

## **A conversation with Sightsavers, February 26, 2015**

### **Participants**

- Katie Cotton – Director of Major Giving, Sightsavers
- Susan Walker – Neglected Tropical Diseases Technical Advisor, Sightsavers
- Julia Strong – International Foundations Executive, Sightsavers
- Timothy Telleen-Lawton – Research Analyst, GiveWell
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**Note:** These notes were compiled by GiveWell and give an overview of the major points made by Ms. Cotton, Dr. Walker, and Ms. Strong.

### **Summary**

GiveWell spoke with Ms. Cotton, Dr. Walker, and Ms. Strong of Sightsavers as part of its investigation into potential opportunities to fund deworming programs (a GiveWell priority program) and treatment of neglected tropical diseases (NTDs). Conversation topics included Sightsavers' monitoring and evaluation processes, priorities for unrestricted funding, relationships with partners doing similar work, and unique capacity to contribute to NTD reduction efforts.

### **Monitoring and evaluation of Sightsavers' mass drug administration (MDA) programs**

Sightsavers employs a number of tools and processes to verify that its programs have a meaningful impact, including:

- Pre-program prevalence mapping
- Sentinel sites (for deworming, onchocerciasis and lymphatic filariasis (LF) programs)
- Follow-up mapping /impact assessments for trachoma
- Reported statistics on treatment coverage
- Independent assessments of coverage
- Quality standard assessment tools
- Spot checks on randomly selected projects

### **Prevalence mapping**

Sightsavers' country programs work with a country's ministry of health (MOH) to identify implementation units (such as districts) in need of MDAs for each disease. This determination is based on data about the disease's prevalence in the area obtained through mapping. Sightsavers may conduct the mapping itself, or it may be done by other organizations. For example, Sightsavers has received funding from the Children's Investment Fund Foundation (CIFF) to map the prevalence of schistosomiasis and soil-transmitted helminthiasis (STH) in Nigeria. Sightsavers also coordinates the Global Trachoma Mapping Project (GTMP), funded by the U.K.'s

Department for International Development (DFID), which has supported a great deal of trachoma mapping.

Sightsavers uses mapping data to establish baseline prevalence for a particular disease in the area. It then uses guidelines from the World Health Organization (WHO) to determine what drug regime is needed in areas where prevalence exceeds minimum thresholds.

### **Impact assessments through follow up mapping and surveys at sentinel sites**

Sightsavers follows recommended WHO guidelines with regard to the establishment of sentinel sites. For deworming programs sentinel sites are typically established at schools. Impact indicators track change in prevalence and intensity of infection (intensity is recognized as a more sensitive indicator of impact).

Sightsavers also uses “sentinel sites” for its onchocerciasis programs. Epidemiological and entomological impact indicators are used to monitor changes in the prevalence of infection / exposure in man and infection in blackflies, respectively. Exposure to infection is monitored using the Ov16 antibody test; historically Sightsavers has supported the use of the Ov16 ELISA though following recent developments with diagnostics, Sightsavers is now starting to support the use of the new Ov16 rapid diagnostic test.

*Note: in Uganda Sightsavers monitoring extends to river crabs – which are phoretic hosts for larvae / pupae of *S. neavei* species.*

Sightsavers took on board the concern raised by Givewell with regard to sentinel sites and the possibility that those treated at sentinel sites might get more attention than the population targeted for treatment elsewhere. Sightsavers responded by giving consideration to the importance of “spot check” sites in LF programs and subsequently communicated on the importance of a rigorous approach to monitoring process indicators and as might be deemed necessary, investigating any differences in treatment coverage between sentinel schools and non-sentinel schools in the same districts.

### **Trachoma impact assessments**

Sightsavers supports trachoma impact assessments through follow-up mapping at the level of the implementation unit (typically the district). Where the baseline prevalence is less than 30% these impact assessments are undertaken after three years of MDA; by contrast where the baseline prevalence is greater than 30% these impact assessments are undertaken after five years of MDA.

### **Reported coverage assessments**

Sightsavers obtains a report, usually from the country’s MOH, on the number of treatments, programmatic, and geographic coverage.

### **Independent coverage assessments**

Sightsavers conducts independent assessments of treatment coverage in order to:

- Estimate actual treatment coverage and compare this against reported treatment coverage (the official MOH statistics)
- Assess service delivery, or whether the treatment has been administered as recorded
- Investigate reasons for low coverage

#### *Methodology for independent assessments of treatment coverage*

To conduct these independent assessments on a community level, Sightsavers first calculates a statistically robust sample size, then randomly selects households for surveying within randomly selected villages. All members of each household are surveyed. Sightsavers aims to minimize recall re-bias (i.e. whether respondents forget what treatments they've received after a long period of time elapses) by undertaking assessments within 12 weeks of the distribution and showing the tablets to the household members who are being interviewed.

The survey asks each respondent whether s/he has received treatment; if treatment has not been received the reason for this is recorded (e.g. ineligibility, concern over side effects, not offered, etc.).

