

Informal Finance Report September 2014

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Development in the last reporting period : Strengthening SCIs system going forward :

As outlined in the previous reports SCI engaged Accenture Development Partners (<http://www.accenture.com/gb-en/Pages/service-accenture-development-partnerships-overview.aspx>) to review SCIs programme management and financial systems. As a result of this exercise SCI has developed a 2014 -2018 strategic plan and will be undertaking detailed annual planning activities that encompass all programmes supported by different funding streams. Each country programme will complete a project management work package outlining the activities to be undertaken with appropriate milestones. Expenditure and progress against milestones will be reported and reviewed by SCIs financial team on a monthly basis and expenditure will then be reported against the different donor requirements. The finance team will be increased to three people:

- Senior Finance and Operations Manager – Blandine Labry – accepted position to start Jan 2015. Former Financial Controller IAPB, London School of Hygiene and Tropical Medicine
- Current Finance Manger – Kieran Bird
- Finance Analyst – recruitment in process

The Senior Finance and Operations Manager will have the responsibility for financial forecasting. We have tools in place to allow more comprehensive budgeting and reporting on expenditure of not only country programmes but also SCI’s core activities such as SCI development activities and advocacy and fundraising.

In addition, the M&E team will also have a Value for Money Officer who will work closely with the finance team to report to donors and will be line managed by the Monitoring and Evaluation and Operational Research Lead, Dr Fiona Fleming. SCI is also refining its research agenda and therefore will have a more transparent framework for funding operational research and enhanced monitoring and evaluation activities.

However, SCI feels that one of its great strengths is also the ability to respond to opportunities as they arise and therefore while increasing its transparency to all donors will also maintain flexibility in order to respond to changing priorities in country programmes.

1. How unrestricted funds have been spent from 1 April 2014 – 16 September 2014

1.1 Expenditure by category

Table 1: Expenditure by category of private donations 1 April 2014 – 16 September 2014

SCI expenditure category	Sum in GBP	% of total unrestricted expenditure
Advocacy & Fundraising - Resources	£13,339	1.92%
Advocacy & Fundraising - Travel	£10,147	1.46%
SCI - Students Support	£6,821	0.98%
SCI Development - Office Support & publications	£8,599	1.24%
SCI Development – Salary ¹	£90,204	12.97%
SCI Development - Travel	£35,260	5.07%
SCI Development Training	£11,342	1.63%
Sub total	£175,712	25.26%
Country Programmes		
Cote D'Ivoire	£205,222	29.50%
Ethiopia	£22,018	3.17%
Mozambique	£245,850	35.34%
Senegal	6224	0.89%
Yemen ²	£2,712	0.39%
In-country Capacity building	£11,887	1.71%
Enhanced Monitoring and Evaluation ³	£25,970	3.73%
Sub total	£519,883	74.74%
Grand Total	£695,595	100.00%

1 SCI development - Salaries Expenditure on salaries has been greater than usual in this reporting period. Staff have been employed to do preliminary work on DRC and Ethiopia ahead of these programmes being transitioned into the UK government Department for International Development (“DFID”) funded ‘Integrated Control of Schistosomiasis and Soil Transmitted Helminths in Sub Saharan Africa’ (“ICOSA”) programme. In addition we have supported the employment of a Senior Biostatistician to cover the transition period following the resignation of Dr Sarah Knowles (who was successful in an application for a prestigious research fellowship). Salary projections have been made for the period 2014 – 2018, please see section 1.2.3

2 Yemen Country programme expenditure: Due to the security situation in Yemen (<https://www.gov.uk/foreign-travel-advice/yemen>) SCI had to evacuate our Programme Manager Dr Dhekra Anuzaili, from Sanaa to Kuala Lumpur. Dr Anuzaili is a Yemeni national and therefore visa requirements limited her choice of country. An expenditure of £2,712 was incurred. Dr Anuzaili will continue to work remotely and will return to Yemen when the security situation improves.

