

**IMPROVING HEALTH  
UNLOCKING POTENTIAL**



**SCI Foundation**

**Annual Report and Financial Statements for  
the year ending 31 March 2022**

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## List of acronyms

<b>Ascend</b>	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
<b>BCC</b>	Behaviour change communications
<b>ESPEN</b>	Expanded Special Project for Elimination of Neglected Tropical Disease
<b>FGS</b>	Female Genital Schistosomiasis
<b>GSA</b>	Global Schistosomiasis Alliance
<b>MDA</b>	Mass Drug Administration
<b>MoH</b>	Ministry/ies of Health
<b>MORBID</b>	Morbidity Operational Research for Bilharziasis Implementation Decisions (Pilot)
<b>NNN</b>	NTDs non-governmental organisations network
<b>NTDs</b>	Neglected Tropical Diseases
<b>PPE</b>	Personal protective equipment
<b>PZQ</b>	Praziquantel
<b>RAMA</b>	Risk assessment and mitigation action
<b>SCIF</b>	SCI Foundation
<b>SCH</b>	Schistosomiasis
<b>SMT</b>	Senior Management Team
<b>SOP</b>	Standard operating procedures
<b>STH</b>	Soil-transmitted helminthiasis
<b>WASH</b>	Water, sanitation and hygiene
<b>WHO</b>	World Health Organization

## Foreword by the Chair of the Board of Trustees



This year's annual report comes at a very exciting time, in which we are celebrating two important events: celebrating 20 years since the establishment of the Schistosomiasis Control Initiative; and the delivery of the billionth treatment enabled by the support of our organisation.

These two events will mark the end of our latest five-year strategic plan. As we work through the final year of our current strategy, this provides us with the opportunity to take stock of our achievements while planning how we can enhance our work to respond to the health inequities that plague the world currently.

In the process of developing our new five-year strategy, we will be guided by the changes taking place within the global health and development community, as well as in society and the planet as a whole.

We have already begun a process of reviewing our values – Transparency, Equity and Inclusion; these will be central to our new strategy and will affect everything, from our governance structure and composition, to how we raise and disburse our resources, and the way in which we deliver programme support. This will help ensure our strategy is aligned with the 10-year Neglected Tropical Disease Road Map released in January 2021 by the World Health Organization, as well as with the Sustainable Development Goals and the drive for Universal Health Coverage.

The new strategy will also continue and deepen our work on sustaining the impact of treatment, as well as elimination of parasitic worm infections, again, in line with the shifting nature of global targets and to ensure that we remain focussed on ending disease and inequities. This shift, in turn, will have important implications for our operational and funding models.

As noted in last year's report, SCI Foundation has been greatly affected by the COVID-19 pandemic, the effects of which continue to be felt globally. However, not all impacts have been negative, and we will continue to embed some of the more positive changes, such as changes in working practices allowing more flexibility, and importantly, the ability to be more inclusive in our recruitment practices.

On a final note, I, and the rest of the SCI Foundation team, wish to dedicate this report to the memory of Dr Mwele Ntuli Malecela, Director of the control of Neglected Tropical Diseases at the World Health Organization, and Observer to the Foundation's Board of Trustees, who lost her long battle with ill health at the start of 2022. Dr Malecela's loss will be keenly felt for many years to come, but her tremendous legacy of leadership, humility and excellence accompanies, and will continue to accompany our organisation into the future.

Lord Trees of The Ross  
Chair of the Board of Trustees

## Report of the Trustees

The Trustees present their report, incorporating the requirements of a strategic report, together with the financial statements of the SCI Foundation (SCIF) for the year ended 31 March 2022. The report has been prepared in accordance with Part VIII of the Charities Act 2011 and constitutes a directors' report for the purposes of company legislation.

The financial statements have been prepared in accordance with the accounting policies set out on pages 40 to 45 of the attached notes to the financial statements and comply with the charitable company's Memorandum and Articles of Association, applicable laws, the Companies Act 2006 and Accounting and Reporting by Charities: Statement of Recommended Practice, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

## Our purposes and activities

### SCI Foundation purpose

The objects of the Charity are, for the public benefit:

1. To promote the physical and mental health of people and communities in any part of the world who are affected by neglected tropical diseases as defined by the World Health Organization including, but not limited to, parasitic worm infections, schistosomiasis and soil-transmitted helminthiasis (collectively "neglected tropical diseases");
2. To relieve the needs of people and communities in any part of the world who are suffering as a consequence of neglected tropical diseases; and
3. To advance the education of people and communities in any part of the world who are affected by neglected tropical diseases and the public with a view to reducing transmission and infection.

By:

- a. Supporting the development of effective and sustainable systems that seek to eliminate neglected tropical diseases.
- b. Supporting and evaluating treatment programmes for neglected tropical diseases and generating evidence for optimising programme impact; (See Table 1 below) and
- c. Providing and promoting access to services that can reduce the risk of and alleviate the problems associated with neglected tropical diseases.

<b>Drug</b>	<b>Schistosomiasis (SCH)</b>	<b>Soil-transmitted helminths (STH)</b>
<i>Pre-SAC</i>	Paediatric praziquantel <i>in development</i>	Not supported by SCIF
<i>School-aged Children (SAC)</i>	Praziquantel (PZQ)	Albendazole/Mebendazole
<i>Adults</i>	Praziquantel (PZQ)	Albendazole/Mebendazole (where indicated)

**Table 1: Drugs treatments and target age groups for Schistosomiasis and Soil-transmitted helminths**

### Our Goals

**Our vision is a world free of preventable disease, in which everyone everywhere can reach their full potential**

- **Goal 1:** Those affected by parasitic worm infections receive treatment and care.
- **Goal 2:** Communities change their behaviours to reduce the risk of infection.
- **Goal 3:** Environmental changes are put in place to reduce the transmission of infection.
- **Goal 4:** Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.
- **Goal 5:** All resources – economic and human – are effectively and sustainably managed.

### Our Approach

We are experts at supporting national governments in sub-Saharan Africa to deliver cost effective and impactful health programmes. We help to create a world that is free from preventable disease.

1. **Partnerships:** We are collaborative, promoting inclusion and synergy. We act as catalysts in the creation of successful cross-sectoral partnerships that generate the greatest impact on disease transmission. We have put in place a model of technical and financial support to Ministries of Health to implement programmes in line with their own strategies and plans, to enhance sustainability, and strengthen health systems.
2. **Operational Excellence and Innovation:** We are agile, adapting to changing local and global environments. We aim to constantly improve and innovate, to ensure that we optimise our efforts and use resources most cost-effectively.
3. **Sustainability:** We ensure that our work is sustainable and supports broader development. We support governments to strengthen systems and processes, so that they are dynamic, responsive and deliver results. We implement a holistic approach to tackle parasitic worm infections: reducing infections through increased access to cost-effective treatment; supporting environmental and behavioural interventions through multi-sector collaboration; enhancing knowledge and capacity on treatment of severe morbidities; and investing in research and evidence.
4. **Evidence-based:** We generate evidence to inform decisions and guide our work. We improve processes and develop preferred practices for global health policy. We share knowledge to ensure that everyone can benefit from improved health.

### **Our Values**

We are a team of people passionate about creating a world free of preventable disease. It is important that everyone that works at the SCI Foundation, as well as our partners and supporters, share the same values and beliefs. Over this reporting period we have completed a review of our values and have worked to more clearly define how these values can be embedded into every aspect of our work.

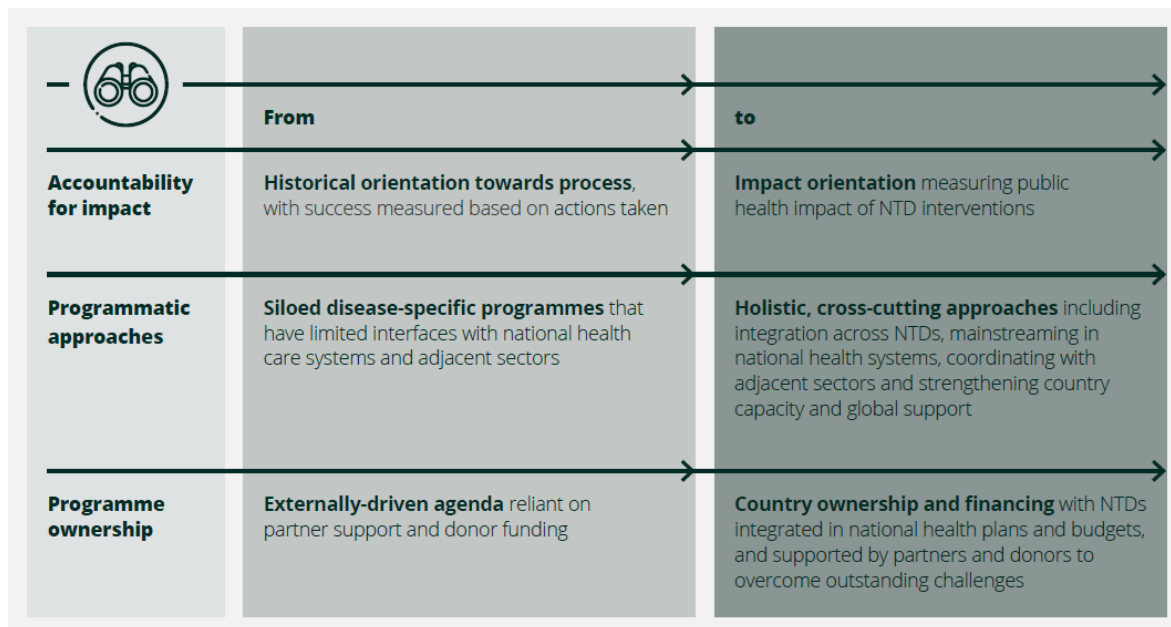
1. **Equity** We challenge inequity and strive towards a fair distribution of power and resources globally. We understand that ill health is rooted in social and economic inequity and injustice.
2. **Inclusivity** We respect people's differences, recognising the importance of different perspectives and experiences, applying the principles of compassion and dignity. We understand that having varied perspectives and experiences is essential to achieving our mission.
3. **Transparency:** We are transparent in our decision making and our actions and ensure that decisions are informed by credible evidence. We acknowledge the fundamental role or transparency in engendering trust, collaboration, and accountability

### **Priorities for Reporting Period 2022 - 2023**

In 2022-2023, the last reporting period of our current 5 year strategy 2018 – 2023, SCI Foundation will continue to deliver on its 5 strategic goals aligned with our existing goals and objectives.

During this reporting period we will also develop a new strategy for 2023 -2028 that is responsive to the changing landscape of NTDs and the international development sector.

The paradigm shifts (Figure 1) and elimination targets outlined in the 10-year NTD Roadmap published by the World Health Organization in 2021, will form the guiding principles of the SCI Foundation's next five-year strategy. Many of the themes outlined in the NTD Roadmap had already been incorporated into our current 2018-2023 strategy. However, their clear articulation within the Road Map further supports us building on these themes and approaches as we develop our 2023-2028 strategy.



**Figure 1:** Shifts in approaches to addressing NTDs. Source: WHO, 2021 (p9)

Within the new strategy will continue to support these shifts in the following ways:

### 1. From historical orientation towards process, to impact orientation

- SCI Foundation has a track record of impact-orientated reporting; however, it will further respond to this shift by investing in working with partners to clarify the relationship between standard epidemiological measures used in monitoring and evaluation and morbidity associated with infection to be able to better understand the true impact of infection on populations. We will also continue working closely with WHO on the development of new guidance on indicators of impact as part of a formal WHO guidelines development process.
- We will continue to recognise the societal and economic impact of schistosomiasis and will include emerging evidence of this impact in our advocacy work to support our new strategy.

