SAVANNAH WATER PROJECT

ANNUAL REPORT 2025

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OVERVIEW

A YEAR THAT DID TWO THINGS AT ONCE

2025 was the year we did the hardest work we've ever done on our wells, and the year we built something new alongside them.

On the water side: three new wells in the Northern Region, thirteen older wells revisited in person, five villages scouted for 2026, and a top-to-bottom rebuild of how we choose, drill, and hand off a project. The rebuild is the part we're most proud of. Five years of lessons, built into the next five.

On the surgical side: the long-planned launch of a surgical arm, with our first cases performed at Karaga District Hospital and a scoping visit at Gushegu Municipal Hospital. We saw over 350 patients in clinic outreach and performed our first seven operative cases. It was a proof of concept, and the concept worked.

We're still small. Everything in this report was done by a team of volunteers, paid for by donors who know exactly where their money went, and supported by a Ghanaian network without which none of it happens.

3

New wells constructed

13

existing wells re visited

350

Patients seen and 7 surgeries completed

SECTION 1 - WATER

A LETTER FROM THE TEAM

When we started Savannah Water Project, we said we'd count a well as a success only after the community was using it, the maintenance plan was holding, and we'd come back to verify both. 2025 is the year we put real weight behind the back half of that promise.

We built three new wells in the Northern Region — in the villages of Ngarong, Vehikuga, and Babliga. Our first expansion beyond the Savannah Region. We chose those villages because the need was acute, the access was workable, and the community readiness was real.

But the larger story of the water work this year isn't the three new wells. It's the thirteen older ones. We went back to every project we'd completed since 2020 and looked at them honestly. Some are working well. Some need attention. One is still blocked by a political dispute we don't control. We list all of it publicly, because pretending otherwise would mean lying to the people who funded the work.

We also took what we learned and rebuilt the way we approach every new project — drilling techniques, community entry, maintenance planning. The details are on the next pages.

NEW WELLS: THE 2025 NORTHERN REGION EXPANSION

For five years, our work was concentrated in the West Gonja municipality of the Savannah Region. In 2025, we expanded north for the first time.

The Northern Region is its own context. Different chiefs, different roads, different geology, different ministry contacts.

We didn't take the move lightly. We chose three villages — Ngarong, Vehikuga, and Babliga — based on the same criteria we use everywhere: acute need, feasible access, real community readiness, and a credible maintenance plan from day one.

All three wells were completed in 2025 and are in use.

THIRTEEN WELLS, REVISITED

WE WENT BACKT TO EVERY WELL

In July, our US-based team traveled to the Savannah and Northern Regions and revisited thirteen wells we'd built or repaired since 2020. Some we'd visited before. Some we hadn't seen in person since the day they were drilled.

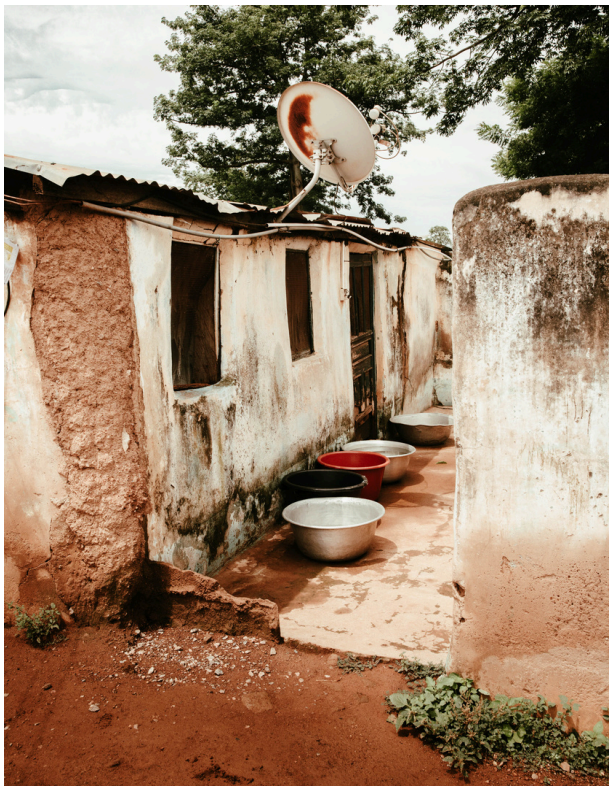
The point wasn't photos. It was to find out what was actually true on the ground — whether the wells were still working, whether the maintenance plans we'd set up were holding, whether anything had changed in the community's relationship to the water source.