3 Enhanced M&E activities Included a request from Prof Joanne Webster received outside of the allocation meeting cycle, to support a cost share with the Wellcome Trust Sanger Institute <https://www.sanger.ac.uk/> for support field work in Uganda to collect samples for genetic analysis of schistosomes parasites to explore the potential development of reduced drug efficacy and resistance against praziquantel. This has been made possible by the recent sequencing of the genome of the schistosome by the Sanger Institute. SCI input was less than 10% of the entire project costs of this high profile and prestigious project.

1.2 Committed expenditure

Table 2 Illustrates the ongoing commitments since April 2014 (the time of the last report) until March 2015. However some commitments are necessarily over a longer time period. As discussed above, SCI will be engaging in a detailed annual work planning cycle (Please see ANNEX 1 for a more detailed breakdown of country programmes) and in future would like to report six monthly to Givewell against this work plan.

Table 2. Actual expenditure against commitments made since April 2014 – March 2015 and ongoing commitments made pre April 2014

Recipient	SCI Expenditure Category	Commitment	Timeline for expenditure	Actual Expenditure to 16 Sep14	Variance at 16 Sep14	% Variance
Commitments since April 2014						
Cote D'Ivoire¹	Country programme	£453,270	Apr 14 - Mar15	£205,222	£248,048	54.7%
Ethiopia¹	Country programme	£46,366	Apr 14 - Mar15	£22,018	£24,348	52.5%
Mozambique¹	Country programme	£500,000	Apr 14 - Mar15	£245,850	£254,150	50.8%
Zanzibar¹	Country programme	£35,161	Apr 14 - Mar15	£0	£35,161	100.0%
Sudan¹	Country programme	215,000	Sep 14 – Mar 15	£0	215,000	100.0%
Malawi¹	Country programme	£100,000	Apr 14 - Mar15	£0	£100,000	100.0%
Liberia²	Country programme	£28,939	Apr 14 - Mar15	£0	£28,939	100.0%
Ugandan Ministry of Health⁴	In country capacity building	£21,557	Apr 14 - Mar15	£0	£21,557	100.0%
Salary costs⁵	SCI development - Salary costs	£512,994	Aug 14 - Dec 18	£0	£512,994	100.0%
AF travel⁶	AF travel grant	£50,000	Aug 14 – Aug 16	£0	£50,000	100.0%

Ongoing Commitments pre April 2014						
University of Queensland ⁷	Enhanced M&E	£10,363	Oct 13 -Sep 16	£0	£10,363	100.0%
Senegal Ministry of Health ³	Country programme	£160,000	Jan 14-Jan 18	£6,224	£153,776	96.1%
University of Antwerp ⁴	In country capacity building	£36,964	Sep13-Aug 17	£11,887	£25,077	67.8%
Donor Management ⁸	SCI Development	10,000	Aug 13 – June 13	£8870	£1,130	11.3%

1.2.1 Country programmes

¹The expenditure on country programmes is dependent on the timing of activities, which are reliant on a number of factors including climate, timing of school holidays and political issues. There are degrees of fluctuation in annual spending therefore some countries have a high % variance.

²The Liberian country programme has currently been suspended due to the Ebola outbreak. <http://wwwnc.cdc.gov/travel/notices/warning/ebola-liberia> . We are continuing to monitor the situation and hope to continue to support activities in Liberia when the outbreak has been brought under control.

³ In Senegal a commitment was made at the request of the Senegalese Ministry of Health to support capacity building in country for monitoring and evaluation and surveillance of Schistosomiasis programmes. The money is to be allocated over 4 years. The expenditure to date has been to support discussions in Senegal, protocol development and preliminary training and there is ongoing planning on further expenditure dependent on the timing of in country programmes. There has also been some concern as to the containment of the Ebola outbreak and how this may impact the ongoing programme in Senegal.

1.2.2 In country Capacity Building

⁴ SCI is committed to supporting capacity building within the Ministries of Health in endemic countries.

