

GiveWell \$85k 2025 Bridge Grant Short Proposal

January 2025

On Notify Health

Notify Health is a CE/AIM-incubated charity that builds on the GiveWell-supported vaccination demand generation model of Suvita (mainly reminders) and brings it to sub-Saharan African countries, starting in Nigeria. We send SMS and pre-recorded voice call reminders to caregivers of newborn children when a vaccine is due. This likely increases coverage by several percentage points at a large scale, evidenced by many RCTs, meta-studies, and practical successes.

First, we design reminders that work locally. This means setting channels, dose and timing, and incorporating behaviour change elements. We then acceptance test, translate to local languages and pre-record audio for voice calls to overcome literacy barriers.¹ Second, we sign up caregivers with newborn children by digitising standardised health facility paper records (“Immunization registers”). We partner with State governments allowing us access to these records since almost all childhood vaccinations in Nigeria are given in public health facilities. Our implementation partner staff or health workers with Android phones in the facility securely upload photos of paper registers every 4-5 weeks. Photos are then entered into spreadsheets by partner staff and validated. Third and finally, we operate a tech platform integrating the data and several off-the-shelf software solutions to schedule and send reminders to thousands of individual caregivers at the right time and across channels (SMS/Call/App-based). We monitor data across the program steps in near real-time using system data e.g. on photo schedule adherence, paper record quality, data entry error rates, SMS/call delivery rates and more. ~Monthly phone surveys give us further insight into caregiver reminder receipt, understanding and motivation.

In the 9 months since our founding in April 2024, we set up the organisation, selected and entered Nigeria, completed Needs Assessment studies in two Nigerian States (Kogi + Ogun), are close to signing an MoU allowing state-wide scale (pot. 130,000 children p.a.), and designed and piloted the program for 3 months in Kogi State. We enrolled ~2,200 caregiver-child pairs from 45 health facilities at a variable program cost of around \$5 per child. Select M&E results include:

Early Theory of Change (Inputs, Activities & Outputs, Based on program/system data)

- Paper record quality improved from 48% with valid phone numbers in the first month to 78% in the final month through health worker training and tailored reminders/encouragement SMS bringing enrolment run rates to ~1,000 every 30 days
- SMS delivery rates of up to 90% and reminder call pick-up rate of ~50%
- ~50% to 80% of all facilities could work at low cost using health worker photo uploads

Middle Theory of Change (Intermediate Outcomes, Based on phone/in-person surveys)

- 60% pick up survey calls, 61% consent to the survey, 77% recall receiving our reminders
- >90% found reminders “Very helpful” and 50% said pre-recorded calls add value

Late Theory of Change (Outcomes, Based on full immunisation register digitisation)

- Pending results. We’re trying to assess the change in timeliness of Penta-1 Vaccination pre-/post our intervention as well as overall vaccination volume in a sub-set of pilot clinics

¹ See [here](#) for more details on our current message sequence (subject to change)

Vision/Mid-term plan

Ultimately, we aim to cover 2 million children p.a. or more across countries in sub-Saharan Africa with a program that cost-effectively averts child mortality & morbidity mainly through increasing vaccination coverage. Reminders might remain a scalable core with other interventions like outreach/supply data services, targeted mobile money incentives or vaccination ambassadors added. There might be 5 - 15 states or one million children p.a. in Nigeria that are not currently covered by New Incentives where a refined program design could be above the 10x cash bar.² Several million more children p.a. are born in countries like Ethiopia or Angola, where we might work in the most impactful sub-national areas. Ultimately, our program might cost-effectively absorb several million dollars p.a. and could be a prime candidate for big aid and government adoption. Given the early stage of Notify Health, we remain flexible and willing to pivot as needed to ensure we run a cost-effective, evidence-based and scalable program that does as much good as possible.