A few patterns came out clearly:
The wells with the strongest community buy-in at the start are the wells working best now.

Maintenance fails most often not from a major breakdown but from a small part nobody knew how to replace.
Political disruption — a chief change, a district dispute — can take a working well offline for reasons that have nothing to do with the well itself.
We folded all of this into the process rebuild.

“MAINTENANCE FAILS MOST OFTEN NOT FROM A MAJOR BREAKDOWN BUT FROM A SMALL PART NOBODY KNEW HOW TO REPLACE.”

HOW OUR PROCESS CHANGED



A technical rebuild, based on five years of field data.

After thirteen wells across the Savannah Region over three years, the patterns of what works and what breaks were too consistent to ignore. In 2025 we rebuilt our drilling, community entry, and maintenance processes from the ground up.

1. Community entry as phase one, not a parallel step. We now spend significantly more time in a village before any drilling decision is made. We meet separately with the chief, elders, women's groups, and the people who would actually maintain the well — not all in one meeting. This surfaces objections, dependencies, and political dynamics that a single combined meeting will hide.

2. Maintenance plans signed before drilling, not after. A documented plan — who maintains the well, where spare parts come from, what training is required, who pays for what — must be in place before we contract drilling. No plan, no drill.

3. We've moved off solar pumps in the areas we serve. Five years of field data made the case. Solar setups have a higher failure rate and a slower repair pathway than the alternatives. A single component failure — panel, inverter, controller — takes the whole system offline, and replacement parts are expensive and slow to source from the south. We now favor hand pumps in communities where electric pumps aren't viable, and electric pumps with generator backup where they are.

HOW OUR PROCESS CHANGED, CONTD

4. Health ministry coordination from day one. New in 2025. We now bring district health authorities into the conversation before site selection, not after. This gives us early signal on political dynamics and helps avoid the kinds of post-drilling disputes that have shut down working wells in the past.

5. A new local construction and maintenance team. We selected a new Ghanaian team for well construction and ongoing maintenance in 2025. The selection criteria emphasized longevity of presence in the region, depth of relationships with local communities, and a documented track record on follow-up repair work. This is the team that will be carrying out the 2026 builds.

6. A standing revisit schedule. Every well we've built is now on a documented revisit cycle. We don't wait for a community to tell us something has broken.

SURGICAL WORK

A NEW ARM, LAUNCHED IN 2025

The long planned surgical arm went live in 2025

SURGICAL WORK

Savannah Water Project began with a question about surgical care. We shifted to water because we realized that clean water is the foundation everything else gets built on, and we couldn't improve surgical outcomes in communities where children were drinking from stagnant ponds.

But the surgical question never went away. In 2025, with the water program stable enough to support a second initiative, we launched the surgical arm.

The goal of the first expedition was not symbolic. We weren't there to plan, we were there to operate. By the end of the trip we had performed seven surgical cases at Karaga District Hospital, seen more than 350 patients in clinic outreach, and identified a substantial backlog of adult and pediatric hernia cases to tackle in 2026 and beyond. We also conducted a scoping visit at Gushegu Municipal Hospital to evaluate a second potential partner site.

SURGICAL WORK

Karaga: where we operated.

Karaga District Hospital served as our primary surgical site in 2025. The hospital was notably clean and well-organized despite significant resource limitations. The local surgical and anesthesia teams demonstrated strong clinical adaptability and a real interest in collaboration beyond a single visit.

Cases performed (n = 7):

- **Umbilical hernias**
- **Inguinal and inguinoscrotal hernias**
- **Bilateral inguinal hernias**
- **Hydroceles**

Most procedures were performed under spinal anesthesia.

Clinic outreach:

More than 350 patients were seen across the visit. The volume identified a meaningful backlog of adult and pediatric hernia cases — surgical disease that is treatable, that produces durable improvement when treated, and that is currently going untreated in many of the communities Karaga serves.

