

GiveWell Year 1 Financial Narrative Report

This report covers the period from January 2017 to March 2018, and captures the expenditure for the activities which were due to take place in the first year of the programme, but which were delayed for reasons beyond our direct control described fully in the relevant country narrative reports.

While the majority of country level budget lines are activity based, and therefore no spend occurs unless an activity takes place, the programme management lines see ongoing costs incurred for the day to day running of the project whether there are MDA activities taking place or not. Therefore you will note that spend against that budget line is higher than the others, as it represents 15 month's work on the programme versus a 12 month budget.

We apportion the programme management costs by taking the total for each country as a percentage of the total for all countries. As we calculated the budgets in the same manner, and each country has a different burn rate, you will note that there are variances against that budget line for each country. (This is because these costs are allocated based on percentage country spend not as a fixed cost). As we reach the end of Wishlist 1, and the countries spend their full budgets, we would expect to see this even out.

Nigeria 4 States and Benue

Treatment and training actuals exceed overall targets,, for various reasons including successful leveraging of additional Ministry of Health in kind resources, in terms of training more health workers. There have been further cost savings across the budget, partly due to beneficial exchange rates.

TCS, QSATS & WASH activities have been recently completed, however the costs for these will appear in next year's reports.

Guinea Conakry

The variance to budget is almost entirely due to WASH activities not yet being completed. Costs for this will be included in the year two financial report.

We received additional quarterly funding outside of the Wishlist process from GiveWell. We were able to use this to strengthen the Guinea Conakry project, purchasing a vehicle, as well as increasing other budget lines.

Guinea Bissau

A SCH and STH baseline survey was conducted in Guinea Bissau in 2017, and it was found that treatment was not required in as many regions as we thought when preparing the budget and logframe. Therefore, we expect to realise some savings against project activities in this budget.

In order to accommodate the impact survey, the MDA was rescheduled for April 2018. Therefore expenditure figures for this activity were unavailable at the time of creating this report. We have provided an estimate of the expenditure on the project

activities, budget line, and will submit final figures, along with verified outputs when these are available.

In order to most effectively support the Ministry of Health to deliver MDA and proactively avoid further delays, the Sightsavers team managing the project for this country, based in The Gambia, were seconded to Guinea Bissau for several months. This ensured comprehensive monitoring and management of the situation on the ground. These costs are charged to the Guinea Bissau administration costs budget line.

DRC

Robust financial monitoring, support and capacity building of our local partner UFAR has contributed to minimal variance against budget. Training and treatment actuals have exceeded targets.

Cameroon

Expenditure is in line with the budget for year one.