

## **A conversation with Dr. Wendy Harrison and Najwa Al Abdallah, September 8, 2015**

### **Participants**

- Dr. Wendy Harrison – Managing Director, Schistosomiasis Control Initiative
- Najwa Al Abdallah – Finance and Operations Manager, Schistosomiasis Control Initiative
- Tyler Heishman – Research Analyst, GiveWell
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**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Dr. Wendy Harrison and Najwa Al Abdallah.

### **Summary**

GiveWell spoke with Dr. Wendy Harrison and Najwa Al Abdallah of the Schistosomiasis Control Initiative (SCI) as part of an update on SCI. Conversation topics included strategic planning, finances, and distribution of treatments.

### **Strategic planning**

A strategic planning meeting is scheduled for September 22 to discuss top priorities and the reserves policy. The reserves policy is currently being drafted, but before it is finalized it must be reviewed and approved by the Imperial College London Central Finance department.

SCI plans to develop a finance manual to be used by its field offices.

SCI currently analyzes field data using Excel spreadsheets, which is inefficient. It plans to begin using new software to improve its analysis.

### **Strategic plan to 2018**

The current strategic plan covers the period 2014-2018. The target was previously to deliver 200 million treatments in this time, but at the suggestion of the advisory board at a meeting in July, it was increased to 300 million. SCI is currently working on allocating these treatments to the countries that it works in and is considering expanding its programs to additional countries. Once it has allocated these treatments, it will be able to more accurately estimate the amount of funding and other resources needed to implement these treatments, both in-country and in SCI's office in London. The increase in the target number of treatments will significantly increase SCI's funding requirements.

SCI has delivered a total of slightly more than 71 million treatments since 2010. Its target for the year 2015-16 is to deliver an additional 73 million treatments.

### **Finances**

#### **Fundraising**

Fundraising targets have been set based on a goal of delivering 200 million treatments by 2018, and they now need to be recalculated to account for 300 million treatments.

SCI has begun working closely with the advancement department at Imperial College, which offers fundraising support, to develop a strong fundraising strategy and decide where to focus its resources. As a result, SCI has decided to hire a short-term communications strategy consultant to make donor communications more consistent.

#### *Filling the funding gap*

There is currently a funding gap of approximately £4.5 million for the year 2016-17. SCI is taking a systematic approach to fundraising, working closely with Imperial College and using The Raiser's Edge, a piece of fundraising and customer relationship management software. SCI has historically had the most success getting funding from trusts, foundations, and individual donors. GiveWell's recommendation of SCI has increased the amount of small donations it receives. SCI continues to work closely with existing funders, including the END Fund and individual supporters. With help from Imperial, SCI is beginning to work on diversifying its funding sources, which is particularly important in light of the expiration of the grant from the United Kingdom's Department for International Development (DFID) in 2018. There has not yet been any significant change in this area.

If the funding gap is not filled, SCI will either cut down on expenses or increase investment in fundraising. This will be discussed in the meeting on September 22.

#### *Children's Investment Fund Foundation grant*

SCI is currently in negotiations with the Children's Investment Fund Foundation (CIFF) about a grant for soil-transmitted helminth treatments in Ethiopia. The amount of the grant is under negotiation.

This grant would increase the amount of collaboration between SCI and the Deworm the World Initiative, run by Evidence Action.

### **Funding need**

SCI expects to spend £3.9 million in this fiscal year (April 1, 2015 to March 31, 2016).

#### *In-country*

SCI's funding needs for each country fluctuate over the course of the year depending on what activities are being undertaken in the country at any given time. Funding needs also fluctuate from year to year, in part because some countries do biannual treatments. The overall projected funding need increases in 2016 and 2017 and decreases in 2018 as a result of these fluctuations.

SCI has new tools that allow it to more closely track the funding needs of each country. It transfers money in installments, because this is more secure than sending a lump sum.

SCI develops a preventive chemotherapy plan with each country in order to create a projection of the number of treatments that each country might request. SCI then looks at

these countries' actual treatment and budget requests to determine the total funding need for the year.