SURGICAL WORK

GUSHEGU AND THE SUPPLY CHAIN

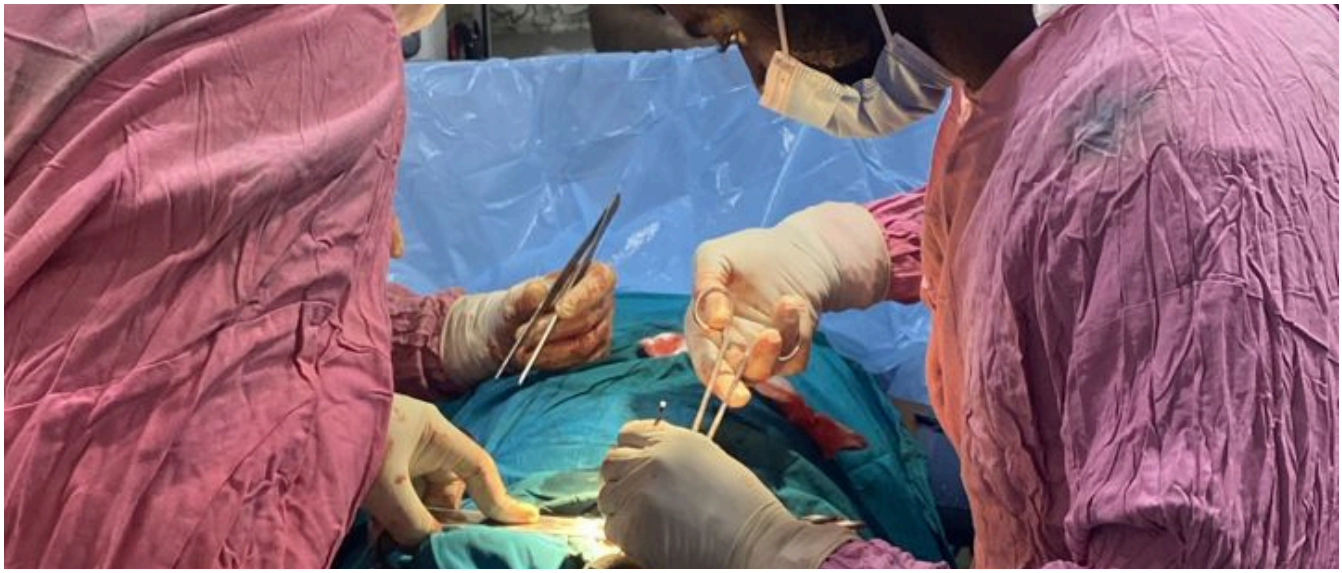
Gushegu Municipal Hospital

We met with the medical director and local surgical staff at Gushegu Municipal Hospital to discuss potential collaboration. Compared to Karaga, Gushegu has somewhat greater institutional resources and infrastructure capacity. Staff interest in expanding surgical capability was strong.

Equipment gaps identified by the local team that would significantly improve operative safety and efficiency:

- **Surgical headlights**
- **Multiparameter monitors (SpO2, heart rate, blood pressure, ETCO2)**
- **Electrocautery units**
- **Electrical suction devices**
- **Additional anesthesia monitoring equipment**

The conversations were oriented toward long-term partnership rather than isolated short-term mission work, which matches our preferred model.