- **Ugandan Ministry of Health:** SCI will support a team of highly skilled technicians to be part of a regional centre of excellence to assist other countries with training in techniques related to diagnosis and treatment of schistosomiasis. These technicians are under the supervision of SCI regional capacity building manager, Dr Narcis Kabatereine.
- **University of Antwerp:** This funding was allocated to a collaborative project with the Institute of Tropical Medicine in Antwerp for a project to analyse the best approaches to capacity building in Burundi. A PhD student is working on this project and will submit his final report on findings in August 2017, with periodic reporting during this period.

1.2.3 Salary costs

⁵ Salary costs have been forecast from August 2014 to December 2018. A large component of salary expenditure is supported by the ICOSA programme and pro-rata costs are also included in specific country grants. However since SCI is moving to a comprehensive programme and financial management system where the same rigour of reporting and accountability is applied to funding from all sources, there is a small component of staff salaries that will be allocated from unrestricted funds to ensure that programmes supported by small donor funds are managed to the same high standard. In line with Imperial College's human resources policy and standard accountancy practice we will commit funds to cover salary cost until December 2018 and will record actual expenditure against this on a 6 monthly basis.

1.2.3 AF travel grant

⁶ A Private donor has allocated a sum of £50,000 to support the travel of SCI Founder and Director Prof Alan Fenwick.

1.2.4 Enhanced Monitoring and Evaluation

⁷ This expenditure is allocated to University of Queensland for PhD student support for development of decision making tools for NTD programme managers and analysis of cost effectiveness of treatment strategies. The PhD student from University of Queensland is arriving in London to work with the SCI team at the end of September 2014. The allocated funds are to support his activities in London and therefore expenditure will be in the next 6 month reporting period.

1.2.5 Donor management:

⁸ This funding was allocated to support an enhanced donor management system. A system has been implemented and is currently being optimised. There was additional expenditure of £3,822 between April and Sept 2014. Due to the bespoke nature of the system the optimisation phase is necessarily iterative and will require some further time to complete. In addition, over the last few months there has been further investment in the Imperial College Development Division, responsible for fundraising for the College. The Imperial College Development Division has made resources available to assist SCIs fundraising efforts. These resources are being coordinated by Ms Alix Weldon SCIs advocacy and donor relations manager and Prof Fenwick.

1.2.6 Follow up on commitments from August 2013 Allocation

Please See ANNEX 2 for an overview of the commitments made in the last report.

2. Summary of expenditure

Total funds committed to be spent Sept 14 – Mar 15 ¹	£927,203
Total funds currently committed to be spent by 2018	£1,633,761
Total expenditure from Apr 14 – Sept 14	£695,595

3. Total funds (including committed funds)

The total fund in the three accounts that hold unrestricted funds as of 16 Sept 2014 are:

Total L account	£1,155,345
Total P 10099	£18,416
Total ICT	£641,598
Total Balance	£1,815,359

ANNEX 1: Detailed breakdown of country programme commitments from April 2014 – March 2015

