

# GiveWell Year 5 Financial Narrative Report

April 2021 – March 2022

## Overview

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This narrative report covers the year 5 period from 1 April 2021 to 31 March 2022. It should be read alongside the Year 5 financial report, which gives a summary of the budget and expenditure figures for the year, and the country narrative reports which give details of the activities which have taken place in each country.

For each country, expenditure is shown broken down into 7 categories: Capital Expenditure, Project Activities, Staff Costs, Administration Costs, Monitoring Evaluation and Lesson Learning, Program Management, and Overheads.

The first 5 categories make up the 'Country Total' which represents the in-country cost of the activities. Generally, with the exception of staff and some office running costs, this expenditure is variable and spend only occurs when activities take place.

The program management category captures expenditure incurred in providing support and technical advice to the countries. This cost is split proportionately across the countries based on their annual expenditure.

In Year 5, actual expenditure across the program was 63% of what was budgeted. In several countries (Nigeria, Cameroon, and Guinea Bissau), activities were disrupted due to issues with the drug supply. In Guinea expenditure in some health districts was displaced by funding from HKI. Where activities did not take place in Year 5, we have worked with the countries to amend the Year 6 budgets to include the activities which are still necessary.

## Nigeria

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In Nigeria, MDA was successfully delivered in Yobe and Kogi States. Unfortunately, MDA did not go ahead in the remaining 11 states due to delays in drug supplies as described in the country narrative report. This has meant that across all the states in Nigeria, 50% of the Year 5 budget was spent.

Sightsavers continues to work together with the Federal Ministry of Health on solutions to resolve the drug supply issues. The uncompleted activities from the Year 5 budget will be rescheduled to Year 6 and an updated budget will be prepared as soon as possible in Year 6 as drug allocations are confirmed.

In Kwara, the expenditure reported includes the Year 4 Coverage Evaluation Survey which was completed in the final quarter of the programme year, and also the replacement of community registers ready for the next MDA.

In the 6 new Nigerian States (Kaduna, Zamfara, Niger, Kano, Adamawa, Katsina), no drugs were allocated and so no expenditure was incurred. We have for this reason moved the budgets for these States forward a year to align with the rescheduled plans.

## Guinea Bissau

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In Year 5, the activities from Year 4, which were postponed due to COVID-19, resumed in Guinea Bissau, and were completed in 4 out of 6 of the Guinea Bissau regions. Activities in the Cacheu region were delayed due to insufficient drugs, and activities in Biombo are on hold awaiting the completion of LF confirmatory mapping. These activities have been added to the Year 6 budget and we plan to complete them by the end of 2022.

Overall, in Guinea Bissau 85% of the Year 5 budget was spent. There were no significant reasons for this variance other than the incomplete activities as described above.

## Guinea

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Overall, in Guinea 60% of the Year 5 budget was spent. The major reason for this underspend is that expected expenditure was displaced through an integration of oncho/LF MDA activities with Helen Keller International (HKI). Expenditure was fully displaced in 3 health districts (Beyla, Guéckédou and Macenta) and partially displaced in 3 other health districts (Lola, Yomou and N'zérékoré).

We have estimated the amount displaced by HKI at \$509,371. This estimate is based on budgeted values, rather than HKI's actual expenditure. It also assumes that variances between budget and expenditure are entirely due to funds being displaced.

A budget has been added in Year 6 to allow for the remaining delayed MDA in Lola, Yomou and N'zérékoré, and the delayed 2nd round of STH MDA in Beyla, Guéckédou and Macenta and N'zérékoré. Additionally, QSAT activities budgeted in Year 5 which were not completed have been added to the Y6 budget.

## DRC

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In DRC, 72% of the Year 5 budget was spent. This underspend is in part due to funding from other funders which enabled the displacement of expenditure in 12 districts in Year 5. There are also some activities such as the Sentinel Site survey which have been completed but the expenditure has not yet been reported.

We have worked with our partner UFAR to prepare a revised Year 6 budget which takes into account the activities which will be shared with oncho/LF funding. We are anticipating reduced GiveWell costs due to the integration of these activities.

## Cameroon

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In Cameroon, we spent 85% of the Year 5 budget. The main reason for this underspend is that MDA activities in the Adamaoua, Far North and North regions were completed later than anticipated, at the end of March and in April, and did not reach our accounting system until after the 31<sup>st</sup> of March cut off for Year 5 expenditure. These expenses will be validated and included in the Year 6 expenditure report.

We are working with the team in Cameroon and the MoH to prepare revised budgets for Year 6 onwards.

## Chad

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In Chad, the project faced no issues with drug supply and the MDA campaign was successfully delivered as planned.

We have been experiencing some delays in receiving reports from government partners in Chad. Because of this we are only able to report expenditure up to December 2021 and cannot yet conclude on cost effectiveness. We are working with partners to improve reporting lines and avoid this issue in the future. We will share a revised expenditure value for Chad as soon as possible.