements delivered in UNICEF-supported areas.
    - For this analysis, we assume that Helen Keller's and UNICEF's contributions to national-level costs are proportional to the targeted population sizes of the geographic areas they support. Under this assumption, we do not need to account for UNICEF's contributions to supplements delivered in Helen Keller-supported areas, since these contributions are "canceled out" by national-level contributions from Helen Keller.

Burkina Faso

Notes on estimating the number of supplements delivered

- We estimate that 8,036,631 vitamin A supplements were delivered in Helen Keller-supported areas in Burkina Faso in the eight supplementation rounds implemented in the 2018-2021 period.
- See the "Supplements delivered" sheet for listings of Helen Keller-supported areas by supplementation round.
- As in Guinea (see description above), we use median results of other coverage surveys conducted in the country in the 2018-2021 period to estimate coverage for campaigns for which Helen Keller did not implement a coverage survey. In some cases, we also use coverage survey results that were not intended to be representative of Helen Keller areas only. See cell notes in this column for more details.

Notes on estimating costs

- In Burkina Faso, we include estimates of costs incurred by Helen Keller, indirect (or in-kind) government contributions, supplement costs (covered by Nutrition International), contributions from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global

[5] See this section of our review of Helen Keller.
[6] Helen Keller has provided information on grants other organizations have made to governments, disaggregated at a national and sub-national level for 2018-2021. See our "Budgets of other organizations" sheet. We have not seen disaggregated estimates of Helen Keller's and UNICEF's full costs at the national and sub-national levels.

Fund), and financial contributions from the World Bank, USAID, and Burkina Faso's Ministry of Health. See this sheet for details.

- We do not count any spending from UNICEF in our cost per supplement analysis for Burkina Faso, for the same reasons discussed in the section on Guinea above.
- In Helen Keller budgets round 1 2019, Helen Keller reported that the Ministry of Health made financial contributions of $455,834 to the first VAS campaign of 2019. Our understanding is that this spending from the Ministry of Health provides payments to Community Health Workers who distribute vitamin A supplements in Burkina Faso.[7] Following a discussion with Helen Keller,[8] it is our understanding that Burkina Faso's Ministry of Health made payments to Community Health Workers for other VAS campaigns in 2018 and 2019 as well. We have assumed that the Ministry of Health spent the same total in each campaign round (see our 2020 calculations of this here).
    - It is our understanding that the Ministry of Health's spending was not allocated only to Helen Keller-supported areas. We assume that the Ministry of Health's spending is allocated proportionally to the size of targeted populations in Helen Keller-supported areas and other areas. We have not seen detailed descriptions of the Ministry of Health's spending on VAS campaigns, so we are uncertain about this assumption. See this row in our 2020 analysis for our calculation.
- In Helen Keller budgets round 1 2019, Helen Keller also shared information on a contribution of $151,945 from the Global Fund for grants to governments in Burkina Faso for program implementation.[9]
    - We assume that these contributions were not allocated to Helen Keller-supported areas only, so we allocate them proportionally to the size of targeted populations in Helen Keller-supported areas and other areas, as with Ministry of Health contributions. We have not seen detailed descriptions of the Global Fund's spending on VAS campaigns, so we are uncertain about this assumption.
    - We are unsure whether the Global Fund incurred costs (e.g. staff time) additional to its grant total. Unlike for WHO in Guinea (discussed above), we have not estimated any additional costs for the Global Fund. The Global Fund's contribution was relatively small, so we do not expect that these potential costs would make much difference in our estimate of Helen Keller's cost per supplement in Burkina Faso.
- Multiple actors contributed funding to support community health worker payments in 2020 and 2021: the Ministry of Health (MoH) and the World Bank in 2020, and the MoH, World Bank, and USAID in 2021.[10] We assume the World Bank and USAID were acting

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[7] Helen Keller budgets round 1 2019, "Burkina Faso" sheet, cell E5. Translated to English with Google Translate: "Salary of health workers, acquisition of rolling logistics, infrastructure AND Payment of the financial motivation of community-based health workers (CBHA)"

[8] David Doledec, Regional VAS Program manager, and Rolf Klemm, Vice President of Nutrition, Helen Keller, conversation with GiveWell, October 15, 2020

[9] We note that additional information we received from Helen Keller in May 2020 did not include any contributions from the Global Fund in Burkina Faso in 2019. We assume that the exclusion of the Global Fund's contributions was an error.