### 2. From siloed, disease-specific approaches to holistic cross cutting approaches

- SCI Foundation will continue to develop partnerships with other NTD and mass distribution programmes targeting similar geographical regions to identify and drive cost reductions and efficiencies where possible.
- Central to our new strategy will be further developing cross cutting approaches for the control and elimination of SCH in collaboration with other sectors, on areas including behaviour change, water and sanitation, and veterinary public health.



### **3. From an externally-driven agenda to country ownership and financing**

- SCI Foundation from its inception within Imperial College has endeavoured to support country ownership by working directly with Ministry of Health colleagues, offering technical advice and capacity building while respecting the autonomy of decision making within government structures.
- Country ownership will be a key pillar of our new strategy and we will engage with a large group of stakeholders in our work in determining the most appropriate strategic, operational and funding model to support endemic countries.

## **Public Benefit Statement**

The Trustees confirm that they have had regard to the Charity Commission's guidance on public benefit and the ways in which SCI Foundation delivers public benefit are explained in reporting on the Charity's Achievements, Performance and Future Plans.

## **Grant Making Policy**

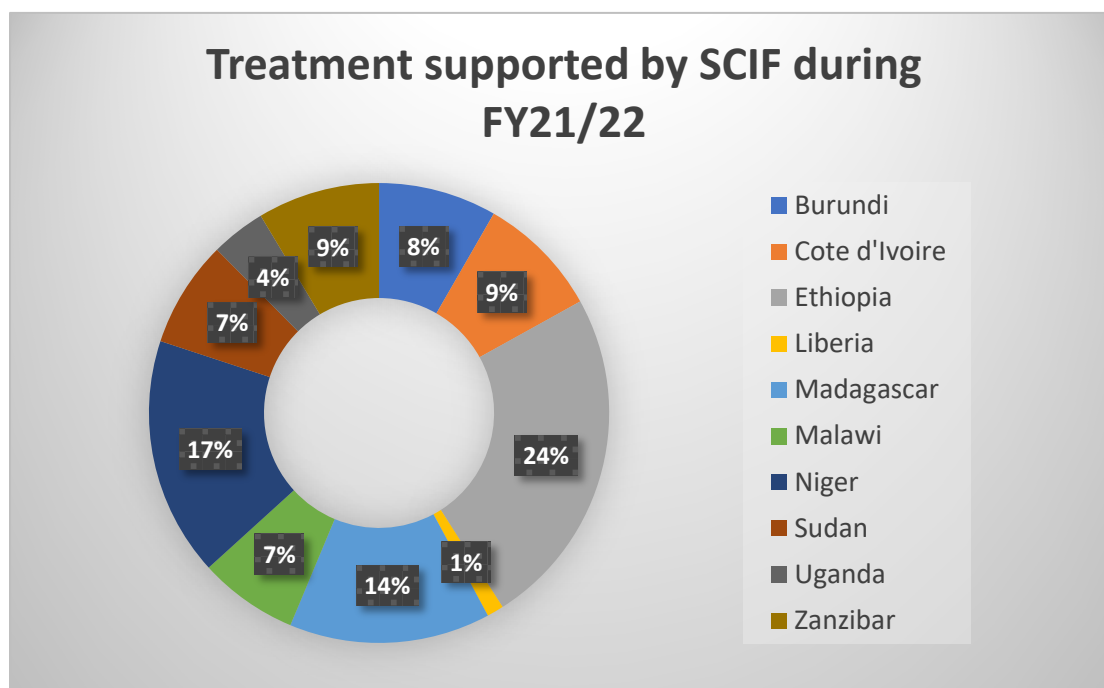
SCI Foundation partners primarily with Ministries of Health to support the delivery of public health interventions in sub-Saharan Africa. SCI Foundation works with its partners to develop programmes and determine the financial support required. Annual contracts document the programmes and financial support to be provided. The financial support is referred to as partner awards or payments in the annual report.

## Achievements, Performance and Future Plans

**Goal 1: Those affected by parasitic worm infections receive treatment and care.**

### Objectives:

- Policy relevant evidence is generated and used to inform and develop elimination strategies for preventable infectious diseases.
- Evidence on best practice for country-led programme delivery is generated.
- The sustained impact of public health programmes on parasitic worm infections and child health is effectively demonstrated.
- The delivery of programmes by national authorities is supported effectively.
- Programme delivery is optimised through implementation and refinement of available evidence-based tools and processes.



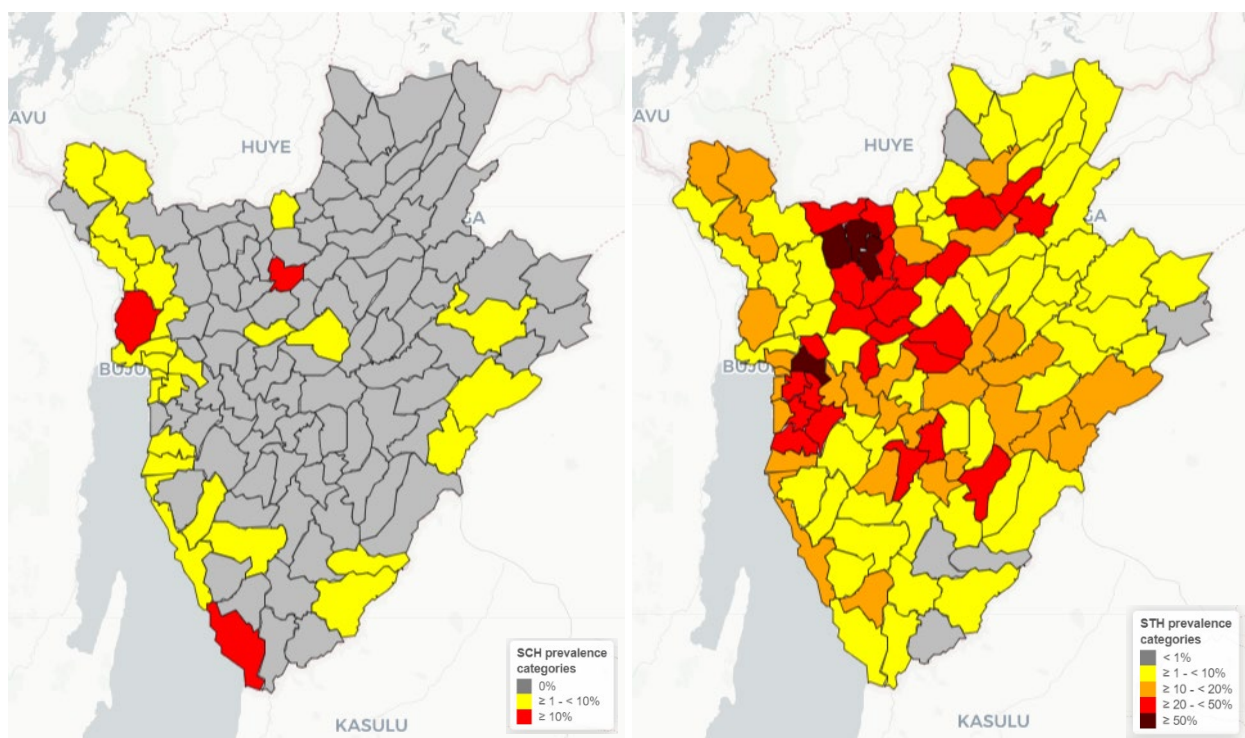
**Figure 2: Treatments delivered by MoH utilising support from SCIF, either wholly or in a cost-share capacity with other NTD partners. Note treatment numbers are provisional and will be updated pending final confirmation from the MoHs in Madagascar, Malawi, Ethiopia, Sudan and Zanzibar where figures are still being finalised.**

### Key Achievements:

- Supported the Ministry of Health (MoH) in 10 countries to deliver over 41 million treatments for NTDs reported to date, out of a planned target of 59 million treatments (Figure 2). Treatment delivery in Madagascar, Ethiopia and Sudan remains ongoing with increased treatment numbers pending. In advance of mass drug administration (MDA), programmes undertook appropriate due diligence in light of the COVID-19 pandemic through a risk mitigation and action (RAMA) process.

- Of the ten supported countries:
  - **Burundi, Cote d'Ivoire, Liberia, Niger and Uganda** proceeded with treatment as planned.
  - **Madagascar's** MDA was interrupted due to a serious adverse event in Betafo district in November 2021. At the time of suspension, 91 districts (out of 106) had already been reached. A full investigation was conducted by the MoH, led by the Agence de Medicament de Madagascar, with six recommendations provided by the Comité Technique de Pharmacovigilance to the NTD Programme for future consideration when implementing their activities. A second MDA was therefore delayed into FY22/23.
  - **Malawi** commenced treatment as planned in November 2021 to utilise stocks of praziquantel (PZQ) due to expire at the end of December. Insufficient tablets were available to reach all target populations, with the remaining reached in early 2022 when a new shipment of donated PZQ arrived.
  - **Zanzibar's** MDA was delayed due to the late arrival of donated PZQ from the World Health Organization (WHO) but eventually proceeded as a triple therapy distribution combining treatment for lymphatic filariasis alongside SCH and STH in advance of the start of Ramadan in February 2022.
  - Both **Ethiopia** and **Sudan's** health activities were suspended in late 2021 as a result of political instability in both countries. Ethiopia had been affected by ongoing civil unrest in Tigray region which further escalated resulting in a state of emergency declared on 2<sup>nd</sup> November 2021. This was lifted on 15<sup>th</sup> February 2022 and programme activities recommenced in 5 (out of 11) regions. In Sudan, the military took control of the Government in a coup on 25<sup>th</sup> October 2021. Health services were initially suspended, with the NTD programme reinstating activities in December 2021. MDA proceeded in a phased approach in January 2022 and is ongoing.
- Supported the training of at least **161,599** community drug distributors, health workers, teachers, community mobilisers and supervisors involved in drug distribution campaigns.
- **Generated data on quality and performance of programmes:** SCIF supported six country partners to conduct coverage evaluations in **Burundi, Cote d'Ivoire, Ethiopia, Madagascar, Malawi, and Mauritania**, and supported the planning in **Zanzibar** (data collection was delayed to 22/23 due to late start to MDA). Analysis for these surveys is ongoing for **Burundi, Ethiopia, Madagascar, Malawi** and **Mauritania**, however, completed analysis has demonstrated that the WHO threshold for treatment coverage above the WHO recommended 75% threshold was achieved in all the survey districts in Cote d'Ivoire.
- Conducted four epidemiological surveys with MoH partners in **Burundi** (reassessment), **Ethiopia** (reassessment – Part 1 and Part 2) and **Madagascar** (impact (sentinel site)). Preliminary analysis demonstrates sustained spatio-temporal changes in prevalence and intensity of SCH and STH infections and the reassessment surveys indicate residual areas of infection which need to be targeted separately as per the **new WHO Guideline on the Control and Elimination of Schistosomiasis**. Data generated by these surveys will continue to support MoH decision-making on optimising the delivery of treatments and other

interventions and will be used to demonstrate impact goals aligned to the new WHO NTD Roadmap for 2030 and the new WHO Guideline for Schistosomiasis. An illustration of this can be seen in Figure 3 where, in this last year, data from two phases of reassessment in Burundi (2020 – 2021) have been analysed together and maps created to highlight the current distribution of schistosomiasis and STH. Key findings for schistosomiasis are: that prevalence and intensity have reduced over time due to the impact of preventive chemotherapy (PC); the number of communes (sub-districts) not requiring annual PC has significantly reduced and; schistosomiasis as a public health problem has been eliminated in all but one commune. Key findings for STH are: in the majority of communes prevalence and intensity have reduced over time but there are communes which are still highly endemic; STH is still classed as being a public health problem in 17 communes. These commune level data will support decision-making on revised treatment strategies within each of these sub-districts.



