A conversation with Sightsavers, April 5, 2016

Participants

- Simon Bush – Director of Neglected Tropical Diseases (NTDs), Sightsavers
- Elizabeth Elhassan – Technical Director of NTDs, Sightsavers
- Tim Finn – NTDs Technical Advisor, Sightsavers
- Mike Straney – Director of Major Giving, Sightsavers
- Julia Strong – Trusts Manager, Sightsavers
- Natalie Crispin – Senior Research Analyst, GiveWell
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Note: These notes were compiled by GiveWell and give an overview of the major points made by Mr. Bush, Dr. Elhassan, Mr. Finn, Mr. Straney, and Ms. Strong.

Summary

GiveWell spoke with Mr. Bush, Dr. Elhassan, Mr. Finn, Mr. Straney, and Ms. Strong as part of its consideration of Sightsavers for a GiveWell recommendation. Conversation topics included Sightsavers' role in deworming and other neglected tropical disease (NTD) programs, monitoring and evaluation processes, allocation of unrestricted funds, and room for more funding for deworming programs.

Sightsavers' role in deworming programs

Organizations operating neglected tropical disease (NTD) programs typically follow specific World Health Organization (WHO) NTD guidelines. Sightsavers' approach to schistosomiasis and soil-transmitted helminthiasis (STH) programs is therefore similar to that of organizations such as the Schistosomiasis Control Initiative (SCI) and the Deworm the World Initiative. Sightsavers provides funding to and works with in-country partners, such as national NGOs and governments, to identify programming gaps, develop plans and budgets, and provide the necessary support for program implementation. Government partners fund the salaries of their staff who work on the program, and agree to contribute a certain proportion of domestic funding to ensure the program's sustainability.

Sightsavers runs NTD programs in 24 African countries. It seeks to provide similar levels of accountability and support in each country, though it does not always open a country office. Each country has a director who is responsible for the program's strategic direction. The director is supported by NTD-specific program managers, who in turn receive support from project officers and technical advisors.

Sightsavers plays three main roles in countries' NTD programming:

1. **Advocacy and support at the national level** – The country director advocates government domestic spending on NTD programs, and initiation or prioritization of certain NTD programs by the Ministries of Health and Education. Sightsavers also works with the national

government to develop program budgets and plans based on prevalence mapping results and the country's NTD master plan.

2. **Program implementation support at the district level** – In-country staff provide district-level authorities with program implementation support. Depending on the program, this might include supporting community distributors, doing information and education work around behavior change, or providing support for training, program monitoring and supervision, or data collection and analysis.

3. **Technical support** – Sightsavers' technical advisors help scale up programs by promoting best practices from the WHO and other organizations, and by providing disease-specific support or assistance on cross-cutting issues such as behavior change; water, sanitation, and hygiene (WASH); and mobile technology and data collection. The following are recent examples of this work:

   a. The South Sudanese government is planning to lead mass drug administrations (MDAs) in areas that were previously supported by the African Programme for Onchocerciasis Control (APOC). Sightsavers has stepped in to support the government's efforts, but only has three staff working in-country. Mr. Finn recently spent two weeks in-country to help facilitate inception activities. This involved a variety of tasks, including assessing larger MDA issues (such as how to prevent side effects), translation, reviewing gaps in endemicity maps with government officials, and working on reporting mechanisms.

   b. In 2015, Dr. Elhassan visited 11 countries and worked with 7 further countries to assess their progress towards eliminating onchocerciasis and lymphatic filariasis. Her tasks included identifying program gaps, and developing work plans and activity-based budgets in order to fundraise for ongoing elimination efforts.

Sightsavers' monitoring and evaluation processes

Quality standard assessment tool

Sightsavers developed and uses a quality standard assessment tool (QSAT) to assess the quality of its programs. It recently developed a new QSAT for its schistosomiasis and STH programs, which was recently completed in Zamfara state, Nigeria.

Coverage surveys and impact assessments

Besides routine monitoring, Sightsavers conducts coverage surveys for all of its NTD programs to assess whether coverage levels reported by implementation partners are accurate every two years. Its onchocerciasis program has been running longer than most of its other NTD programs. Given the breadth of that program's coverage surveys, they represent a useful learning tool for Sightsavers' deworming programs.