[10] See here.

as funders rather than implementers and did not estimate any additional implementation costs by these organizations, as we did for the Global Fund in 2019.[11]
- As we had done for our previous analysis (see above), for the 2020 and 2021 campaigns, we allocated a portion of the community health worker costs contributed by the above organizations to Helen Keller-supported regions, using Helen Keller's reported target population figures.[12] We excluded costs allocated to non-Helen Keller-supported regions from the cost per supplement calculation.

Niger

Notes on estimating the number of supplements delivered

- Helen Keller began supporting VAS campaigns in Niger in 2019.[13] For the first supplementation round of 2019, we estimate that 4,355,408 supplements were delivered in all eight regions of the country, including Helen Keller-supported areas and other areas. For the second supplementation round of 2019, we estimate that 1,825,739 supplements were delivered in Helen Keller-supported areas. We estimate that another 8,744,035 supplements were delivered in Helen Keller-supported areas in the three supplementation rounds implemented in 2020 and 2021.[14]

Estimating the number of supplements delivered in the first campaign round of 2019

- We have not seen a detailed breakdown of Helen Keller's spending and allocation of staff time to national-level and subnational-level support for the first campaign round of 2019 in Niger, but it is our impression that Helen Keller provided substantial national-level support.[15]
- Because we believe that Helen Keller provided substantial support at a national level, we have decided to estimate costs per supplement for the first campaign round of 2019 for the entire country, not only for the specific regions (Zinder and Maradi) that received additional operational support from Helen Keller.

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[11] See Global Fund 2019 estimates here.
[12] See our allocation of costs here. Community health worker costs are mentioned in the cell note here.
[13] See this spreadsheet.
[14] Only one round of VAS was implemented in Niger in 2020, due to delays caused by the COVID-19 pandemic. "In 2020 the COVID-19 pandemic caused major disruptions to Helen Keller VAS programs in all countries. The only country that maintained its first semester VAS campaign was Mali (March 2021) which was implemented just days prior to a partial lockdown. … The delay in first semester campaigns created difficulties in scheduling second semester campaigns. In Niger, for example, the first semester campaign was delayed until September, hence no second round was implemented for the remainder of 2020, although a campaign is planned for March 2021." Helen Keller, Annual report 2021, pp. 2-3.
[15] "First half 2019 Helen Keller (R1) supported:
- All 8 regions in Niger at central level with WHO and UNICEF (Population 5,170,238)
- 2 regions at operational level (Maradi and Zinder) among these 8 regions (population 2,080,867)" Helen Keller's responses to GiveWell's questions, October 10, 2020, p. 1.

This impression is also informed by several conversations with Helen Keller.

- Helen Keller has told us that VAS campaigns were implemented in all eight regions of Niger in the first half of 2019, but that coverage surveys could not be conducted in some areas due to security concerns.[16]
- To estimate the total number of vitamin A supplements delivered in Niger in the first campaign round of 2019, we add a rough downward adjustment to Helen Keller's coverage survey results (see here). Our guess is that program implementation may be more challenging in contexts with security concerns, and that these challenges may have led to lower coverage than in other regions.

Estimating the number of supplements delivered in the second campaign round of 2019 and the three campaign rounds of 2020 and 2021

- For the second VAS campaign round in 2019 and the campaign rounds in 2020 and 2021, we estimate the total number of supplements delivered in Helen Keller areas only, using the same methodology described above for Guinea and Burkina Faso. See "Supplements delivered" sheet for more details.
- For the 2020 campaign, we excluded supplements delivered in two regions (Agadez and Diffa) for which Helen Keller purchased COVID-19 supplies but that were otherwise supported by UNICEF.[17] The amount spent by Helen Keller in these regions was relatively small.[18]

Notes on estimating costs

- In Niger, we include estimates of costs incurred by Helen Keller, indirect (or in-kind) government contributions, supplement costs (covered by Nutrition International), contributions from WHO, contributions from UNICEF for the first campaign round of 2019 only (since we chose to estimate costs per supplement for the entire country for that round as described above), and financial contributions from the Common Fund. See this sheet for more details.
- Helen Keller has told us that WHO likely uses some additional resources other than its grants directly to governments (e.g. staff time).[19] We do not have information on these cost amounts—as a rough guess, we assume that these costs raise WHO's expenditure by 20%.

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[16] "All the 8 regions in Niger received VAS during the first round of 2019
NB: For security and accessibility reasons, two regions and some districts in the six regions (red zones according to security level) were excluded from the survey (but not from the campaign).
These two regions are Agadez and Diffa. The other districts not surveyed from the 6 regions are: Bagaroua, Tassara, Tchintabaraden, Tillia, Abala,Ayerou, Banibongou,Bankinlaré, Fillingué, Gothèye, Ouallam, Say, Tagazar, Téra, Tillabery, Torodi, Gouré, Tesker." Helen Keller's responses to GiveWell's questions, October 10, 2020, p. 1.