ANNEX 1a : Allocation of unrestricted funds to leverage DFID support programmes April 2014 – March 2015											
	Cote D'Ivoire	Liberia	Malawi	Mozambique	Niger	Tanzania	Zambia	DRC	Ethiopia	Uganda	Zanzibar
<i>Number of individuals requiring treatment WHO estimates 2012*</i>	3,710,835	979,731	6,382,717	12,843,508	5,317,065	8,529,480	4,374,480	17,080,905	21,106,522	8,079,707	1,000,000
<i>Number of individuals requiring treatment based on SCI mapping</i>	6,337,268*	National mapping not yet completed	5,723,922	12,800,00*	6,094,138	13,128,746	4,128,773	National mapping not yet completed	National mapping not yet completed	National mapping not yet completed	1,300,000
Total number of treatments (millions)	5.4	0.5	5.6	7	2.1	0.6	2.6	1.7	3.7	0.4	2.6**
Estimated total in country cost (excluding drug costs)	£600,000	£250,512	£300,000	£895,850	£170,000	£130,000	£250,000	£200,000	£450,000	£58,994	£152,769
Funds committed by DFID	£200,000	£175,512	£200,000	£395,850	£170,000	£130,000	£250,000	£200,000	£50,000	£58,994	£117,608
Country specific funds committed by other donors	£0	£46,061	£0	£0	£0	£0	£0	£0	376262	£0	£0
Allocation of unrestricted funds	£453,270	£28,939	£100,000	£500,000	£0	£0	£0	£0	£46,366	£0	£35,161
<i>Drugs required millions of tablets</i>	13.5	1.3	14.0	16.5	5.3	1.6	6.5	4.3	9.3	0.9	7.8
<i>Donation millions of tablets</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.0	5.9	11.5	6.6
<i>Drugs needing to be purchased by SCI</i>	13.5	1.3	14	16.5	5.25	1.55	6.5	1.25	3.35	0	1.2

*School aged children only **Elimination strategy so more frequent treatment

ANNEX 1b : Allocation of unrestricted funds to non DFID supported programmes

	Burundi	Rwanda	Madagascar	Sudan
Number of individuals requiring treatment WHO estimates 2012*	871,194	698,255	6,109,215	5,559,409
Number of individuals requiring treatment based on SCI mapping	<i>National mapping not yet completed</i>	<i>National mapping not yet completed</i>	<i>National mapping not yet completed</i>	<i>National mapping not yet completed</i>
Total number of treatments (millions)	0.66	0.20	0.3	4.5
Estimated total in country cost (excluding drug costs)	£75,000	£355,000	£200,000	£215,000
Funds committed by DFID	£0	£0	£0	£0
Country specific funds committed by other donors	£75,000	£355,000	£200,000	£0
Allocation of unrestricted funds	£0	£0	£0	£215,000
<i>Drugs required millions of tablets</i>	2	0.0	0.0	11.5
<i>Donation millions of tablets</i>	0	0.0	5.0	11.5
<i>Drugs needing to be purchased by SCI</i>	2	0	0	0

ANNEX 2 : Commitments reported in previous report April 2014

Recipient	Requested GBP	Timeline of Expenditure	Actual expenditure	Variance at 31/13/14	% Variance	Comments
University of Queensland	9,375	Oct-13	0	9,375	100 ¹	Ongoing please see table 2
University of Cambridge	70,000	Sep-13	55000	15,000	21	
Ethiopian Ministry of Health	222,500	Dec-13	£293,818	-71,318	-32 ¹	Scope of work complete
Senegal Ministry of Health	160,000	Jan 14 – Jan 18	£742	159,258	100 ¹	Ongoing please see Table 2
Ugandan Ministry of Health	20,000	Dec-13	£28,315	-8,315	-42 ¹	Scope of work complete
Technical University Munich	20,000	Dec 14	21059.33	-1,059	-5	Scope of work complete
Donor management	10,000	June 14	4951.74	5,048	50 ¹	
University of Antwerp	45,000	Sep-13	0	45,000	100 ¹	Ongoing please see table 2
DRC Ministry of Health ¹	60,000	Aug-14	£10,651	49,349	82 ¹	Please see footnote below
Mozambique Ministry of Health	400,000	Mar 14	£370,696	29,304	7	Scope of work complete
University of Edinburgh	140,000	June 14	£110,000	30,000	21	Scope of work complete
SCI team	20,000	Oct 2014	£18,854	1,146	6	Scope of work complete

1 DRC: In partnership with Liverpool School of Tropical Medicine these funds were allocated to support coordinated mapping of Schistosomiasis and Lymphatic Filariasis in at risk populations in DRC. However with cost sharing with other partners the expenditure for this activity was significantly reduced the cost from £60,000 to £10,651. The outstanding underspend of £49,349 was reallocated.