Assessing the impact of treatment programs on schistosomiasis and STH prevalence levels generally requires conducting pre- and post-treatment prevalence surveys. However, for routine programming, treatment plans are based on prevalence mapping results, and post-treatment surveys are unlikely to be undertaken, particularly while the program is ongoing. As treatments are effective when taken properly, high coverage rates likely result in a reduction in prevalence levels over time.

Other evaluation reports

Sightsavers also conducts evaluations of a country's overall NTD program at the midpoint and end of a project. For example, an interim review of a 5-year project will occur after 2.5 years.

Research to improve program efficacy and monitoring

Sightsavers is working with other entities on research projects to determine how to improve schistosomiasis and STH programs and data collection methods. For instance, the current focus on school-based schistosomiasis and STH treatments may reduce access to treatment for adults, for whom the burden of these diseases may be higher. Further research is needed in this area to determine whether programs should target other age groups.

Sightsavers' funding situation

2016 neglected tropical disease program budget

The projected expenditures for Sightsavers' 2016 NTD program are roughly £21 million, based upon available restricted and unrestricted funding sources. It has secured roughly £19 million in restricted funding and is confident that the remaining £2 million gap will be filled. Sightsavers has proceeded with most of the programs it had planned for 2016, though some are being funded with unrestricted funding that Sightsavers is now working to recoup in restricted donations.

Recent fundraising efforts

In early 2016, Sightsavers secured an aid match program from the United Kingdom's Department for International Development (DFID) to support a further scale-up of its onchocerciasis and lymphatic filariasis work in Nigeria, Uganda, the Democratic Republic of the Congo (DRC), and Guinea-Bissau. In Guinea-Bissau, these funds will allow Sightsavers to fund lymphatic filariasis drug distributions in nine regions whose residents have never received this treatment. Sightsavers has also expanded its schistosomiasis and STH work in Cameroon, as well as its integrated NTD program in the DRC.

Funding for work in Nigeria

Sightsavers has not yet expanded its work into Benué state, which it had planned to do during 2016. As it does not have a donor for its integrated NTD program in Kwara state, that program is currently being funded with unrestricted funding.

Sightsavers has secured the following additional grants for its work in other Nigerian states:

1. 3-year grant from Jersey Overseas Aid Committee to support its integrated NTD program in Sokoto state
2. Grant from End 7 to support programming in Kebbi state
3. Grant from AG Leventis Foundation to support programming in Kogi state

Allocation strategy for unrestricted funding

Sightsavers' individual giving team raises a significant amount of funding from small-scale donors, and its major giving team also receives some unrestricted funding from trusts, corporate partners, and major donors. Based on past activity, these teams project the amount of unrestricted funding they expect to raise in the upcoming year. The planning team and program heads then work together to determine how to allocate these projections across its programs. Sightsavers does not have an unlimited amount of unrestricted funding, and it must be allocated across several areas:

1. Priority programs – This includes NTD programs, which generally receive a substantial allocation.
2. "Component funding" requirements for restricted grants.
3. Program innovation – This includes piloting new programs in areas such as social inclusion, education, and other areas of eye health. It can be challenging to raise funds for social inclusion and education work.
4. Operating costs.

Sightsavers prioritizes programs by assessing the available evidence (for example, prevalence mapping, availability of the country's NTD master plan, and the country office's ability to deliver on that plan), as well as factors such as the country's need and the program's potential to become sustainable and to eliminate NTDs.

Mr. Bush has also developed an ideal "wish list" of activities that Sightsavers would like to fund in order to achieve the goal of NTD elimination. It is accompanied by a desired budget, which highlights the programmatic differences that could be achieved with this additional funding.

With additional funding, Mr. Bush would prioritize Sightsavers' integrated NTD programs, as well as cross-cutting activities around behavioral change and NTDs, WASH and NTDs, and the mHealth program, which uses technology to conduct data collection and surveillance. Sightsavers might also consider expanding into additional countries, as there are many other countries with high needs.

Throughout the year, Sightsavers monitors its incoming unrestricted funding. If its unrestricted fundraising goals were surpassed, it would have a discussion about how to allocate the additional funds across programs.

All GiveWell conversations are available at [*http://www.givewell.org/conversations*](http://www.givewell.org/conversations)