[17] In 2020, Helen Keller supported implementation of VAS in two regions: Maradi & Zinder. Helen Keller purchased COVID-19 protection equipment in four regions: Maradi & Zinder, plus Agadez and Diffa. See Helen Keller, Data report 2021, "Niger" sheet, cell J3.

[18] $18,679 total. See Helen Keller, 2021 data report, "Niger" sheet, cells K10 and K11.

[19] David Doledec, Regional VAS Program manager, and Rolf Klemm, Vice President of Nutrition, Helen Keller, conversation with GiveWell, October 15, 2020 (unpublished).

- For the first campaign round of 2019, we included all of WHO's reported spending across all eight regions of Niger for the same reason we included supplements delivered across all regions (see above).
- For the 2020 and 2021 campaigns, we included WHO's national costs spent on polio campaigns coupled with VAS, assuming they were allocated to Helen Keller-supported regions proportional to the target population. For the 2021 campaign, we also included the portion of WHO's spending that was reported to have been spent in Maradi and Zinder, the two regions where Helen Keller supported direct implementation in Niger.
- We count UNICEF's costs for the first campaign round of 2019 because we are counting all supplements delivered in all regions of the country (not only areas receiving additional support from Helen Keller).
- We have seen information on UNICEF's budget for grants to governments for program implementation in Niger, but we have not seen full estimates of its total costs to support VAS campaigns (including staff time, overhead expenses, etc.).
    - As a rough estimate, we assume that UNICEF's direct and indirect expenses other than funds budgeted for government grants are proportional to Helen Keller's budgets for government grants and other expenses. See this row for our calculation. We are highly uncertain about this estimate.
- For the second campaign round in 2019 and the 2020 and 2021 campaigns, we do not count any costs from UNICEF, for the same reasons described above in the section on Guinea.
    - For the 2020 campaign, we excluded spending by UNICEF on social mobilization activities in Maradi and Zinder.[20] The amount spent by UNICEF in these regions was relatively small, and would be about halfway "canceled out" by the amount Helen Keller spent on COVID-19 supplies in UNICEF-supported regions.[21]
- We included the Common Fund's national-level costs for the first campaign round of 2021, assuming they were allocated to Helen Keller-supported regions proportional to target population.[22] We included reported spending for Helen Keller-supported districts and a portion of national spending. We didn't estimate any additional costs (staff, overhead, etc.) beyond the reported funds granted to the government because our understanding is that the Common Fund is a group within the Ministry of Health that provided funding rather than on-the-ground support.[23]

[20] That spending was reported in Helen Keller, 2021 data report, sheet "Niger," column "spending by UNICEF."
[21] Helen Keller supported implementation of VAS in two regions: Maradi & Zinder. Helen Keller purchased COVID-19 protection equipment in four regions: Maradi & Zinder, plus Agadez and Diffa. See Helen Keller, Data report 2021, "Niger" sheet, cell J3.
[22] We estimate the Common Fund's spending here.
[23] "The Common Fund is a fund coming from a grouping of Technical and Financial Partners of the health sector located at the Ministry of Health and coordinated by the Secretary General of the Ministry of Health. This grouping includes among others AFD (French development agency) UNICEF; UNFPA, GAVI alliance..." Helen Keller, Answers to GiveWell questions, June 9, 2022 (unpublished).

Mali

Notes on estimating the number of supplements delivered

- We estimate that 12,895,961 supplements were delivered in Helen Keller-supported areas in Mali across seven distribution rounds between 2018 and 2021.[24]
- We estimate the total number of supplements delivered in Helen Keller-supported areas using the same methodology described above for Guinea and Burkina Faso. See the "Supplements delivered" sheet for listings of Helen Keller-supported areas by supplementation round and information on coverage survey results from Mali.

Notes on estimating costs

- In Mali, we include estimates of costs incurred by Helen Keller, indirect (or in-kind) government contributions, supplement costs (covered by Nutrition International), and contributions from WHO, UNICEF, Save the Children, and World Vision. See this sheet for details.
- We use the same assumptions about WHO's and UNICEF's spending described in sections on Guinea and Burkina Faso above.
    - We excluded WHO's spending on the first campaign rounds of 2020 and 2021, since those funds were used in support of non-Helen Keller-supported areas.[25]
- For Save the Children and World Vision, we have only seen information on contributions to government grants:
    - As with UNICEF in Niger, we assume that these organizations' direct and indirect expenses other than funds budgeted for government grants are proportional to Helen Keller's budgets for government grants and other expenses.
    - We also assume that these organizations' contributions were not only used in Helen Keller-supported areas. We allocate them proportionally to the size of targeted populations in Helen Keller-supported areas and other areas. We have not seen detailed descriptions of spending by Save the Children and World Vision, so we are uncertain about this assumption.[26]
    - Helen Keller's 2021 data report indicates that World Vision contributed about $1.3 million in government subgrants to purchase and transport deworming drugs for the first VAS campaign round of 2020.[27] We chose to add an estimated 20% increase to account for direct and indirect costs spent by World Vision. This is similar to how we estimate WHO's spending in several countries, including Mali.[28]