**Figure 3: The up-dated distribution of prevalence of *S. mansoni* (left panel) and STH (right panel) at the commune (sub-district) level 2020-21 in Burundi allowing the Ministry of Health to significantly reduce the number of areas targeted from treatment by defining a more focal treatment strategy.**

- Advised on the innovative design and implementation of surveys in several countries as part of collaboration projects:
  - **The Schistosomiasis Oversampling Study**, a collaboration between four Ministries of Health, SCI Foundation, the NTD Support Center, London School of Hygiene and Tropical Medicine (LSHTM), Swiss Tropical Public Health Institute and the Kenya Medical Research Institute. A survey which sampled 40% of all communities in three contiguous districts was conducted in Ghana in October – December 2021 demonstrated the heterogeneous distribution of *S. haematobium* in the Volta region of the country. This

multi-country SOS project will see similar surveys conducted in Cote d'Ivoire, Mali and Togo in 2022. The outcomes will be used within a geostatistical model to determine the optimal sampling strategies for SCH impact assessments to enable sub-implementation unit decisions.

- SCIF works with the **END Fund's Deworming Innovation Fund** and partners to support ongoing reassessment activities in Ethiopia (as mentioned above) and also in the novel design and interpretation of mapping surveys using statistical and geostatistical methods (in partnership with (LSHTM) and the University of Lancaster) in Zimbabwe and Rwanda. These surveys will demonstrate efficiencies in using non-standard techniques and in resource allocation to target populations requiring interventions for schistosomiasis and STH.
- The **Dominican Republic** government and the **Pan American Health Organization (PAHO)** have been working with SCIF, **Tropical Data** and the **United States Centre for Disease Control** to design and conduct (November 2021) a survey to verify the elimination of human schistosomiasis in three historic endemic areas. Analysis is ongoing and when ready results will indicate whether there is active transmission or whether the country can begin the WHO verification process for elimination.
- Supported the completion of the **MORBID pilot operational research project** in Malawi, the analysis of the data collected, development of the final technical report and presentation of findings at the American Society for Tropical Medicine and Hygiene. The study, funded by USAID through the Task Force for Global Health's NTD Support Centre, has supported identifying meaningful and measurable targets for the control of schistosomiasis-related morbidity in Africa which is the priority critical action for schistosomiasis in the WHO NTD Roadmap.
- Supported MoH to share their historical and current epidemiological data in the WHO format for reporting and open access through WHO portals (**WHO Global Observatory and the ESPEN (Expanded Special Project for Elimination of NTDs) Portal**).
- Published papers as lead co-authors on morbidity thresholds of schistosomiasis using historical data collected by health ministries supported by SCIF:
  - Wiegand RE, Fleming FM, Straily A, Montgomery SP, de Vlas SJ, Utzinger J, Vounatsou P, Secor WE (2021) **Urogenital schistosomiasis infection prevalence targets to determine elimination as a public health problem based on microhematuria prevalence in school-age children**. PLoS Negl Trop Dis <https://doi.org/10.1371/journal.pntd.0009451>
  - Wiegand RE, Secor WE, Fleming FM, French MD, King CH, Montgomery SP, Evans D, Utzinger J, Vounatsou P, de Vlas SJ. (2021) **Control and Elimination of Schistosomiasis as a Public Health Problem: Thresholds Fail to Differentiate Schistosomiasis Morbidity Prevalence in Children**. *Open Forum Infect Dis*. 2021 <https://doi.org/10.1093/ofid/ofab179>
  - Wiegand RE, Secor WE, Fleming FM, French MD, King CH, Deol AK, Montgomery SP, Evans D, Utzinger J, Vounatsou P, de Vlas SJ. (2021) **Associations between infection**



intensity categories and morbidity prevalence in school-age children are much stronger for *Schistosoma haematobium* than for *S. mansoni*. PLoS Negl Trop Dis <https://doi.org/10.1371/journal.pntd.0009444>

- Led working groups within global SCH and STH communities of practice (Global Schistosomiasis Alliance and NTDs NGO Network (NNN)) inclusive of and with the remit to advance **WASH, Sustainability, One Health and Monitoring and Evaluation (M&E)** agendas.
- Actively participated in task teams and working groups (**WHO Technical Advisory Group on Schistosomiasis and STH and sub-groups, iChords, NNN**) to contribute to the global agenda and providing additional guidance documents for the control and elimination of schistosomiasis and STH and share best practice on programme adaptation to COVID-19. Co-Chaired expert advisory committees of SCH and STH in Tanzania and Uganda to further advance programmatic adaptation and goal-setting aligned to the NTD Roadmap.
- Led peer-participatory workshops at annual meetings of relevant networks (**NNN, Coalition for Research on NTDs, American Society for Tropical Medicine and Hygiene**).
- As Country Principal, led the coordination of the **FCDO-funded Ascend West and Central Africa project in Cote d'Ivoire, Liberia and Niger**, alongside additional implementation and technical support for SCH/STH to DRC, contributing to the successful outputs of the project through to project closure at the end of September 2021.
- Contributed expert technical guidance through position papers and reviews via the **Technical Support Forum and Technical Consultative Committee for FCDO's Ascend West and Central Africa project** to ensure best practice for implementation.
- Led and facilitated multiple remote training sessions designed to build MoH and partner **capacity for reassessment, impact and coverage surveys, safeguarding and FGS**, promoting their ability to cascade training within each country.
- Improved **internal knowledge management** processes to promote engagement and timely sharing of lessons learned through regular, cross-functional team meetings.
- Provided extensive **policy and communications support to WHO** on activities running up to and including the launch of the Guideline on control and elimination of human schistosomiasis, WASH-NTD global strategy, NTD M&E Framework and NTD One Health Approach throughout 2021 and early 2022, including a series of topical webinars.

#### **Plans for the Next Period:**

SCIF's long term approach of working directly with Ministries of Health to support public health interventions leading to the reduction in morbidity associated with SCH and STH has put the organisation in a very strong position to support the development of resilient health systems that provide health care for all, as outlined in the Sustainable Development Goals and the universal health coverage agenda. As such, SCIF will continue to:

- **Build capacity within health systems** at all levels including strengthening leadership, programme and financial management skills, and data analysis and data driven decision

making; and support MoH capacity to engage effectively with other sectors to deliver comprehensive interventions essential for the control and elimination of neglected tropical diseases.

- **Continually generate robust data to refine intervention strategies through an evidence-based approach** to ensure that programme delivery is optimised.
- **Support programmes to monitor progress against WHO NTD roadmap goals and objectives** through the provision of technical support across a range of thematic areas, including progress from control of morbidity to elimination as guided by WHO and aligned to the needs of communities.

## **Goal 2: Communities change their behaviours to reduce the risk of infection.**

### **Objectives:**

Evidence-based behaviour change strategies for disease prevention are effectively supported and implemented by national authorities.

### **Key Achievements:**

- Played an active role in the development of a guidance document on the design and implementation of **behaviour change programmes for the control of NTDs**, being co-developed by the NTDs NGO Network (NNN) and the Global Schistosomiasis Alliances (publication expected 2022). Additionally, SCI Foundation has contributed significantly to the update of the **WHO and NNN publication “WASH and Health working together – a ‘how to’ guide for NTD programmes”**, including a review of the target behaviours related to NTDs transmission and prevention.
- Commenced a multi-country analysis of data which determine **barriers and enablers to treatment uptake** in Malawi, Madagascar, Niger and Zanzibar.
- Developed a standardised approach for SCIF on **measurement and analysis of treatment uptake behaviours**.
- Piloted an approach to **participatory mapping and discussion of behaviours related to the transmission** of and exposure to schistosomiasis in high-burden communities in Eastern Uganda, through collaboration with the behaviour change communications specialist agency RANAS Ltd.

### **Plans For the Next Period:**

SCIF recognises that the communities it works to support live incredibly challenging lives and their behaviours reflect the large number of complex risks they face. SCIF’s aim has always been to understand as far as possible these complexities and ensure that suggestions on reducing the risks from parasitic worm infections (PWIs) and other diseases are contextualised and consider the realities of the situations these communities face. SCIF has invested in understanding the many barriers and enablers for treatment uptake in several contexts (although not all these findings are generalisable). SCIF will:

- Continue to conduct **context-specific assessments of enablers and barriers to the up-take of treatment for PWIs** in the geographical regions supported by SCIF.
- Implement **effective behaviour change interventions** to increase treatment uptake, ensuring that these are reflective of the specific context and geographical region.
- Continue to develop and implement **cost effective interventions to reduce behaviours that put communities at risk of infection** based on context-specific evidence.
- Provide thought leadership on the role of behaviour change in the control and elimination of schistosomiasis and other NTDs

### Goal 3: Environmental changes are put in place to reduce the transmission of infection.

#### Objectives:

- National programmes are supported to plan and implement environmental strategies for effective and sustained elimination of preventable diseases.
- Control and elimination strategies for preventable infectious diseases are developed and implemented by national authorities in collaboration with the veterinary public health sector.

#### Key achievements:

- Secured funding for and piloted an approach for understanding and tackling the **behavioural and environmental determinants of schistosomiasis transmission**. The pilot project, carried out between July 2021 and July 2022, is a collaboration between SCI Foundation, the Uganda Ministry of Health, and RANAS Ltd, a Switzerland-based behaviour change communication specialist agency. Work is being undertaken in three high-prevalence communities in Eastern Uganda, and includes three phases:
  - Participatory appraisal to identify the root causes of the risk of schistosomiasis transmission in the community, which includes community-generated maps, and snail mapping, to identify high risk areas for disease transmission;
  - Community action planning to identify basic measures to protect community members from infection;
  - Joint planning with local water and sanitation authorities to increase accountability of service providers and improve access to water and sanitation services and infrastructure.

The pilot project will test approaches and methods designed to enhance community innovation and participation in health protection measures and provide insights for further collaboration between SCI Foundation and Ministry of Health partners for disease prevention. Work is already underway to secure funding for scale up of the project approach in Uganda and elsewhere.

- Contributed to enhancing **global collaboration between water, sanitation and hygiene (WASH) and NTD stakeholders**, through:
  - Co-leading, in support of the WHO and the NTD NGO Network (NNN), a comprehensive update of the **global toolkit** “WASH and Health working together: a



'how to' guide for neglected tropical disease programme, including the development of new tools and resources, and a comprehensive update of existing content based on feedback from country programmes.

- Supporting the development of a new monitoring framework to track and report against the implementation of the WHO Global Strategy on WASH and NTDs 2021-2030, a companion document to the WHO NTD Road Map 2021-2030, as well as the initiation of the development of a WASH and NTDs research agenda as part of a WHO-led process.
- Joining the WHO-convened Technical Advisory Group on schistosomiasis and STH, set up in November 2021, and, alongside other work covered by this group, chairing the sub-group on WASH. This new group will undertake an evidence review on WASH and schistosomiasis/STH transmission, develop a WHO position paper on the strength of evidence and further research on the subject, and disseminate best practice on environmental and behavioural disease control and elimination measures, among other outputs.
- Provided technical advice and support on **WASH coordination within the Ascend programme** (both East and West/Central Africa) through the development of the technical approach used in both Ascend lots, ongoing support to in-country activities, and significant work on the development and delivery of a six-webinar workshop series on WASH and NTDs to representatives of the NTD and WASH sectors from ten East and Southern African countries under the Ascend programme.
- Assessed the co-endemicity of schistosomiasis with the **zoonotic parasite Taenia Solium** that causes the clinical syndrome taeniasis/cysticercosis and assessed the burden of this the co-endemicity. Modelling techniques were used to estimate the additional impact of praziquantel delivery as part of national schistosomiasis programmes in Uganda on T. solium prevalence. 56 districts are assessed, with predicted co-endemicity zones identified at the sub-district level to best reflect where national SCH programmes are likely to also impact T. solium endemicity. In addition, this work is supporting the development of a rapid mapping protocol for T. solium to assist countries with planning taenicide requests from the WHO.
- Maintain a leading role in the development of best practice guidance and advocacy on a **One Health approach to NTDs** through the chairing of the NNN One Health working group, continued engagement with the Lancet Commission on One Health, and conducting a consultation on areas of integration between veterinary public health and NTD programmes.
- In collaboration with the WHO Department on the Control of NTDs, supported the development and launch of a **One Health companion document** to the NTD road map. SCIF supported the WHO NTD department in participatory process to support programmes adopting a One Health approach to NTD control.

