

SCI SMT meeting

2015/16 Budget Allocation

Minutes

Thursday 5th March 2015 and Tuesday 24th March 2015

Present: Alan Fenwick (AF), Wendy Harrison (WH), Lynsey Blair (LB), Fiona Fleming (FF), Blandine Labry (BL)

1. **Staff Allocation** (almost completed on March 5th)

BL presented a staff allocation spreadsheet. This includes all SCI staff (both UK based and overseas hired) on Imperial College contract. This document was created from information provided by the Departmental Administrator and cross checked with Infoed.

SMT reviewed the allocation of each staff on a line by line basis and requested further information in particular for staff who are working across more than 2 projects and where the duration of the project may not fit so well with DfiD financial year April to March.

It was agreed that all staff whose contract are to expire in the 2015/16 financial year but for which a funding proposal have been submitted to a donor will be underwritten by SCI using unrestricted funds until such grants have been secured. Once a grant is secured staff costs will be journaled out of P10099 (unrestricted funds) into the relevant restricted project code.

Follow up Tuesday 24/03/15

Allocations have been revised according to previous comments.

2. **Country Allocation** (refer to the spreadsheet)

SCI home based Project Managers have submitted country budget requests for Implementation of treatment together with target treatment numbers.

Each country budget and treatment plan was reviewed one by one and discussed :-

Cote D'Ivoire – no specific comments

Liberia – since the budget was prepared a new case of Ebola has been detected (on 22nd March 2015) pushing back Ebola free announcement and hence the potential date for deworming work to resume in Liberia. We believe that in any case when work will indeed resume the only activity that could safely be delivered is coverage survey. To reflect this the total amount of treatment has been reduced and the budget reduced in line.

Malawi – Country Management costs seem high and will need to be reduced – to feedback to PM

Mozambique – there is some uncertainty with regards to the number of treatments planned, but the target is high. The predicted second MDA figures for April 2016 were not available at the time of submission of the budget.

Tanzania – PM needs to review the budget with the Tanzania team to effect a cost reduction, because the cost per treatment as presented is a little too high.

Zambia – The amount stated at present is an estimate by CNTD who will refine the budget in first week of April during a country visit

Niger – SMT discussed the need to organise a meeting between Riseal (our local partner) and MoH (both have new staff) in a neutral environment or better at SCI to bring them together in a more collaborative way

Uganda – Country Management costs need to be reviewed and reduced as appropriate because we are supporting more staff than we believe is necessary – Meanwhile SCI has been shortlisted for the Grand Challenges proposal for improving coverage in Uganda.

Zanzibar – Comparatively high cost per treatment was considered to be justified as the target is aiming for elimination – which means two treatments per year

DRC – a new and potentially very difficult country as we work out how to collaborate with the various partners involved in NTDs there. MoH have presented an inflated budget, with what we consider an unrealistic number of treatments submitted. The decision was made to base the number of treatment on the number of PZQ tablets available (circa 4M) that is enough for about 1.6 M treatments, and until we get more data a budget was allocated on the basis of 0.25 pence per treatment.

Ethiopia – This is being run in country and so far a detailed budget has not been available but we have the bottom line figure, which is very difficult to assess, without further details. BL to follow up with PM.

Burundi – In Burundi we have been treating 600,000 every year for several years 0 but with the elimination programme funded by SCOR we will need to treat twice every year – so we will budget for 1.2 million treatments. How this will be paid in terms of how much paid by SCORE and how much by SCI needs clarification

Rwanda – A team from SCI and ENDFUND is currently discussing in Rwanda with the MoH. We have an ongoing contract with ENDFUND but the 2015/16 budget has not been allocated as yet. There is a risk that not all SCI staff cost will be funded as the current submitted budget includes a local staff + an SCI project manager at 100%. If her salary is finally paid at less than 100% by ENDFUND, then SCI may have to top up balance from unrestricted funds.

3. Increased Capacity Building resources

STTA : Staffing - The technician Betty should be included as a capacity building staff person for the whole continent because she will be full time working with our Ugandan Capacity Building manager.

The discussion continued whether each Programme Manager could request a local employee to assist with management if the MoH needs more than just intermittent assistance

