

Sightsavers Deworming Programme – DRC GiveWell Schistosomiasis / STH Project Narrative

Project name: DRC GiveWell schistosomiasis and STH project – Ituri Nord
Country: Democratic Republic of the Congo
Location: Ituri Nord, Ituri Province
Duration of project: 2 Years, in the first instance, January 2017 – December 2018
Start date: Jan 2017
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Reviewed by

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Project Overview

Sightsavers has been supporting an onchocerciasis elimination project in the Democratic Republic of the Congo (DRC) since 2011, supporting the community directed distribution of Ivermectin (CDTI). Sightsavers provides support for this work through the United Front Against Riverblindness (UFAR) – a US-based non-profit organization established in 2004, which has been involved since 2006 in the control and elimination of onchocerciasis in DRC. Through established agreements Sightsavers has been providing support to UFAR to support the CDTI project of Ituri Nord since 2011.

In our Ituri Nord project, support from the UK Government's Department for International Development UKAID Match programme has recently facilitated the transition from onchocerciasis only drug distribution to integrated onchocerciasis and LF programming. The new support from GiveWell now responds to the unmet needs in the project area for schistosomiasis and STH.

Impact

Reduction in the prevalence and intensity of STH and schistosomiasis over time amongst school age children.

Outcomes

School aged children between 5-15 years in all schools and communities within the intervention zone are effectively treated with mebendazole/albendazole and praziquantel yearly.

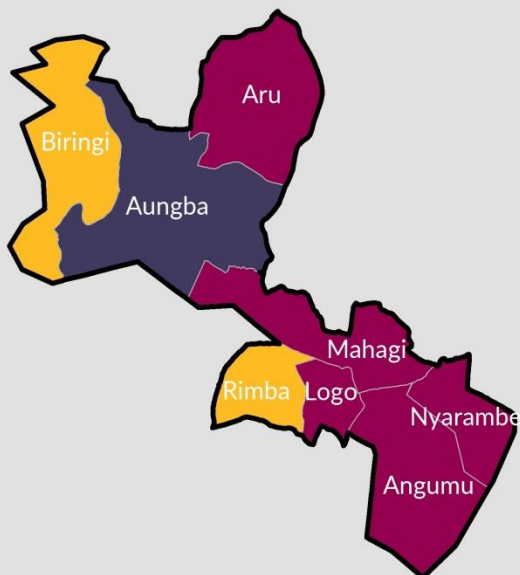
Map of program implementation areas

Within the Ituri Nord project area, support from Givewell in 2017 and 2018 is facilitating schistosomiasis / STH MDAs in all the health zones which reach the WHO-defined minimum thresholds for MDA:

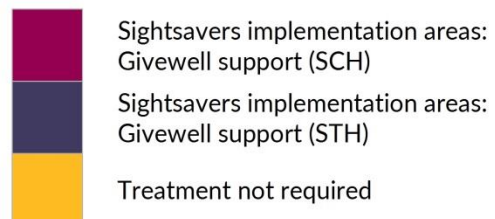
Schistosomiasis: Nyarambe (92.3%), Angumu (78.6%), Biringi (15.7%), Aru (12.7%), Mahagi (2.8%), Logo (0.8%)

STH: Augnba (22.9%)

Ituri Nord, 2017



Ituri Nord, 2018



Outputs

Output 1

Train Health Staff, community members and teachers to deliver schistosomiasis / STH MDA to schools and endemic communities.

Activities

- Hold training of trainers sessions for neglected tropical diseases (NTDs) control team in Ituri Nord at the provincial level. Hold training sessions to train new and retrain old front line health facility staff in all targeted health zones. Conduct training sessions for classroom teachers on MDA for schistosomiasis / STH activity;
- Conduct training sessions for community drug distributors (CDDs) on schistosomiasis / STH interventions at community level.

Output 2

Treat school aged children between 5-14 years for STH and for schistosomiasis through Mass Drug Administration (MDA).