### Plans For the Next Period:

Following the launch of the new 10-year NTD road map by WHO, there is increasing momentum for the development, implementation and funding of cross sectoral approaches to disease control and elimination. Further, such approaches are expected to implement in a way that strengthens health systems, sustains the impact of other interventions such as treatment, and improves health equity. SCIF's operational model and experience places it in an important position to provide close support to ministries of health in the development of cross sector coordination mechanisms, as well as technical support for the funding and implementation of context-appropriate, participatory environmental interventions. Over the coming reporting period, SCIF will:

- **Support local planning for environmental control of parasitic worm infections (PWIs)**, through scaling up existing projects focused on environmental control of PWIs, supporting collaboration with the water, sanitation and hygiene (WASH) authorities, and contributing to WASH and PWI mapping and other data collection and analysis.
- **Support ongoing roll out** of innovative tools for cross-sectoral collaboration for disease control, including implementation of the WHO Global Strategy on WASH and NTDs, updates to the WHO-NNN WASH and NTDs toolkit (update to be completed April-May 2022), and tailored support to MoH for policy development and planning at the national level.
- **Drive changes in policy and practice** on WASH for the control of schistosomiasis and STH through the WHO Technical Advisory Group on schistosomiasis and soil-transmitted helminths.
- **Contribute to operational research on environmental transmission of PWIs**, by identifying opportunities for participation in research activities and embedding research findings in planning activities.
- **Provide thought leadership on the role of One Health** in NTD programmes, policy and funding, through: collaboration with WHO to develop operational guidance on One Health for NTDs, supporting an NGO community of practice on One Health through the NNN and NEOH networks, and contributing to the scientific literature.
- **Support national programmes to incorporate veterinary public health components into the control and elimination of PWIs**, by modelling the impact of schistosomiasis treatment on cysticercosis following the confirmation of the donation of PZQ for cysticercosis; supporting implementation of One health approaches that target both schistosomiasis and cysticercosis where possible and supporting the development of a companion document on One Health/VPH to the WHO NTD Roadmap to 2030.

**Goal 4: Everyone has access to all services that can reduce the risk of - and alleviate the problems associated with - infection.**

### Objectives:

- Services for the control and elimination of parasitic worm infections are accessed equally by all those at risk.

- Evidence on inclusion of morbidity management in programming and health service delivery is generated and used effectively for policy influencing and advocacy.
- Morbidity management of the effects of parasitic worm infections is effectively embedded in health services.

### Key achievements:

- SCIF has played an ongoing leadership role in the **Paediatric Praziquantel (PZQ) Consortium (PPC)**, which aims to ensure paediatric praziquantel is developed, accessible and sustainably accessible for pre-school children in endemic countries. SCIF has:
  - Co-chaired the Access Team of the PPC, in shared leadership with the Swiss Tropical and Public Health Institute (Swiss TPH), to identify approaches to ensure wide acceptance and equitable access to treatment for preschool-aged children suffering from schistosomiasis. It includes aspects ranging from technology transfers and logistics for local manufacturing, to building a sustainable funding strategy and developing investment cases and an overall access strategy for the distribution of the new formulation in endemic countries.
  - Launched, in partnership with Swiss TPH, the €7.8 million ADOPT project (Adoption of Levo-Praziquantel 150mg for schistosomiasis by endemic countries) in collaboration with Merck, Lygature, Astellas, the MoH and National Medical Research Institute (KEMRI) in Kenya, the Technical University of Munich, the African Institute for Health and Development, the MoH and research institute (UFHB) in Cote d'Ivoire and the MoH and research institute (Makerere University) in Uganda.
  - Provided thought leadership at Board level to the Consortium.
  - Engaged in strategic communications together with Consortium members towards ensuring access.
- Incorporated questions on relative wealth to **measure equity of programme coverage** and reach, into coverage evaluation surveys. By utilising these surveys as an opportunity to collect additional indicators (beyond age, sex and school attendance), these data can then be used to inform adaptations to programmes, which will increase access to all, regardless of wealth status.
- Contributed to increased awareness and prioritisation of **Female Genital Schistosomiasis (FGS)** within the schistosomiasis and broader health and NTDs community. SCIF has:
  - Jointly organised and delivered a Delivering on Women's Health online meeting series, focussing on integrating FGS into health services, with the International Society for NTDs.
  - Contributed to the establishment of a new coalition – FIG (FGS Integration Group) – to bring together schistosomiasis, HIV/AIDS, cervical cancer and sexual and reproductive health rights stakeholders. The initial aims of the coalition are to drive forward the research and interventions required to address FGS whilst ensuring collaboration across all relevant partners.
  - Regularly participated in the Genital Schistosomiasis Community of Practice, which brings together relevant partners to share research findings, tools and evidence to address FGS and male genital schistosomiasis (MGS).
  - Completed, in partnership with the MoH, operational research to pilot the integration of FGS prevention measures into the national health system in Côte d'Ivoire, funded by UK

Aid through the NTDs Support Center (NTD-SC) at The Task Force for Global Health. Achievements included the integration of FGS prevention information and praziquantel treatment into routine health services for HIV/AIDS and reproductive health in healthcare centres to reach women at risk of FGS, health worker training within centres and communities, and development of the processes and tools required to support integration effectively and sustainably.

- Been an active member of the Technical Advisory Committee for the FGS Accelerated Scale Together (FAST Package) project operating across Madagascar and Ghana to create a pathway to scale of interventions that address the burden of FGS in girls and women. SCIF has also supported the facilitation of two workshops and an impact accelerator session aimed at improving prevention, diagnosis and treatment of FGS in health workers across the African region.
- Published a SCIF position paper setting out the organisation's strategic direction for evidence-based action on FGS. The paper includes a set of policy, programme and research recommendations, and sets out SCI Foundation's own work and commitment to tackling FGS.

#### **Plans For the Next Period:**

As SCIF continues to expand its work on the preventative interventions against NTDs, it will endeavour to ensure everyone has access to and are able to benefit from these measures, and that those who are already suffering the symptoms of infection are supported. SCIF will:

- Continue to ensure that **all preventative interventions are accessible to all parts of the community** in accordance with evidence-based strategies to leave no one behind.
- Provide leadership on **access to newly developed technologies**, such as paediatric drug formulations, to ensure that mechanisms are established for inclusivity in routine programme provision.
- Deliver thought leadership to tackle health inequity and enhance sustainability and health systems strengthening, through the development of a 'Leave No One Behind' approach to ensure inclusion of marginalised groups in NTD programmes.
- Play a leading role in implementation research, advocacy and policy to promote access of women and girls to health services

#### **Goal 5: All resources – economic and human - are effectively and sustainably managed.**

##### **Objectives:**

- Increase SCIFs capacity for sustainable resource mobilisation to support all strategic goals.
- Develop a positive, diverse and impactful values-based organisation where all team members can contribute their best work.
- Invest in strategic, high-impact communications for advocacy, public engagement, and fundraising.
- Ensure effective financial management and analysis of financial data for decision-making.

### Key achievements

- SCIF has significantly increased its fundraising capacity with the recruitment of an experienced Head of Trusts and Foundations and Donor Relations Manager in the last quarter of the 2020- 2021 reporting period. They have been able to provide a significant improvement in stewardship of existing donors and almost doubled the income generated from trusts and foundations. A funding pipeline has been developed and analysis performed on SCIFs supporter base to further guide ongoing fundraising activities. During the current reporting period it has become clear that there is need for additional strategic capacity in the team to provide oversight of all SCIFs income streams and champion diversification of income generation approaches. SCIF has therefore recruited a Director of Development who will start with the organisation full time in June 2022.
- Built up SCIF's brand and voice through strategic communications activities, including website communications, fundraising platforms, news media and social media content and engagement, commissioning photography and video content in-country during restrictions to global travel in Côte d'Ivoire, Ethiopia, Madagascar, Uganda and Zanzibar. This has been accompanied by enhancing SCIF's ability to collect, store and manage media content in an inclusive, effective and secure way, including through an enhanced informed consent process and a digital asset management platform.
- Increased SCIF's voice and reach through targeted news media activities, such as partnering with the renowned development news website DevEx on a special six-month series on health systems strengthening<sup>1</sup>.
- Collaborated on communications activities with partners including WHO, the Paediatric Praziquantel Consortium, Global Schistosomiasis Alliance, NTD Non-Governmental Organisations Network (NNN), The UK Coalition against NTDs, the FGS Integration Group (FIG), Action for Global Health, WaterAid and the International Coalition for Advocacy on Nutrition.
- Ran two public fundraising campaigns in collaboration with the Big Give matched funding platform: The Big Give Christmas Challenge "Dream Big" Appeal, our first public fundraising appeal as an independent organisation; and the #ZanzibarCannotWait appeal. We promoted both campaigns widely on our social media channels, newsletter, website, and through a targeted email campaign with existing supporters, and reached significant new audiences through Facebook ads and Google Ads. Both were fundraising successes, bringing in significant funds and engaging new donors (see fundraising section below for results).

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<sup>1</sup> DevEx: Building Back Health: Future Proofing Health Systems for All. <https://pages.devex.com/building-back-health.html>

- Strengthened our approach to safeguarding through improved policies and processes, establishing a whistle-blowing hotline through **SeeHearSpeakUp** available to staff and to the public online; and undertaking safeguarding training in both English and French with our country partners. Delivered training session to Trustees to ensure they're aware of their safeguarding responsibilities. Joined the Misconduct Disclosure Scheme, which improves reference checks by preventing perpetrators of sexual misconduct from being recruited.
- With the assistance of an experienced consultant and using participatory approaches we have developed a comprehensive set of policies and procedures on international travel safety and security to ensure best practice in protecting SCIF staff members while travelling on SCIF business.
- Member of the Finance and Operations team had planned to visit 3 partner Ministries of Health for internal partner assessment of their financial management and controls, however due to COVID-19 travel restrictions this was delayed to 2022/23 reporting period. Internal partner audits conducted by external firm of auditors were also planned for 3 countries which also were delayed due to COVID-19.

#### **Plans For the Next Period:**

SCIF is continuing to invest in developing and maintaining a strong and effective control framework to ensure that resources are deployed efficiently and transparently for the best possible impact. SCIF continues to be committed to supporting the delivery of the WHO NTD Road Map 2021-2030, requiring a stronger focus on securing sustainable funding, and promoting programme ownership by endemic country governments. SCIF will:

- Continue to develop and appropriately resource an **income generation approach** that will support sustainability of resourcing for delivering SCIF's work across all goals, through good stewardship of existing donors, engaging new donors and strengthening existing funding relationships through enhanced information and reporting management.
- Participate in **research funding applications** for priority areas (FGS, WASH, morbidity management, One Health) and conduct an operational research funding landscaping exercise that will guide operational research funding applications.
- Continue to focus on identifying income streams that align with the organisational focus on **sustainability** and **health systems strengthening**.
- Continue to develop a **positive, diverse and impactful values-based organisation** where all team members are able to contribute their best work. Building on the **Investors in People** Accreditation that SCI Foundation received in 2021.
- Continue to invest in strategic, high-impact, inclusive and respectful **communications for advocacy, public engagement, and fundraising**. SCIF will also undertake re-branding and associated brand awareness activities.
- Continue preparing **monthly management accounts for** discussions at the Senior Management Team (SMT), and quarterly management accounts and reforecasts for discussions at SMT and the Trustee Board Meetings. We will also continue working with the Finance, Risks and Audit Committee in year to ensure budgets are delivered with acceptable variances.