SURGICAL WORK

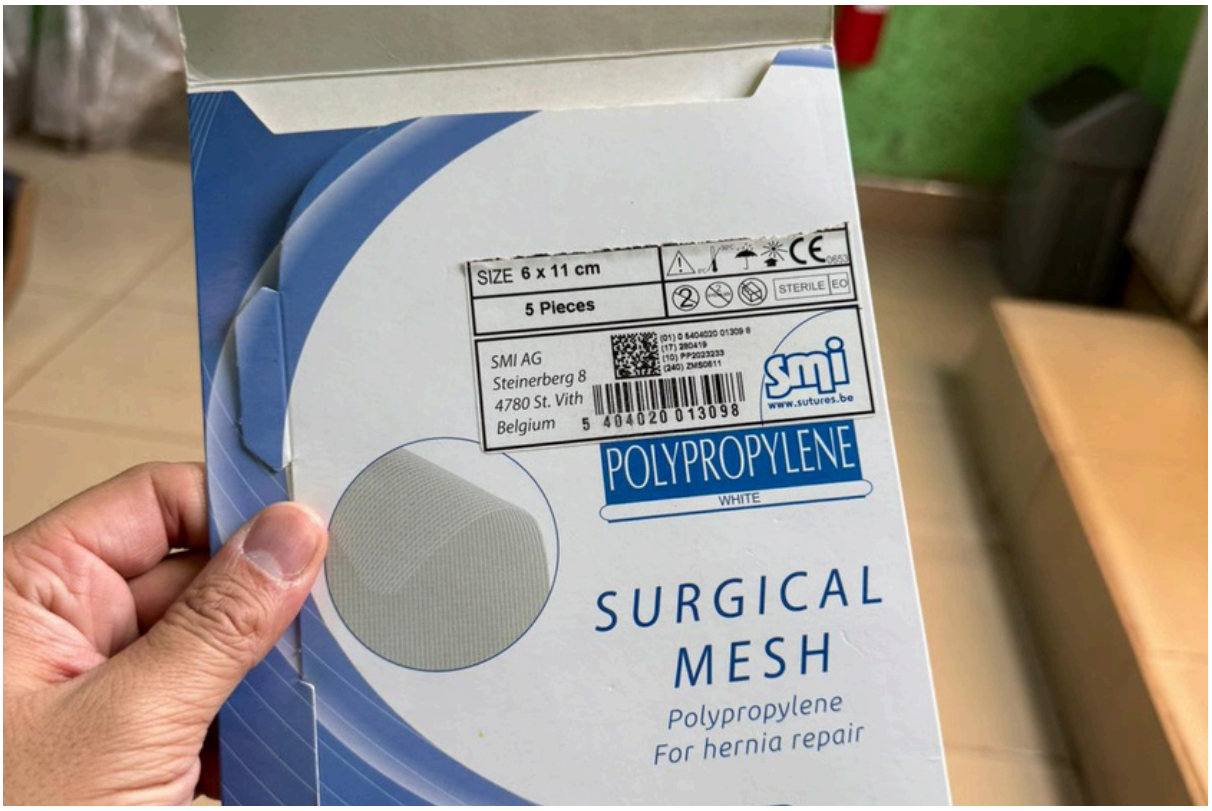
Surgical supplies, Tamale

We procured surgical supplies from a Tamale-based supplier (Black Volta). Items available included betadine for skin prep, polypropylene mesh for hernia repair, Vicryl sutures, nylon sutures, and limited PDS.

Supply chain observations:

- **Suture selection is limited overall**
- **Larger caliber and long-lasting absorbable sutures are particularly hard to source**
- **Only one box of #1 PDS was available at time of purchase**
- **Cost of #1 PDS ran approximately $6 USD per needle, substantially higher than US pricing**

These findings reinforce the importance of reliable external procurement support for future surgical expeditions and partnership development. It is one of the specific areas where US-based donors and partners can make a high-leverage contribution.



FINANCIALS

A NOTE ON OVERHEAD

Savannah Water Project has no organizational overhead funded by donors. Every dollar of donor contributions in 2025 went directly to well construction, materials, transport, and on-the-ground costs in Ghana — including the salaries of our local maintenance team.

The cost of running the organization — airfare for the July field trip, US-side operations, software, the website rebuild, and administrative time — was covered directly by our founding team and volunteers. We mention this not to claim a "100% to projects" badge, which is a phrase we're skeptical of, but to give donors an accurate picture of how the math actually works. The model only scales as far as our founders can sustain it, which is one of the reasons we're actively recruiting in 2026.

Raised	**$25K**
Well Operations	**$22K**
Reserves	**$3K**

PROJECT COST REFERENCE

A typical SWP well costs $3,500 to $5,000 from drilling to handover. Per-project cost breakdowns are published on our website.

Legal: Savannah Water Project is a 501(c)(3) registered nonprofit. Tax ID: 85-2030151. All donations are tax-deductible to the extent allowed by law. Our IRS Form 990 is available on our website and through ProPublica Nonprofit Explorer.

FUTURE OUTLOOK

2026 AND BEYOND

WATER

- Build wells in up to five new communities, selected from the villages scouted in July.
- Complete the maintenance audit cycle on every existing well.
- Strengthen the health ministry partnerships started in 2025.
- Begin publishing field data — pump functionality, repair times, water quality — so other organizations in the region can use it.

SURGERY

- Return to Karaga for a second operative expedition, with a focus on the hernia backlog identified in 2025.
- Formalize partnership with Gushegu, beginning with targeted equipment support.
- Build out a procurement pipeline for surgical supplies, especially sutures and anesthesia monitoring equipment.
- Advance the orthopedic surgery track from planning to first expedition.

OUR TEAM

We grew our core team in 2025, adding members across clinical, operational, and field roles.

None of this work happens without our Ghanaian team — drilling crews, local maintenance staff, hospital partners, and the field coordinators who make every project possible.

HOW TO HELP

DONATE

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