#### *School-based assessments*

A program administered at schools may still be assessed via household surveys. For example, in Nigeria this year, Sightsavers supported the use of an integrated protocol. This allowed Sightsavers to gather data about whether all school age children (both enrolled & non-enrolled) were being reached through the school based deworming program. It brought to light the need to extend the school based program to Qur'anic schools.

#### **Quality standard assessment tools**

Sightsavers has designed and uses a quality standard assessment tool (QSAT) to assess NTD program performance in relation to clearly defined standards – covering for example components of service delivery (e.g. treatment coverage), health workforce (e.g. distributor to recipient ratio) and program effectiveness. The schistosomiasis and STH QSAT was developed in partnership with the Schistosomiasis Control Initiative (SCI). This new schistosomiasis / STH standard will be piloted in 2015. The standards for onchocerciasis, trachoma and LF are already in use.

#### **Spot checks**

At least once a year for each project, Sightsavers' monitoring and evaluation team performs a spot check, whereby headquarters requests initial data records from the program. Projects are randomly selected to provide this backup information for spot-checking. These constitute a separate tool from the quality standard assessment tools.

Currently the data examined in a spot check include figures related to human resources and service delivery, such as treatment numbers and numbers of people

trained. The check is not intended to provide proof of treatment, but to make sure that the numbers indicated for each community tally up to the reported district total.

### **Other tools**

Sightsavers is working with WHO, RTI International (formerly Research Triangle Institute) and other partners to support the roll out of the new WHO NTD national database template. This will record baseline data, coverage achieved each year and the results of any impact assessments.

### **Sightsavers' funding**

#### **Fundraising**

The majority of funds for Sightsavers' programs are raised centrally and then distributed to the country programs.

#### **CIFF funding**

CIFF has provided Sightsavers with a grant of \$1,423,301 over two years to map disease coverage of STHs and Schistosomiasis in 14 Nigerian states. The grant is being implemented by Sightsavers' Nigeria country office, which has extensive experience of disease mapping in Nigeria. Together with the Federal Ministry of Health it plans and coordinates the execution of the data collection and provides technical support. The mapping project will be complete in June 2015 and will provide the necessary evidence of disease burden to support with planning for a national deworming program.

#### **Unrestricted funding**

##### *High-priority goals for unrestricted funding*

Sightsavers' Senior Management Team allocates its unrestricted funds across regions and countries in accordance with the Strategic Priorities and utilizes these funds to start projects and keep projects going pending donations from other generous donors. These funds, however, will only ever meet a proportion of the funds required to implement all the important projects in each country. As such the fundraising teams, in conjunction with staff based in the countries, look for opportunities to raise money from other generous donors to fund specific projects (ie. 'restricted gifts'). Once the donations are received, they are secured against the project for that year.

Strategic priorities include:

Sightsavers have some highly strategic initiatives, including the elimination of trachoma and river blindness, as part of an integrated program on neglected tropical diseases.

Integrated NTD programs (including deworming, when it is needed) represent just one of Sightsavers' top priorities. For the past few years, programs for trachoma and

onchocerciasis have been specifically identified as “fast-track” initiatives. Sightsavers has historically been known for providing services such as cataract surgery, ophthalmologist training, and hospital support, but it aims to make its NTD work as much as or even more of a priority than its traditional work.

### *Allocation of unrestricted funding*

Sightsavers’ Country directors and managers participate in an annual strategic planning process. Forecasting helps the organization predict how much unrestricted funding it will receive in a given year. This informs advance program planning, including identifying how many projects Sightsavers can commit to that year and how much money will go toward each program.

In 2014, Sightsavers’ programs team carried out a strategic alignment exercise, led largely by the organization’s chief technical adviser, Imran Khan, to look at which geographic areas and fields of work were important to continue in, which programs were ending, and which programs would benefit from being part of a broader campaign. For example, for programs focused on NTDs, Sightsavers wants to remain in the area to ensure continuity of treatment year to year.

This exercise was done with the goal of ensuring that Sightsavers’ entire portfolio of programs harmonizes organizationally and strategically. The strategic team will use the results of this process to identify priorities, what programs get key restricted funding, and how to allocate unrestricted funding.

## **Operations and structure**

### **Level of program administration**

Details of each program are decided at the country level or by central headquarters, depending on the capabilities in each country. In some countries, Sightsavers has a very strong staff on the ground that works closely with the relevant ministry. In others, programs rely more heavily on guidance from Sightsavers’ headquarters staff, who will, for example, monitor how many rounds of MDA have been conducted and inform the country staff when it’s time for an impact assessment. The practice of independent assessments of coverage has been promoted by Sightsavers’ central leadership.

### **NTD staff structure**

Sightsavers’ NTD team provides technical advice and contract management and consists of:

- Simon Bush, Director of NTDs
- A technical director, Elizabeth Elhassan, based in Ghana
- A technical advisor for trachoma, Agatha Aboe, based in Ghana
- Several technical advisers, including three based in the U.S. who focus on water, sanitation, and hygiene (WASH) behavior change and communication and health.