- Further develop **internal controls and regular internal review** meetings of projects with partners overseas to ensure that important risks are managed appropriately.
- With the recruitment of a new **Director of Development** we will strengthen existing income generation processes and procedures and continue to build on the successes of 21/22. In addition we will and further pursue collaboration across the NTD and other sectors with a focus on catalysing bilateral and multilateral funding support for partner governments' elimination agendas.
- Develop an income generation strategy aligned to our new organisational strategy 2023-28

## Financial Review

This is the second full year that SCIF has operated on its own following the organisation's transition from Imperial College.

We have realised an operational deficit of £4.53m (2021, £0.35m deficit), which was in line with the planned drawdown of designated funds. This means that SCIF holds total funds of £16.18m (2021, £20.45m). These funds are made up of restricted funds of £0.14m (2021, nil), unrestricted general funds of £8.08m (2021, £5.58m), and designated funds of £7.97m (2021, £14.87m), and which the trustees have earmarked, and we will draw down over the next two years to fund specific programme charitable activities.

SCIF received a total income of £7.32m (2021, £8.65m). SCI Foundation also received \$20.65m from GiveWell towards the end of the year, which is not included in the figures above because, as agreed with the donor, the grant will be used to fund programme activities and surveys in nominated countries in 2022/23 and 2023/24. This grant will be recognised as income in 2022/23 and 2023/24.

SCIF spent £11.85m over the year (2021, £9.00m). The increase in expenditure was planned in line with the structured drawdown of the designated funds. SCIF has supported the delivery of 41 million treatments reported to date (2021, there were 51m treatments). As detailed above (Goal 1 Key Achievements Page 10) several treatment campaigns are still ongoing or delayed and therefore treatment numbers are yet to be finalised. In addition, we are experiencing increased in cost per treatment partly due to additional measures required for COVID-19 mitigation, which are still ongoing in many contexts.

The financial year has ended with a strong balance sheet. At the year end, general funds were £8.08m (2021, £5.58m) and designated funds were £7.97m (2021, £14.87m). Restricted funds were £9,787 (2021, Nil).

## **Fundraising**

SCIF's income has not increased this year, however a USD \$20.65m grant was received from GiveWell in this reporting period for support of programmes in nominated countries in 2022/23 and 2023/24. With increased fundraising resources now in place with the new post of Director of Development, we aim to grow our overall donations income over the coming year.

### **Individual giving**

A key objective of SCIF's fundraising this year has been to improve donor stewardship. This has involved, eliciting the views of key supporters on our current work and future direction. We aim to deepen this engagement with our supporters by conducting further research on their motivations for supporting us.

For the first time since becoming an independent organisation, we have conducted two fundraising campaigns with the general public: in November/December 2021 we launched a general appeal as part of the Big Give's Christmas Challenge, our "Dream Big" campaign. This raised over £63K. In March 2022 we conducted our own matched funding campaign, #ZanzibarCannotWait, also in collaboration with the Big Give to support elimination efforts in Zanzibar. This campaign raised over twice as much as the previous campaign. The "Dream Big" campaign brought in 58 new donors, of which 27 gave again in the #ZanzibarCannotWait campaign. In total the campaigns brought in 107 new donors. This shows we are effectively and progressively reactivating lapsed donors and reaching new audiences.

### **GiveWell and the Effective Altruism Movement**

GiveWell and the Effective Altruism Movement have been important supporters of deworming programmes. GiveWell has recently agreed to support SCIF with a new grant of USD \$20.65m over two years. This generous grant will help SCIF deliver on its current commitments while defining a new path and ambition towards the elimination of parasitic worm infections.

The Effective Altruism movement continue to endorse our work with significant grants. We are delighted to see that alongside established supporters such as The Life You Can Save, the Centre for Effective Altruism and Effective Altruism Australia, we are developing relationships with more recently established EA communities such as Ayuda Efectiva in Spain and Effektiv Spenden in Germany.

### **Trusts and Foundations**

This year saw a significant increase in our approaches to new trusts and foundations and an increase in our income from these sources. There remains room, however, for a significantly greater contribution to overall income from this source and with extra fundraising resources this year we aim to increase this further.



## **Fundraising plans**

The development of our new organisational strategy in the next reporting period, will further align us with the WHO elimination agenda, and our overarching imperative to secure flexible and sustainable funding which facilitates our partner governments own disease control and elimination efforts and ensures that local agendas dictate where money is spent. This means while effectively stewarding our existing sources of funding we also focus on further diversifying to increase funding from multilateral sources, trusts and foundations and a broader general public concerned with supporting African societies to eliminate parasitic worm disease for good.

Over the coming year, we aim to:

- Develop an income generation strategy aligned to our new organisational strategy 2023-28
- Further expand our trusts fundraising programme.
- Further expand our engagement with individual supporters, understanding the motivations of existing audiences better, reaching new ones, and providing more opportunities to support our work
- Pursue collaboration across the NTD and other sectors with a focus on catalysing bilateral and multilateral funding support for partner governments' elimination agendas.

## **Disclosure under The Charities (Protection and Social Investment) Act 2016**

- SCI Foundation does not use external commercial participators for its fundraising function.
- SCI Foundation is a member of the Fundraising Regulator and abides by all the legal frameworks, as well as the professional good fundraising practice.
- In the financial year 2021/22, there were no breaches of fundraising standards or law, and no complaints were received (2021, none).
- SCI Foundation implements a robust privacy and GDPR policy (with associated systems and actions) to ensure privacy, and data is handled correctly and fairly.
- SCI Foundation does not make persistent approaches, and engages individuals respectfully and only in compliance with the Code of Fundraising Practice and within legal requirements
- SCI Foundation does not undertake telephone or street fundraising.
- Donations from individuals and community groups can either be solicited or unsolicited by SCI Foundation. Organisational donors are approached broadly following research that they are open to an approach (particularly in the case of Trusts & Foundations; Corporates and Philanthropists, whilst statutory funding follows an established tendering/procurement process).
- SCI Foundation does not put undue pressure on any person to give money or other property.

## Reserves Policy

SCI Foundation's mission is to support the development of effective and sustainable systems that will eliminate parasitic worm infections. The public health interventions required to reach elimination, including treatment of at-risk populations, require sustained implementation over multiple years. The current World Health Organisation guidance recommends an initial 5-6 years of annual treatment before reassessment.

SCI Foundation maintains reserves to allow the Charity to continue to fulfil its objectives and withstand any period of financial uncertainty. SCI Foundation normally has two types of reserves:

- **Restricted funds** – These arise where funds have been given to SCI Foundation to fulfil particular objectives. These reserves can only be used for those particular objectives they were given for and cannot be used for the general running cost of the Charity. SCI Foundation had Restricted Funds of £0.14m as at 31 March 2022 (2021, Nil).
- **Unrestricted funds** – The Charity has £16.04m (2021, £20.45m) of unrestricted funds. £7.97m (2021, £14.87m) of these are designated and will be spent over the next two years. The balance of General Funds is £8.08m (2021, £5.58m) which are available to enable the Charity to address and financially manage the consequences of any unforeseen events or to take advantage of fresh opportunities which further the Charity's aims and objectives.

The Trustees set a target level for unrestricted General Funds which the Charity aims to hold over the medium term for the above purposes. Such funds hence provide a measure of financial stability to the charity and thereby reinforce the reputation and ability of the charity to deliver on promises.

Each year the minimum level of unrestricted General Funds is reviewed by the Trustees and consideration is given to the following when deciding the level of funds required:

- The level required to ensure the charity can continue to meet its current and future commitments in the face of financial uncertainties, with a focus on income generation and the potential for unforeseen expenses.
- The level required to ensure the Charity has the flexibility to pursue new opportunities to further the charitable aims of the organisation as and when they arise.
- The level that could be needed should any of the major risks identified by the risk framework materialise.
- To meet the working capital requirements.
- The level required for an orderly transfer or cessation of activities, in the extreme and unlikely situation, that a catastrophic event occurs which might otherwise have impacted the Charities short term ability to meet its obligations to its beneficiaries, employees and creditors.

After careful assessment of the above, and in line with good governance practice, the Trustees have reviewed all identified risks and have concluded that the minimum level of **Free Reserves** (General Funds less Tangible Fixed Assets) should be maintained at a level that is higher than the cost of an orderly closure of the charity and falls between three- and four-months' worth of unrestricted expenditure budget for the following financial year. The reserve level should therefore fall between **£3,200,126** and **£4,267,375**. The **Free Reserves** as of 31 March 2022 is **£8,069, 242**

which is **£3,801,867** above the higher reserve policy level. There is a clear spending plan in place and the Trustees expect that there will be a structured draw down of the reserves to invest in programmes, programme development and our funding model. The reserve level will decrease in the coming years and will be in line our Reserve Policy.

## **Investment Policy**

The SCI Foundation Board of Trustees has delegated investment decisions to the Finance, Risk and Audit committee. We have recruited CCLA Fund Managers, who are regulated by the FSA, to manage our long-term investments.

The objectives and policies of SCIF investments are:

- To seek to produce the best financial return within an acceptable level of risk.
- The investment objective for the long-term reserves is to generate a return in excess of inflation over the long term whilst generating an income to supplement the ongoing activities of the organisation.
- The investment objective for the short-term reserves is to preserve the capital value with a minimum level of risk. Assets should be readily available to meet unanticipated cash flow requirements.

SCIF has adopted an ethical investment policy to ensure that its investments do not conflict with its aims. Excluded are activities that have a direct impact on health e.g., tobacco and alcohol. Activities that have a direct impact on the environment e.g., illegal logging, and activities that undermine human rights e.g., sexual misconduct.

The COIF Charity Funds (Ethical Investments) that CCLA Fund Managers manage for us performed well in the year having received a capital growth of £252,378 (2021, decline of £19,062) and also realised total return performance after fees and expenses of +11.6% (2021, +0.9%). This compares to Consumer Price Index increase of +6.7% provided by CCLA.

The Ethical Investment funds total return performance over 12 months to 31 March 2022 was +11.56% (2021, +23.87%) against +11.72% (2021, +22.90%) for the Fund Comparator. Although the fund performed slightly below the fund comparator, we are comfortable with the reported performance.

## Principal Risks and Uncertainties

Risk management is central to the ability of SCI Foundation to deliver its objectives. We use multiple ways of managing risks through the senior management team (SMT), Programmes Team, the Finance Risk & Audit Committee (FRAC), and the Board. Central to this is rigorous budget control through which only secured funds are spent, and programmes are planned to optimise cash flow and control. Key funding and expenditure ratios are reviewed periodically.

The SMT meets very regularly and monitors and reviews key risks. The Programmes Team reviews programme risks weekly on a country-by-country basis as part of its routine programme monitoring activities. Discussions are held on monthly management accounts, quarterly re-forecasts, and formal reviews, that are then presented to the Board. These regular reviews ensure that ongoing expenditures align with SCIF’s financial performance targets.

The FRAC reviews risks, challenges and key financial management policies and assumptions. It ensures that the annual budget is adequately funded and makes recommendations to the Board for adoption. The SMT interacts with the FRAC and implements the scheme of delegation on issues that need reporting to the FRAC.

The Board leads on the review and approval of the Risk Register. This helps SCIF to identify and assess potential risks, and to develop effective mitigation strategies to ensure the needs of beneficiaries continue to be met.

SCI Foundation has identified the following key risks during the reporting period in the table below.