Plans for 2025

Our latest cost-effectiveness analysis shows reminders alone in our current program design likely not yet reaching at least 10x cash in our target states.³ In addition to hiring our first team members and further improving our M&E concept, we therefore plan to focus on three priorities in 2025:

1. **Core: Refine the design of the vaccination reminder program so that it reaches the right populations and works cost-effectively.** The main levers include:
 - a. **Finding the right enrolment methods.** Our current program participants enrolled from immunisation registers likely have much higher baseline vaccination coverage than the general population, limiting our impact. We plan to test other methods like ANC/birth records, traditional birth attendants, digital databases or NGO partnerships to find methods that are scalable and reach the right caregivers cost-effectively
 - b. **Significant cost-reduction.** Below \$1.50 per child reached, most states can be cost-effective with a slightly refined SMS reminder program alone. Relying more on health workers for register photos, using optical character recognition (OCR) digitisation, or focusing on higher-density urban areas could dramatically reduce cost
2. **Extension: Test adjacent interventions that could be added for a more impactful program.** Building on our current programme backbone (e.g. regular facility visits/engagement), there are likely opportunities for realising a higher impact with small marginal cost. Preliminary ideas to test include but are not limited to the Suvita ambassador program, data services for vaccine supply/outreach improvement, reminders for other high-value health behaviours, or targeted incentives to overcome further vaccination barriers like caregivers lacking travel funds.
3. **Geography: Validate potentials in other states.** Testing if our planned program design works in other states is important to be able to reach a minimum required scale in the medium term. We plan to enter into one other Nigerian State, likely in the North Central or South Region.

We plan to achieve the above with a combination of A) 2-3 month core reminder program refinement cycles where we iteratively test enrolment methods and cost-reduction opportunities, as well as B) Several exploratory (Needs Assessment, Focus Groups, Interviews, Facility visits) and testing projects (Pilots, quick tests) next to our core reminder program.

² See [here](#) for our current CEA of SMS reminders alone without our 2025 plans reflected

³ See [here](#) for an executive summary of our preliminary CEA results discussion

Proposed grant and impact

We suggest a **\$85,000 bridge/seed-extension grant** before the April 2025 end of our runway. This grant would cover 27% of our yearly budget, funding our Q2 with one core program refinement cycle to test the most promising new enrolment method and significant cost-reduction levers, as well as a program extension e.g. of Ambassadors or other viable interventions. It would also enable us to raise further funding for Q3/Q4 from other funders with later decision timings (e.g. Founders Pledge, AIM Global Health Funding Circle). Overall, we believe this grant would therefore be the key enabler for continued fast learning in 2025, allowing us to reduce uncertainty about whether this program is a mid-term funding opportunity in vaccination above the current 10x bar that might cost-effectively absorb large funding volumes.

Implementing team & capacity

Name and Role	Location	Relevant Experience/Role Details
<u>Dr. Samuel Harvey.</u> <i>Co-Founder, Director of Programs & Partnerships</i> • Programme design • Field operations • M&E	35% Nigeria (Kogi) 65% UK (London)	• Medical doctor - MbChB (Bachelor of Medicine and Surgery) • >3 years of medical experience including 2 months in rural Ghana • Early-stage team member of two non-profits in maternal/newborn health in Ghana/India
<u>Daniel Handschuh.</u> <i>Co-Founder, Director of Strategy & Operations</i> • Operations (Tech, Finance, HR, ...) • Strategy & Planning • Fundraising	35% Nigeria (Kogi) 65% Germany (Munich)	• 5 years of consulting experience in IT and technology, efficient operations, and infrastructure for public sector/corporates • >1 year early-stage start-up experience • Fundraising & Advocacy track-record • M.Sc. Management (Finance/Strategy)
<u>RECEF Nigeria</u> Local implementing partner	100% Nigeria	Cost-effective non-profit in Kogi State providing ~15 staff for our facility visits, digitisation, phone surveys and Needs Assessment activities.
<u>Currently hiring</u> Programme Manager	100% Nigeria (Abuja/Kogi)	Lead day-to-day operations, manage partners, drive implementation quality, and provide fast local feedback for program improvement
<u>Currently hiring</u> MEL Officer	100% Nigeria (Abuja/Kogi)	First step in our strategy to build MEL capacity fully in-house to monitor partner implementation quality. Executing day-to-day monitoring & auditing tasks.

Book a meeting with us [here](#).

Three **advisory board members** also guide us. Fiona Conlon, Co-Founder of Suvita, scaled vaccination reminders in India to over 2 million children per year. Patrick Stadler, Co-Founder of New Incentives, built up a conditional cash transfer program that now increases vaccination coverage in 9 Nigerian states. Dr. Obinna Ebirim is a Nigerian health system expert with a strong local network and was an early staff of New Incentives.