[24] See this spreadsheet for more information on why a second distribution round was not implemented in Mali in 2019.
[25] See Helen Keller, 2021 data report, sheet "Mali," column "Spending by OMS," which does not indicate any spending by WHO in Helen Keller supported areas. Helen Keller's 2022 data report also indicates no spending by WHO in Helen Keller supported areas in Mali.
Note: OMS is the French initialism for WHO.
[26] See our estimates of Save the Children expenditure here and World Vision expenditure here.
[27] Helen Keller, 2021 data report, "Mali" sheet, cells P18 and Q18.
[28] See this same method for estimating WHO costs in Mali here.

This is different from our typical method of assuming that the ratio of government grants to overall costs is the same for other contributing organizations as for Helen Keller, which would have resulted in an estimated ~$3.5 million contribution by World Vision, which we think is implausibly high and would overestimate the costs of VAS in Mali.

- For the first campaign round in 2020, we included costs incurred (and supplements delivered) in Koulikoro and Sikasso,[29] where Helen Keller provided training support, in addition to regions where it supported direct implementation. Because we included supplements delivered in these regions, we also included UNICEF's spending in Koulikoro and Sikasso [30] and Save the Children's spending in Sikasso.[31]
- Note: In 2022, Helen Keller provided us with a revised spending table for 2018, which included meaningfully less spending in Mali than previously.[32] We have assumed that the more recent table is the accurate one.

Cameroon

Notes on estimating the number of supplements delivered

- We estimate that 2,269,735 supplements were delivered in Helen Keller-supported areas in Cameroon across one distribution round in 2021.
- At the time of this analysis, we had not yet seen coverage surveys for Cameroon. We therefore used the overall median coverage rate across countries as an estimate for coverage rates in Cameroon.

Notes on estimating costs

- 2021 was the first year GiveWell-directed funds supported Helen Keller's VAS program in Cameroon. We were previously using our "overall" weighted average cost per supplement estimate in our cost-effectiveness analysis for Cameroon.[33] The first Helen Keller-supported campaign in our analysis took place in the second half of 2021.[34] Helen Keller didn't report spending by any other actors for this campaign other than UNICEF, which covered separate regions.[35] As such, we only included Helen Keller's costs in the cost per supplement estimate.[36]

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[29] These costs are from Helen Keller, 2021 data report, sheet "Mali," column "spending by Helen Keller."
[30] See these costs in our analysis here.
[31] See these costs in our analysis here.
[32] Previous total was $584,501, total as of 2022 is $464,032.
[33] See here.
[34] See details about that campaign here in our analysis.
[35] Helen Keller, 2021 data report, sheet "Cameroun," column "spending by UNICEF."
[36] See this sheet.

Côte d'Ivoire

We conducted a cost per supplement analysis for Helen Keller's work on VAS campaigns in Cote d'Ivoire from 2018 through 2021. We calculated a total cost per supplement estimate of $0.53 in this analysis, which is significantly lower than our estimates in other countries in West Africa where Helen Keller supports VAS campaigns.

In 2020, Helen Keller told us that it thinks its costs per supplement delivered in countries in West Africa are roughly similar, that it is not plausible that costs are so low in Cote d'Ivoire, and that some costs were likely omitted.[37] We have not revisited this issue with Helen Keller since, and the financial reporting we received for the 2020 and 2021 campaigns continues to suggest implausibly low costs. We may investigate this further before recommending funding for VAS in Cote d'Ivoire.

Because we and Helen Keller do not think that the cost per supplement estimate we have calculated for Cote d'Ivoire is plausible, we instead use a weighted average of our cost per supplement estimates for Guinea, Burkina Faso, Niger, Cameroon, and Mali for Côte d'Ivoire. See our weighted average calculation here.

Kenya

We conducted a cost per supplement analysis for Helen Keller's work on VAS campaigns in Kenya in 2019-2021 (see this sheet).