Major Risk Identified	Mitigation
<p>1. <b>Financial sustainability and income diversification</b></p> <p>For the last 11 years SCIF has been recommended by the charity evaluator GiveWell as one of the most cost-effective charities globally. This recommendation has driven a significant proportion of SCIF’s funding however focus primarily on supporting treatment to school aged children only. During this reporting period GiveWell has informed SCIF that they will be transitioning away from supporting SCIF’s broader portfolio due to differences in approach. This poses a significant risk to SCIFs support of programmes.</p>	<p>As part of the transitioning process SCIF has negotiated a \$20.65 million USD grant from GiveWell over a 2-year period to secure the short-term support for SCIF supported programmes and allowed time for securing alternative income streams.</p> <p>This transition away from GiveWell at the same time as the development of a new 2023-2028 strategy provides the opportunity to reevaluate the current funding model for NTDs and develop an innovative approach that support the broader WHO NTD roadmap agenda particularly around funding of comprehensive cross sectoral interventions and supporting country ownership.</p> <p>SCIF will has recruited an experienced Director of Development to support the income diversification and the development of a new income generation strategy who will join SCIF full time in the next reporting period.</p>

	<p>SCIF have also allowed an adequate level of operating reserves to support innovative business development approaches and allow an opportunity for learnings.</p>
<p><b>2 Retention of Staff</b></p>	
<p>SCIF is reliant on its talented staff for its success. Loss of key personnel due to uncertainties including long term funding in current economic climate, is a key risk for SCIF. As a smaller organisation there is also more limited opportunities for career progression.</p>	<p>Accreditation by Investors in People and implementation of their recommendations where feasible, ensures that SCIF is aligning with best practice.</p> <p>Articulating and embedding organisational values in all aspects of our work supports the development of a positive and motivating working environment. SCIF are able to offer agile working conditions including remote working which are attractive to staff.</p> <p>Regular review of remuneration packages and focus on personal development opportunities within SCIF support staff acquiring new skills and progression. SCIF will also work actively on succession planning again to support a career progression through the organisation.</p> <p>Recruiting of high calibre staff is also essential. Obtaining Tier 2 visas for key personnel allows the access talent pools internationally and also supports more inclusive recruitment. Use of external HR advisors to assist with recruitment and focus on increasing SCIFs networks to identify suitable candidates.</p>
<p><b>3 Alignment with global trends on diversity, equity and inclusivity (DEI) and organisational Governance</b></p>	
<p>SCIF is clear in its support for the global trends on greater consideration of DEI and better representation of communities and people impacted by development interventions in the decisions and actions of development organisations. This approach not only needs to be embedded within our management and governance structure to strengthen the organisation’s credibility and integrity but can also enhance the quality and sustainability of our work.</p>	<p>SCIF has done considerable work on articulating its values of Transparency, Equity and Inclusion and embedding these into all aspects of our work including planning, recruitment, performance reviews and governance structure.</p> <p>We are in the process of expanding our Board of Trustees through a robust process supported by an external agency to identify candidates with diverse perspectives and lived experiences.</p>

## Structure, Governance and Management

The SCI Foundation was incorporated as a Company Limited by Guarantee on 17 January 2019. It was registered as a Charity (standard registration) governed by its Articles of Association by The Charity Commission on 21 February 2019. Previous to this, the SCI Foundation team existed as a unit within the Department of Disease Epidemiology at the School of Public Health, Imperial College London since 2002. SCI Foundation is a charity registered in England and Wales (1182166) and is regulated by the Charity Commission.

SCI Foundation has a Board of Trustees committed to maintaining a high standard of governance. Four of the current Trustees held advisory roles with the organisation while it was still part of Imperial College London. All Trustees are non-executive, are drawn from diverse, international backgrounds, and bring a broad range of relevant experience and skills. New trustees are appointed by other trustees based on the assessments on the needs of the organisation set out in a skills matrix. Trustees normally serve two terms of three years, although this can be extended under exceptional circumstances (such as where a skill cannot easily be replaced).

Performance of the Trustees both collectively and as individuals is periodically assessed, typically every two years, by an external agency. Due to COVID-19 the trustees performance reviews in this reporting period have been delayed.

With a small, focused Board of Trustees, most of the responsibilities of the Board are discharged by the whole Board, with standing items including:

- **Investment:** to monitor investment policy and performance.
- **Governance:** to monitor legal and compliance issues and appointment of new Trustees.

The Board of Trustees also has separate committees:

- **Finance, Risk and Audit:** to monitor and review audit activities, the risk and control framework, and the statutory accounts/annual report.
- **Remuneration:** to monitor remuneration policy and key salary decisions

The Board of Trustees delegates the responsibility for the day-to-day management of the SCI Foundation to the Senior Management Team (SMT). Policy, strategic and implementation plans are prepared by senior management for consideration and approval by the Board of Trustees.

The SMT is comprised of the Directors of the four main functions:

- **Policy and Communications**, which includes development of key policy positions, advocacy and communications.
- **Finance and Operations**, which includes all operations, finance, assurance and reporting.
- **Programme Strategy**, which advises and supports country partners on implementation of highest quality NTD programmes.
- **Monitoring, Evaluation and Research**, which supports country programmes to perform high effective monitoring and evaluation strategies and generates policy relevant research.

### Remuneration

SCIF's policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the international health and development field, to ensure that the organisation is able to recruit and retain high quality staff.

Remuneration is considered by a standing Board of Trustees committee, and in line with the Pay Policy, SCIF also takes advice from an external human resources agency. The salary of the CEO is approved by the Board of Trustees and the CEO makes recommendations to the Board of Trustees with regards to the salaries of the Key Management Personnel (KMP).

As of March 2022, the total salary of the KMP was £422,317 (2021: £408,398). The pension cost for the KMP was £22,502 (2021, £18,243).

All UK staff are paid at least the London living wage.



## **Trustees' responsibilities in relation to the financial statements**

The Trustees (who are also directors of SCI Foundation for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income or expenditure, of the charitable company for that period. In preparing these financial statements, the trustees are required to:

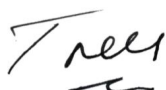
- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and the integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions. In so far as the Trustees are aware:

- there is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Signed on behalf of the Trustees



Professor the Lord Trees

Chairman and Trustee

Approved on 27 July 2022



## Reference and Administration Details

Charity Registration Number: 1182166

Company Registration Number: 11775313

Registered Address and Principal Office: Edinburgh House, 170 Kennington Lane, London SE11 5DP

Trustees:

- Professor the Lord Trees - Chair (Appointed 14 April 2019)
- Mr Jonathan C. Gorrie - Treasurer (Appointed 14 Apr 2019)
- Dr Justine M Frain (Appointed 18 Jan 2019)
- Mr Peter Dranfield (Appointed 18 Jan 2019)
- Dr Mwele Malacela –Observer (Deceased 10 Feb 2022)

Chief Executive: Dr Wendy Harrison

Key Management Personnel:

- Dr Wendy Harrison
- Dr Fiona Fleming – Director of Monitoring, Evaluation and Operational Research
- Dr Lynsey Blair – Director of Programmes
- Ms Yael Velleman - Director of Policy and Communications
- Mr Joshua Oliech – Director of Finance and Operations
- Ms Julia Hopper – Director of Development (Appointed Apr 22)

Auditors: Haysmacintyre LLP, Chartered Accountants, 10 Queen Street Place, London EC4R 1AG

Bankers: Barclays Bank, 1 Churchill Place, London E14 5HP

Solicitors: Russell-Cooke LLP, 2 Putney Hill, London SW15 6AB

## Independent Auditor's Report to the members of SCI Foundation.

### Opinion

We have audited the financial statements of SCI Foundation for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

### Other information

The trustees are responsible for the other information. The other information comprises the information included in the Report of the Trustees and the Foreword by the Chair. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be

materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### **Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Report of the Trustees (which includes the strategic report and the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' report included within the Report of the Trustees have been prepared in accordance with applicable legal requirements.

#### **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Report of the Trustees (which incorporates the strategic report and the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

#### **Responsibilities of trustees for the financial statements**

As explained more fully in the trustees' responsibilities statement 32, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

#### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to charity and company law applicable in England and Wales, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006, fundraising regulations and the Charities Act 2011.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to income and grant recognition. Audit procedures performed by the engagement team included:

- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Reviewing the controls and procedures of the group relevant to the preparation of the financial statements to ensure these were in place throughout the year.
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates, in particular donation recognition, recognition of grant income and the recognition of partner payments/awards and provisions for bad and/or doubtful debts.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

**Use of our report**

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

*Steve Harper*

Steven Harper (Senior Statutory Auditor)

For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place

London EC4R 1AG

Date: Aug 15, 2022

## Statement of Financial Activities (incorporating an income and expenditure account)

FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022			2021		
		Unrestricted Funds	Restricted Funds	Total Funds Year ended 31-Mar-22	Unrestricted Funds	Restricted Funds	Total Funds Year ended 31-Mar-21
		£	£	£	£	£	£
<b>INCOME FROM:</b>							
Donations and legacies	2	1,863,832	125,368	1,989,200	4,139,610	-	4,139,610
Charitable activities	3	-	5,228,803	5,228,803	-	4,464,742	4,464,742
Investment income	4	98,190	-	98,190	46,921	-	46,921
<b>TOTAL INCOME</b>		<u>1,962,022</u>	<u>5,354,171</u>	<u>7,316,193</u>	<u>4,186,531</u>	<u>4,464,742</u>	<u>8,651,273</u>
<b>EXPENDITURE ON:</b>							
Fundraising and publicity	6	416,212	18,281	434,493	206,580	23,900	230,480
Charitable activities							
Partner awards	6	5,534,095	3,732,643	9,266,738	3,342,050	3,236,589	6,578,639
Other	6	1,476,864	667,585	2,144,449	1,304,306	888,373	2,192,679
<b>TOTAL EXPENDITURE</b>		<u>7,427,171</u>	<u>4,418,509</u>	<u>11,845,680</u>	<u>4,852,936</u>	<u>4,148,862</u>	<u>9,001,798</u>
<b>NET (EXPENDITURE)/INCOME BEFORE INVESTMENT MOVEMENTS</b>		<u>(5,465,149)</u>	<u>935,662</u>	<u>(4,529,487)</u>	<u>(666,405)</u>	<u>315,880</u>	<u>(350,525)</u>
Gains/(losses) on investments		252,378	-	252,378	(19,062)	-	(19,062)
<b>NET INCOME</b>		<u>(5,212,771)</u>	<u>935,662</u>	<u>(4,277,109)</u>	<u>(685,467)</u>	<u>315,880</u>	<u>(369,587)</u>
Transfer between funds		800,507	(800,507)	-	315,880	(315,880)	-
<b>NET MOVEMENT IN FUNDS</b>		<u>(4,412,264)</u>	<u>135,155</u>	<u>(4,277,109)</u>	<u>(369,587)</u>	<u>-</u>	<u>(369,587)</u>
<b>Reconciliation of funds:</b>							
Total funds brought forward		20,454,321	-	20,454,321	20,823,908	-	20,823,908
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u>16,042,057</u>	<u>135,155</u>	<u>16,177,212</u>	<u>20,454,321</u>	<u>-</u>	<u>20,454,321</u>

All transactions are derived from activities that commenced during the period.

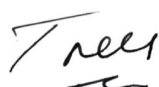
All recognised gains and losses are included in the Statement of Financial Activities.