### *Research*

Research is typically funded by specific grants from research councils, rather than by unrestricted funds. SCI's research agenda has now been finalized in conversations with the World Health Organization (WHO) and other stakeholders, and the next step will be to determine how much funding will be needed to implement the agenda and where that funding will come from.

### **DFID external review**

DFID conducts both annual reviews and mid-project reviews of the organizations that it supports. The annual review of SCI, and its use of DFID funding in particular, was recently carried out by two independent consultants in conjunction with the mid-project review of the Liverpool School of Tropical Medicine's lymphatic filariasis program.

### **Systems review**

SCI worked with Accenture Development Partnerships to conduct a systems review of its financial and project management processes at the end of 2014. As a result of this review, SCI now has additional tools for tracking revenue and spending, which are currently being rolled out at SCI and its partner organizations.

### **Financial reporting**

There is an increasing focus on reporting to the advisory board on progress toward key targets, and on reassessing these targets. Advisory board meetings have increased in frequency to two scheduled meetings per year, plus ad hoc meetings when necessary.

Detailed financial reports and a more complete budget forecast are expected to be available in time for SCI's board meeting in December. These reports had been scheduled to be completed by September, but were delayed by the loss of staff and training of replacements. The previous finance and operations manager, who was working on compiling historical data, left SCI, and was replaced by Ms. Al Abdallah. SCI is now working on restructuring the finance team and getting the resources necessary to focus on analyzing historical data and getting figures approved by both a certified finance manager and by Imperial before they are published.

### *Financial information currently available*

Unaudited financial statements and a draft of the reserves policy are currently available, and SCI's financial strategy should be available by the end of September.

There is a meeting scheduled for September 28 to discuss a donor tracking system, Raiser's Edge, which gives an overview of funding information including the total number and geographical location of donors and the amount of each donation. The new system will enable SCI to track donations more efficiently. Imperial uses this software and plans to give SCI access to it in order to facilitate analysis of funding.

While there are significant benefits to being part of Imperial, SCI would benefit from having a more flexible and independent accounting system capable of generating higher-quality reports. SCI is currently working with Imperial's faculty finance department to implement this new independent accountancy software to be in place for the new financial year.

### **Room for more funding**

If SCI raised £1-2 million beyond its current funding gap, it would consider expanding its programs to additional countries, but it is reluctant to do so because it must also ensure the sustainability of its existing programs. SCI is currently considering starting a program in Nigeria and is working to ensure that it uses funding effectively by partnering with existing organizations there and minimizing staffing costs.

### **Financial support from Imperial College**

Imperial College pays the majority of SCI's overhead costs, including rent and utilities, and offers free services such as legal assistance. Imperial's legal department prepares all of SCI's contracts. The college also covers some risks and liabilities that SCI may face. In return, SCI pays Imperial 6% of its funding from DFID, but this does not cover the full cost of the services that SCI receives. The 6% of the DFID funding that is paid to the college is not included in SCI's budget, but is included in the total size of the DFID grant.

SCI may perform an analysis of the costs covered by Imperial College, but this is not currently a high priority.

### **Additional financial staff**

SCI has recently recruited a value for money officer who will begin working in mid-October.

### **Distribution of treatments**

#### **Percentage of treatments administered to children**

Approximately 75-80% of all treatments are administered to children, but this varies by country. SCI's programs are primarily focusing on morbidity control, and these programs primarily target children. However, in areas where the prevalence and intensity of infection is particularly high, WHO advises treating the entire population rather than exclusively children.

In areas that are moving toward elimination of schistosomiasis, the percentage of treatments delivered to children is lower. Current research shows that in order to eliminate the disease, it will be necessary to increase coverage to include community-based treatments in addition to school-based treatments.

#### **Children not in school**

SCI is working to find new strategies to reach school-aged children who do not attend school. These children may be at a higher risk of contracting schistosomiasis and have a higher intensity of infection, therefore contributing to transmission within the community. While the school-based approach to treatments is cost-effective, a significant proportion of

school-aged children are not being reached. Enrollment figures are not always reliable because some children who are enrolled do not attend school.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*