We calculated a total cost per supplement estimate of $0.78 in this analysis, which is significantly lower than our estimates in countries in West Africa where Helen Keller supports VAS campaigns. We have low confidence in this estimate because it relies on two coverage surveys, one in 2019 and one in 2020, that may not be representative of all Helen Keller-supported areas in Kenya.[38] We are also not certain that we have a full understanding of spending from other organizations at a national level in Kenya that may have contributed to the delivery of vitamin A supplements in areas supported by Helen Keller.

Helen Keller has told us that it expects costs per supplement in Kenya to vary by county.[39]

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[37] "We are confident in the coverage measured by PECS surveys, and are planning to conduct a cost effectiveness assessment of the campaign as soon as the situation allows, most likely first round of 2021. We are currently assessing the costs and will come back to you soon, but as indicated we are assuming that some data must be missing. We are expecting the cost per child to be closer to 1 – 1.5 usd like other countries." Helen Keller's responses to GiveWell's questions, October 10, 2020, p. 5.

Helen Keller told us that it expected costs in countries in West Africa to be roughly similar. David Doledec, Regional VAS Program Manager, and Rolf Klemm, Vice President of Nutrition, Helen Keller, conversation with GiveWell, September 24, 2020 (unpublished).

[38] See the cell notes in this column of our cost per supplement analysis.

[39] "The cost of VAS distribution in Kenya is dependent on platform used to reach children and the County profile. In arid and semi-arid Counties the cost is higher compared to non arid Counties due to vastness, terrain, population density and population of children enrolled in Early Childhood centers. In the eight

Because we have low confidence in the accuracy of the cost per supplement estimate we have calculated for Kenya, we instead use a weighted average of our cost per supplement estimates for Guinea, Burkina Faso, Niger, and Mali for Côte d'Ivoire. See our weighted average calculation here.

Democratic Republic of the Congo (DRC)

Using spending and coverage data from 2021, we estimated a cost per supplementation round of $0.58 for DRC. This estimate seems implausibly low, especially considering our prior expectation that start-up costs in DRC would be high.[40] We previously used our "overall" weighted average cost estimate with a 20% upward adjustment to account for this. Since start-up costs have now presumably already been incurred, we continue to use our weighted average estimate for DRC but without the 20% adjustment.

Since there was no DRC campaign in 2020,[41] we allocated costs from Helen Keller's non-campaign costs in DRC in 2020 across all other countries.[42]

Nigeria

2020 was the first year GiveWell-directed funds supported Helen Keller's VAS program in Nigeria. Helen Keller supported campaigns in Nigeria in 2020 and 2021, though only one campaign was conducted in 2020 due to the COVID-19 pandemic.[43] Helen Keller didn't report spending by any other actors in Helen Keller-supported regions for these campaigns, other than a small amount of spending by Saving One Million Lives in 2020.[44] As such, we only included Helen Keller's and Saving One Million Lives' costs in our cost per supplement estimate, leading to a relatively low estimate of $0.72.

Counties Helen Keller supported in 2019 three are semi-arid while the others are non-arid." Helen Keller's responses to GiveWell's questions, October 10, 2020, pp. 5-6.

[40] In the previous version of this document, we said "Helen Keller would need to reopen a country office in DRC in order to support VAS campaigns beginning in 2021. We expect that these start-up costs would be higher than Helen Keller's start-up costs in other countries (where Helen Keller already has country offices). We also note that our cost per output analysis for the Against Malaria Foundation (AMF) found that costs in DRC were somewhat higher than in most other countries." GiveWell, HKI cost per supplement explanatory notes, 2020.

[41] See Helen Keller, 2021 data report, sheet "DRC," which lists no campaigns.

[42] For example, see this allocation of DRC 2020 costs here in our Mali estimates.

[43] "In 2020 the COVID-19 pandemic caused major disruptions to Helen Keller VAS programs in all countries. The only country that maintained its first semester VAS campaign was Mali (March 2021) which was implemented just days prior to a partial lockdown. … The delay in first semester campaigns created difficulties in scheduling second semester campaigns. In Niger, for example, the first semester campaign was delayed until September, hence no second round was implemented for the remainder of 2020, although a campaign is planned for March 2021. Similarly, Nigeria implemented only one VAS campaign round in 2020. " Helen Keller, Annual report 2021, pp. 2-3.

[44] For reported spending from other actors, see Helen Keller, 2021 data report, sheet "Nigeria," column "spending by Saving One Million Lives (SOML)."

We are not certain that we have a full understanding of spending from other organizations that may have contributed to the delivery of vitamin A supplements in areas supported by Helen Keller in Nigeria, and we think there may be other funders that we have not yet included. Therefore, we are continuing to use our "overall" weighted average cost per supplement estimate for Nigeria.[45]

[45] See here.