- Susan Walker, NTD Technical Advisor and Laura Senyonjo who focus on research and monitoring and evaluation (M&E), both based in the U.K.
- An M&E adviser based in Ghana

Several of the country offices also have an M&E manager, who works with the NTD team but reports to the country director. Sightsavers also works closely with the NTD departments at the countries' ministries of health and often has an NTD manager working inside the ministries' offices.

## **Geographic coverage of deworming programs**

### *Nigeria*

Nigeria is the country in which Sightsavers began its deworming programs and has been the flagship country for the organization's integrated approach. Since 2011, when Nigeria's deworming treatment program started in Zamfara and Sokoto states, Sightsavers has provided a total of about 14 million treatments per year for STH, and around 3 million treatments per year for schistosomiasis.

Sightsavers is the main partner for deworming in Nigeria's northern states and occasionally sub-contracts work to other partners, such as CBM (formerly Christian Blind Mission), in other states. Deworming efforts in the south are mainly covered by the Carter Center. Sightsavers hopes to scale up its integrated programs, including deworming, in Nigeria.

### *Cameroon*

All projects in Cameroon are integrated schistosomiasis/STH programs. Most of the current funding is provided by USAID, and the key recipient is Helen Keller International (HKI). Sightsavers is one of the non-governmental organization (NGO) partners with which HKI works.

There is less opportunity and need to scale up deworming programs in Cameroon, so Sightsavers is not specifically looking for more funding there. However, programs in Cameroon have been using mobile technology for data collection, which could provide insight into how these collection methods work and their effectiveness, for roll out to other Sightsavers projects.

### *Other countries*

Other countries in which Sightsavers conducts deworming include:

- **Tanzania** – Sightsavers works in partnership with SCI and others.
- **Sierra Leone** – Sightsavers operates schistosomiasis programs.
- **Mali** – Sightsavers supports both LF and STH programs.
- **Democratic Republic of Congo (DRC)** – Traditionally Sightsavers has supported only onchocerciasis programs in DRC, but the country is moving toward an integrated approach, and Sightsavers is now supporting deworming efforts there.

## **Delivery Platforms**

Many of Sightsavers' MDA programs provide a hybrid of school-based treatment (in which drugs are administered at school sites) and community-based treatment (in which drug distributors travel from house to house in a community). School-based treatment tends to be used in areas where school enrollment is high. In areas where STH and LF are co-endemic, if LF is treated on a community level, deworming is achieved at the same time.

## **Unique opportunities to contribute to the NTD field**

### **Geographic**

Sightsavers has a unique geographic position in several countries. One example is Nigeria, which is also where it launched its first integrated NTD program. However, based on the recently concluded mapping exercise, the program needs to be scaled up. In Nigeria, different partners work in different states, and because Sightsavers is already a key partner for a number of states, it makes sense for it to continue to support integrated treatment at a higher level, expanding to cover schistosomiasis and STH.

### **Service delivery**

Sightsavers supports the national ministries of health to work toward integrated program planning, in keeping with the current movement toward integrated treatment. Many of Sightsavers' officers have strong relationships with these ministries, and there are several activities that are common to programs for all NTDs, including data management, M&E, and service delivery. The organization works closely with the ministries to ensure that programs reflect an understanding of the needs on the ground.

Sightsavers also works with several strong partners, such as DFID and CIFF, to lead integrated program efforts and has been selected to manage several global consortia for the elimination of NTDs. One of these is the GTMP, a two-year program, for which Sightsavers is coordinating a total grant of £10.6 million and several NGO partners. Sightsavers is also coordinating a £42 million contract for a large number of partners with the Queen Elizabeth Diamond Jubilee Trust.

### **Relationship with SCI**

Sightsavers has a strong relationship with SCI, and the two work closely together on many programs and sometimes in the same countries.

One such country is DRC, where Sightsavers has no country office but provides support for an onchocerciasis partner, United Front Against Riverblindness. Sightsavers has facilitated SCI's entry into the DRC and collaborates with SCI, providing financial coordination and technical support. Both organizations also have a presence in Côte d'Ivoire, where Sightsavers' NTD adviser (who also covers Burkina Faso) works closely with SCI's adviser.

In both DRC and Côte d'Ivoire, the ministries of health usually hold an annual review and planning meetings, which Sightsavers will attend along with SCI. Sightsavers and SCI use this opportunity to discuss overall plans and budgeting for each country.

### **Funding gap for NTD elimination**

WHO's African Program for Onchocerciasis Control will conclude at the end of this year. Because of this, it is unclear what kind of funding will be released this year to the ministries of health in countries where Sightsavers operates. Sightsavers is committed to supporting the elimination of onchocerciasis and LF in the countries we work in and will look to provide support to Ministries of Health in exploring new avenues of funding.

*All GiveWell conversations are available at <http://www.givewell.org/conversations>*