## Balance Sheet (Company Number 11775313)

AT 31 MARCH 2022

	Note	2022		2021	
		£	£	£	£
<b>FIXED ASSETS</b>					
Tangible Assets	9		6,345		-
Investments	10		<u>3,233,316</u>		<u>2,980,938</u>
			3,239,661		2,980,938
<b>CURRENT ASSETS</b>					
Debtors	13	822,321		2,291,984	
Cash at bank and in hand		<u>28,451,516</u>		<u>15,582,752</u>	
		29,273,837		17,874,736	
<b>CREDITORS: amounts falling due within one year</b>	14	<u>(11,840,396)</u>		<u>(401,353)</u>	
<b>NET CURRENT ASSETS</b>			<u>17,433,441</u>		<u>17,473,383</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>					
			20,673,102		20,454,321
<b>CREDITORS: amounts falling due after one year</b>	15		(4,495,890)		-
<b>NET ASSETS</b>			<u>16,177,212</u>		<u>20,454,321</u>
<b>FUNDS</b>					
Restricted funds	16		135,155		-
Unrestricted funds:					
Designated funds			7,966,470		14,871,380
General funds			<u>8,075,587</u>		<u>5,582,941</u>
			<u>16,042,057</u>		<u>20,454,321</u>
			<u>16,177,212</u>		<u>20,454,321</u>

The financial statements were approved and authorised for issue by the Trustees on 27 July 2022 and were signed below on its behalf by:



Professor The Lord Trees  
Chair of the Board of Trustees



Mr Jon Gorrie  
Treasurer

## Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2022

	Note	2022		2021	
		£	£	£	£
<b>Cash Flow from operating activities</b>	22		12,734,814		4,746,572
<b>Cash flows from investing activities</b>					
Income from listed investments		92,150		45,749	
Other interest receivable		6,040		1,172	
Payments to acquire tangible fixed assets		(7,138)		-	
Purchase of investments		-		(3,000,000)	
<b>Cash used in investing activities</b>			<u>91,052</u>		<u>(2,953,079)</u>
<b>Increase/(decrease) in cash and cash equivalents in the year</b>			<u>12,825,866</u>		<u>1,793,493</u>
Cash and cash equivalents at the beginning of the year			<u>15,582,752</u>		<u>13,887,204</u>
			28,408,618		15,680,697
Change due to exchange rate movements			42,898		(97,945)
<b>Total cash and cash equivalents at the end of the year</b>			<u><u>28,451,516</u></u>		<u><u>15,582,752</u></u>
<b>Cash and cash equivalents</b>					
Cash at bank and in hand			28,451,516		15,582,752
<b>Cash at bank and in hand at the end of the reporting period</b>			<u><u>28,451,516</u></u>		<u><u>15,582,752</u></u>



## Notes to the financial statements

**1 Accounting policies:** The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

- a) **Basis of preparation:** The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Second Edition, effective 1 January 2019) – (Charities SORP (FRS102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The subsidiary was dormant in this financial year, and so current year figures are for the charity alone.

The Charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note.

- b) **Preparation of the accounts as a going concern:** Having reviewed the funding facilities available to the charity together with the expected future cash flows, the trustees have a reasonable expectation that charity has adequate resources to continue its activities for the foreseeable future and consider that there were no material uncertainties over the charity's financial viability. Accordingly, they also continue to adopt the going concern basis in preparing the financial statements.
- c) **Income:** All income is included in the Statement of Financial Activities (SoFA) when the charity is legally entitled to the income after any performance conditions have been met, the amount can be measured reliably, and it is probable that the income will be received. The SORP requirements are followed in relation to positions where there is a time restriction.

For donations to be recognised the charity will have been notified of the amounts and the settlement date in writing. If there are conditions attached to the donation and this requires a level of performance before entitlement can be obtained, then income is deferred until those conditions are fully met or the fulfilment of those conditions is within the control of the charity, and it is probable that they will be fulfilled. Gift Aid receivable on donations is recognised as unrestricted income.

No amount is included in the financial statements for general volunteer time in line with the SORP (FRS 102).

Investment income is earned through holding assets for investment purposes. It includes dividends and interest. It is included when the amount can be measured reliably. Interest income is recognised using the effective interest method and dividend income is recognised as the charity's right to receive payment is established.

- d) **Donated services and facilities:** Donated facilities and donated professional services are recognised in income at their fair value when their economic benefit is probable, it can be measured reliably, and the charity has control over the item. Fair value is determined based on the value of the gift to the charity. For example, the amount the charity would be willing to pay in the open market for such facilities and services. A corresponding amount is recognised in expenditure.

Gifts in kind donated for resale are included at fair value, being the expected proceeds from sale less the expected costs of sale. Where estimating the fair value is practicable upon receipt it is recognised in stock and 'Income from other trading activities'. Upon sale, the value of the stock is charged against 'Income from other trading activities' and the proceeds are recognised as 'Income from other trading activities'. Where it is impracticable to fair value the items due to the volume of low value items they are not recognised in the financial statements until they are sold. This income is recognised within 'Income from other trading activities'.

- e) **Fund accounting:** Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. The cost of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

- f) **Expenditure and Irrecoverable VAT:** All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category. Expenditure is recognised where there is a legal or constructive obligation to make payments to third parties, it is probable that the settlement will be required, and the amount of the obligation can be measured reliably. It is categorised under the following headings:

Costs of raising funds includes of direct staff costs, external costs such as advertising and marketing and other costs associated with attracting voluntary income. Cost of raising funds also includes investment manager fees and costs associated with attracting trading income; and

Charitable activities are for improving the health of the poorest and most marginalised societies in the world through the elimination of parasitic worm infections. We do this by supporting governments in sub-Saharan African countries to develop effective and sustainable programmes against these diseases. Costs of charitable activities include costs directly associated with delivering public health interventions such as mass drug administration that support the control and elimination of parasitic worm infections and an apportionment of overhead, support, and governance costs.

Irrecoverable VAT is charged as an expense against the activity for which expenditure arose.

- g) **Allocation of support costs:** Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include finance, H.R., I.T, general office and premises and governance costs which support the charitable activities of the charity. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 9.
- h) **Critical accounting judgement and key sources of estimation uncertainty:** In the application of the accounting policies, Trustees are required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affected current and future periods. There are no estimates or judgements which the Trustees consider are subject to significant uncertainty.

- i) **Operating leases:** Operating lease rentals are charged to the Statement of Financial Activities over the period of the lease.
- j) **Tangible fixed assets:** Tangible fixed assets are stated at cost (or deemed cost) or valuation less accumulated depreciation and accumulated impairment losses. Cost includes costs directly attributable to making the asset capable of operating as intended.

Depreciation is provided on all tangible fixed assets, at rates calculated to write off the cost, less estimated residual value, of each asset on a systematic basis over its expected useful life as follows: Office furniture, fittings and equipment, computer equipment.

- k) **Fixed asset investments:** Investments are recognised initially at fair value which is normally the transaction price excluding transaction costs. Subsequently, they are measured at fair value with changes recognised in 'net gains / (losses) on investments' in the SoFA if the shares are publicly traded or their fair value can otherwise be measured reliably. Other investments are measured at cost less impairment.

Investments in subsidiaries are measured at cost less impairment.

- l) **Debtors:** Trade debtors and other debtors are recognised at the settlement amount due. Prepayments are valued at the amount prepaid net of any trade discounts due. Accrued income is valued at the amount due.

- m) **Cash at bank and in hand:** Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity date of three months or less.
- n) **Creditors and provisions:** Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount.
- o) **Foreign Currency:** The functional and presentation currency is pounds sterling. Transactions denominated in foreign currencies are normally translated into sterling using the opening exchange rate for the month of the transaction; however, the rate on the day of the transaction will be used if it is significantly different. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated at the rates ruling at that date. All exchange differences are taken to the Statement of Financial Activities.
- p) **Pensions:** The Trust operates a defined contribution pension scheme which employees are entitled to join and is funded by contributions from the employee and employer. The contributions made for the accounting period are treated as an expense as they become payable.

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

FOR THE YEAR ENDED 31 MARCH 2022

	2022			2021		
	<i>Unrestricted</i>	<i>Restricted</i>	<b>Year ended 31-Mar-22</b>	<i>Unrestricted</i>	<i>Restricted</i>	<b>Year ended 31-Mar-21</b>
	£	£	£	£	£	£
<b>2. DONATIONS AND LEGACIES</b>						
Donations	<u>1,863,832</u>	<u>125,368</u>	<u>1,989,200</u>	<u>4,139,610</u>	<u>-</u>	<u>4,139,610</u>
<b>3. CHARITABLE ACTIVITIES</b>						
Grants	-	5,180,220	5,180,220	-	4,285,305	4,285,305
Consultancy income	-	48,583	48,583	-	179,437	179,437
	<u>-</u>	<u>5,228,803</u>	<u>5,228,803</u>	<u>-</u>	<u>4,464,742</u>	<u>4,464,742</u>
<b>4. INVESTMENT INCOME</b>						
Income from investments	92,150	-	92,150	45,749	-	45,749
Other interest receivable	6,040	-	6,040	1,172	-	1,172
	<u>98,190</u>	<u>-</u>	<u>98,190</u>	<u>46,921</u>	<u>-</u>	<u>46,921</u>
<b>5. NET INCOME FOR THE YEAR</b>			<b>Year ended 31-Mar-22</b>			<b>Year ended 31-Mar-21</b>
			£			£
This is stated after charging the following:						
- Auditors remuneration						
Audit			19,080			18,540
Other services			2,700			4,014
- Operating lease rentals			<u>137,104</u>			<u>118,102</u>

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

FOR THE YEAR ENDED 31 MARCH 2022

**6. EXPENDITURE**

**FOR THE YEAR ENDED 31 MARCH 2022**

	Support Costs £	Staff Costs £	Other Direct £	Total £
a) ANALYSIS OF EXPENDITURE				
Fundraising and publicity	60,721	227,506	146,266	434,493
Expenditure on charitable activities: other	<u>324,801</u>	<u>1,497,556</u>	<u>322,092</u>	<u>2,144,449</u>
<b>TOTAL EXPENDITURE</b>	<b><u>385,522</u></b>	<b><u>1,725,062</u></b>	<b><u>468,358</u></b>	<b><u>2,578,942</u></b>

**FOR THE YEAR ENDED 31 MARCH 2021**

	Support Costs £	Staff Costs £	Other Direct £	Total £
Fundraising and publicity	-	153,552	76,928	230,480
Expenditure on charitable activities: other	<u>332,904</u>	<u>1,487,786</u>	<u>371,989</u>	<u>2,192,679</u>
<b>TOTAL EXPENDITURE</b>	<b><u>332,904</u></b>	<b><u>1,641,338</u></b>	<b><u>448,917</u></b>	<b><u>2,423,159</u></b>

**b) ANALYSIS OF SUPPORT COSTS**

**FOR THE YEAR ENDED 31 MARCH 2022**

	Office expenses £	Property costs £	Other support costs £	Governance costs £	Total £
Fundraising and publicity	3,314	23,971	24,985	8,451	60,721
Expenditure on charitable activities:	17,732	128,215	133,650	45,204	324,801
<b>TOTAL SUPPORT COSTS:</b>	<b><u>21,046</u></b>	<b><u>152,186</u></b>	<b><u>158,635</u></b>	<b><u>53,655</u></b>	<b><u>385,522</u></b>

**FOR THE YEAR ENDED 31 MARCH 2021**

	Office expenses £	Property costs £	Other support costs £	Governance costs £	Total £
Fundraising and publicity	-	-	-	-	-
Expenditure on charitable activities:	30,860	128,713	126,897	46,434	332,904
<b>TOTAL SUPPORT COSTS:</b>	<b><u>30,860</u></b>	<b><u>128,713</u></b>	<b><u>126,897</u></b>	<b><u>46,434</u></b>	<b><u>332,904</u></b>

**c) GOVERNANCE COSTS**

	Year ended 31-Mar-22 £	Year ended 31-Mar-21 £
Legal and professional, including audit	<u>53,655</u>	<u>46,434</u>
	<b><u>53,655</u></b>	<b><u>46,434</u></b>

## NOTES TO THE FINANCIAL STATEMENTS (continued)

FOR THE YEAR ENDED 31 MARCH 2022

6. EXPENDITURE (cont)	2022			2021		
	Unrestricted £	Restricted £	Year ended 31-Mar-22 £	Unrestricted £	Restricted £	Year ended 31-Mar-21 £
<b>Partner awards</b>						
<b>Burundi</b>						
Ministry of Public Health and Fight against Aids	267,389	-	267,389	242,000	-	242,000
All Consulting and Logistics	19,093	-	19,093	25,645	-	25,645
<b>Cote d'Ivoire</b>						
Programme National de Lutte contre les Maladies Tropicales Négligées à Chimiothérapie Préventive	299,301	704,434	1,003,735	-	1,205,700	1,205,700
Unité de Coordination des Programmes à Financements Extérieurs, Direction Générale de la Santé	-	-	-	-	295,165	295,165
<b>Democratic Republic of Congo</b>						
Ministère de la Santé Publique de la République Démocratique du Congo	-	171,232	171,232	-	1,500,654	1,500,654
United Front Against River Blindness	-	-	-	-	137,703	137,703
<b>Ethiopia</b>						
Federal Ministry of Health of the Federal Democratic Republic of Ethiopia	2,757,228	-	2,757,228	90,256	73,075	163,331
Ethiopia Public Health Institute	-	342,501	342,501	-	-	-
<b>Liberia</b>						
Ministry of Health, Republic of Liberia	9,837	177,081	186,918	-	-	-
<b>Madagascar</b>						
Ministère de la Santé Publique	302,123	906,371	1,208,494	192,359	-92,359	100,000
Réseau International Schistosomoses Environment Aménagement et Lutte	19,301	57,902	77,203	14,746	29,491	44,237
<b>Malawi</b>						
The Government of the Republic of Malawi, Ministry of Health and Population	607,537	-	607,537	1,373,837	-	1,373,837
Centre for Health, Agriculture, Development Research and Consulting	25,830	-	25,830	58,606	-	58,606
<b>Niger</b>						
Ministère de la Santé Publique de la République du Niger	104,445	1,275,204	1,379,649	-	48,119	48,119
Institut de Santé Publique du Niger	-	-	-	-	39,041	39,041
<b>Sudan</b>						
Federal Ministry of Health	469,630	-	469,630	-	-	-
<b>Tanzania</b>						
IMA World Health	113,512	-	113,512	1,033,150	-	1,033,150
Ministry of Public Health of the United Republic of Tanzania-Zanzibar	-	-	-	51,996	-	51,996
National Institute for Medical Research	199,802	-	199,802	-	-	-
Public Health Laboratory Ivo de Carneri	118,435	-	118,435	65,365	-	65,365
<b>Uganda</b>						
Vector Control Division, Biharzia and Worm Control Programme, Ministry of Health	220,632	97,918	318,550	194,090	-	194,090
	<u>5,534,095</u>	<u>3,732,643</u>	<u>9,266,738</u>	<u>3,342,050</u>	<u>3,236,589</u>	<u>6,578,639</u>



**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**FOR THE YEAR ENDED 31 MARCH 2022**

**7. STAFF NUMBERS AND COSTS**

	<b>2022</b>	<b>2021</b>
	<b>No.</b>	<b>No.</b>
The average number of persons employed during the year were as follows		
Raising funds	2	2
Charitable activities	17	18
Support	8	6
	<u>27</u>	<u>26</u>
The aggregate payroll costs of these persons were as follows		
	<b>£</b>	<b>£</b>
Salaries and wages	1,429,884	1,373,023
Social security costs	160,068	132,868
Pension scheme contributions	89,598	75,257
	<u>1,679,550</u>	<u>1,581,148</u>

There were five employees whose emoluments, excluding pension contributions and employer's national insurance, were in excess of £60,000 (2021: five).

	<b>2022</b>	<b>2021</b>
	<b>No.</b>	<b>No.</b>
£60,000 - £69,999	1	4
£70,000 - £79,999	4	1
	<u>5</u>	<u>5</u>

The total employment costs of the key management personnel of the Foundation, including employer's national insurance and pension contributions, were £422,317 (2021: £408,398).

**8. TRUSTEES' REMUNERATION AND REIMBURSED EXPENSES**

No remuneration is paid to any Trustee. Reimbursements of travelling expenses totalling £343 were paid to certain Trustees for attendance at Trustee meetings (2021: £92).

**9. TANGIBLE ASSETS**

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
<b>Furniture Fixtures and Equipment</b>		
<b>Cost or Valuation</b>		
At 31 March 2021	-	-
Additions	7,138	-
At 31 March 2022	<u>7,138</u>	<u>-</u>
<b>Depreciation &amp; Amortisation</b>		
At 31 March 2021	-	-
Charged in Year	(793)	-
At 31 March 2022	<u>(793)</u>	<u>-</u>
<b>Net Book Value</b>		
At 31 March 2022	<u>6,345</u>	<u>-</u>

**10. INVESTMENTS**

	<b>2022</b>	<b>2021</b>
	<b>£</b>	<b>£</b>
Market value at 31 March 2021	2,980,938	-
Additions	-	3,000,000
Unrealised profit/(loss) on revaluation	252,378	(19,062)
Market value at 31 March 2022	<u>3,233,316</u>	<u>2,980,938</u>
Historical cost at 31 March 2022	<u>3,000,000</u>	<u>3,000,000</u>

Investments are held as income units in the COIF Charities Ethical Investment Fund managed by CCLA Fund Managers Limited. Distributions from the fund of £92,150 were received during the year (2021: £45,709).

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

FOR THE YEAR ENDED 31 MARCH 2022

**11. INVESTMENT IN SUBSIDIARY**

The Charity holds 100% of the £1 share capital of SCIF Services Limited, registered in England and Wales (company registration number 12190612). The company was dormant during the year and previous period.

**12. Taxation**

SCI Foundation is a registered charity and, therefore, is not liable to income tax or corporation tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

**13. DEBTORS**

	<b>2022</b>	<b>2021</b>
	£	£
Trade debtors	25,059	96,093
Other debtors	33,256	32,500
Prepayments and accrued income	764,006	2,163,391
	<u>822,321</u>	<u>2,291,984</u>

**14. CREDITORS: Amounts falling due within one year**

	<b>2022</b>	<b>2021</b>
	£	£
Trade creditors	237,146	46,381
Other creditors including taxation and social security	68,045	68,185
Grant commitments	-	-
Accruals	79,017	159,871
Deferred income	11,456,188	126,916
	<u>11,840,396</u>	<u>401,353</u>

**15. CREDITORS: Amounts falling due after one year**

	<b>2022</b>	<b>2021</b>
	£	£
Deferred income	4,495,890	-
	<u>4,495,890</u>	<u>-</u>

The movements in deferred income are analysed as follows:

	<b>2022</b>	<b>2021</b>
	£	£
Brought forward deferred income	126,916	24,270
Income released in the period	(126,916)	(24,270)
Income deferred	15,952,078	126,916
Carried forward deferred income	<u>15,952,078</u>	<u>126,916</u>

**16. FUNDS**

	<b>At 31 March 2021</b>	<b>Income</b>	<b>Expenditure</b>	<b>Investment movements</b>	<b>Transfers</b>	<b>At 31 March 2022</b>
	£	£	£	£	£	£
<b>Unrestricted Funds</b>						
Designated Funds	14,871,380		(6,904,910)	-	-	7,966,470
General Funds	5,582,941	1,962,022	(522,261)	252,378	800,507	8,075,587
	<u>20,454,321</u>	1,962,022	(7,427,171)	252,378	800,507	16,042,057
<b>Restricted Funds</b>						
Grants and donations	-	5,354,171	(4,418,509)	-	(800,507)	135,155
	<u>20,454,321</u>	<u>7,316,193</u>	<u>(11,845,680)</u>	<u>252,378</u>	<u>-</u>	<u>16,177,212</u>

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**FOR THE YEAR ENDED 31 MARCH 2022**

16. FUNDS (continued)	At 31 March 2020	Income	Expenditure	Investment movements	Transfers	At 31 March 2021
	£	£	£	£	£	£
<b>Unrestricted Funds</b>						
Designated Funds	17,671,180		(2,799,800)	-	-	14,871,380
General Funds	3,152,728	4,186,531	(2,053,136)	(19,062)	315,880	5,582,941
	<u>20,823,908</u>	<u>4,186,531</u>	<u>(4,852,936)</u>	<u>(19,062)</u>	<u>315,880</u>	<u>20,454,321</u>
<b>Restricted Funds</b>						
Grants and donations	-	4,464,742	(4,148,862)	-	(315,880)	-
	<u>20,823,908</u>	<u>8,651,273</u>	<u>(9,001,798)</u>	<u>(19,062)</u>	<u>-</u>	<u>20,454,321</u>

Designated funds represents the balance of transfers from Imperial College, and will be used for charitable of activities over the next two years.

**17. ANALYSIS OF FUND BALANCES BETWEEN NET ASSETS**

	At 31 March 2022			
	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Tangible fixed assets	-	6,345	-	6,345
Investments	-	3,233,316	-	3,233,316
Net current assets	135,155	9,331,816	7,966,470	17,433,441
Creditors: Amounts falling due after one year	-	(4,495,890)	-	(4,495,890)
	<u>135,155</u>	<u>8,075,587</u>	<u>7,966,470</u>	<u>16,177,212</u>

	At 31 March 2021			
	Restricted Funds	General Funds	Designated Funds	Total
	£	£	£	£
Tangible fixed assets	-	-	-	-
Investments	-	2,980,938	-	2,980,938
Net current assets	-	2,602,003	14,871,380	17,473,383
Creditors: Amounts falling due after one year	-	-	-	-
	<u>-</u>	<u>5,582,941</u>	<u>14,871,380</u>	<u>20,454,321</u>

**18. CAPITAL COMMITMENTS**

Commitments for capital expenditure for which no provisions have been made in these financial statements were as follows:

	2022	2021
	£	£
Authorised and contracted for	-	-

**NOTES TO THE FINANCIAL STATEMENTS (continued)**

**FOR THE YEAR ENDED 31 MARCH 2022**

**19. OPERATING LEASE COMMITMENTS**

	2022		2021	
	Land & Buildings	Other	Land & Buildings	Other
	£	£	£	£
Leases which expire:				
Within one year	59,401	-	113,773	-
In one to five years	-	-	9,504	-
After five years	-	-	-	-
	<u>59,401</u>	<u>-</u>	<u>123,277</u>	<u>-</u>

**20. MEMBERS' LIABILITY**

In the event of the company being wound up, they will each have a liability of £1.

**21. PENSION COMMITMENTS**

SCI Foundation operates a Group pension arrangement. The overall pension charge for the year was £89,598 (2021: £75,257). At 31 March 2022, no contributions were outstanding (2021: £ nil).

**22. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH INFLOW**

	2022	2021
	£	£
<b>Net movement in funds</b>	<b>(4,277,109)</b>	<b>(369,587)</b>
Investment income	(98,190)	(46,921)
(Gains)/losses on investments	(252,378)	19,062
Depreciation	794	-
Exchange rate (gain)/loss	(42,898)	97,945
Increase/ (decrease) in creditors	15,934,933	40,001
(Increase)/ decrease in debtors	1,469,662	5,006,072
<b>Net Cash generated by operating activities</b>	<b><u>12,734,814</u></b>	<b><u>4,746,572</u></b>

**23. RELATED PARTY TRANSACTIONS**

There were no related party transactions in the current or preceding accounting periods.







# SCIF 2022 Annual Report and Financial Statement

Final Audit Report

2022-08-15

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