Activities

- Sensitization workshop for Ministry of Education, school education boards, traditional and religious leaders and the media;
- Mobilisation of schools, parents and communities in preparation for albendazole and praziquantel distribution;
- Develop and produce information education and communication (IEC) materials such as posters, banners, flyers and Tee shirts to enhance social mobilization activities in all health zones;
- Produce and disseminate radio messages on schistosomiasis / STH interventions.
- Ensure procurement and delivery of adequate quantities of praziquantel and albendazole in all health zones;
- Use existing community social mobilization channels to disseminate information targeting school aged children and parents on the need to feed children on the day of deworming;
- Produce and distribute monitoring and evaluation tools used during schistosomiasis / STH campaign;
- Guide communities on the production of measuring sticks for praziquantel distribution;
- Conduct MDA for schistosomiasis / STH to treat school age children;
- Manage all side effects resulting from praziquantel distribution for schistosomiasis;
- Procure and distribute materials to manage adverse events;
- Collection, analysis and reporting of all treatment data for the schistosomiasis / STH campaign;
- Hold review meetings with key actors after the MDA campaign;
- Integrated treatment coverage survey at the end of the treatment round;
- Conduct monitoring and supportive supervision of school based and community MDA;

- Collect and collate treatment data (data entry and management);
- Conduct review meeting;
- Data quality assessment.

Output 3

Ministry of Health coordinates and supports targeted regions/districts to implement the National NTD Plan with focus on schistosomiasis and STH.

Activities

- Collaborate with NTD coordination at provincial and national level on ways to improve deworming programme implementation;
- Conduct advocacy to policy makers at provincial and health zone levels;
- Document and share case studies and success stories;

Output 4

Data on hand washing and latrine facilities in schools available at operational level.

Activities

- Identify specific health zones and schools where indicators for WASH will be collected with priority given to those with high schistosomiasis / STH endemicity;
- Revise school reporting forms to include information on availability and sanitary conditions of water points and latrines within school premises;
- Collect and report school based data on WASH in selected health zones;
- Develop country specific cross cutting plans on WASH activities.

Risks and Assumptions

Project risks and assumptions are clarified in the logframe document. Risks include:

- Weak institutional capacity of the partner, mainly in central level and Ituri Nord, during due diligence assessment activities, MDA and delivery. Capacity building plan will be tailored to address the challenges identified, mainly reporting and respect of deadlines.
- Socio-economic or political instability or civil unrest could affect programme implementation. In the event of crises, the programme office will be closed until the situation is calm and personal safety will be the priority.
- Delays in donation of drugs due to custom clearance or the challenging geographic location of the provincial coordination.
- Partners not implementing agreed Memorandum of Understanding / project activities. Sightsavers will conduct advocacy and hold stakeholders' meetings to address issues and advocate to government to increase funding to the programme.

Inputs from Sightsavers, partners and Governments

Stakeholder	Inputs to be provided
Sightsavers / UFAR	<ul style="list-style-type: none"> • Advocacy to state and other stakeholders; • Facilitate in collaboration with Ministry of Health, the distribution of NTD control drugs to endemic communities; • Lead on procurement of NTD control drugs for the country; • Logistical support, including donation of equipment and instruments; • Provide information, education and communication materials to projects; • Provide technical oversight on programme and financial activities for the programme; • Undertake monitoring and supervision; • Provide timely funds for field activity.
Federal Ministry of Health National NTDs Control Programme	<ul style="list-style-type: none"> • Advocacy for inclusive MDA; • Provide technical support to the provincial coordination; • Review progress of programme implementation; • Facilitate requests for NTD control drugs; • Monitoring and supervision of both training and MDA; • Facilitate inclusion of CDDs in national immunization day programmes where cash incentives are given as a means of compensation for MDA activities which are purely benevolent; • Pay salaries to staff.
Provincial Ministry of Health	<ul style="list-style-type: none"> • Support targeted health zones in programme implementation; • Provide office space for UFAR's Technical Assistant in Ituri North; • The DPS and IPS to support project coordinator and his staff to effectively run the project; • Support the provincial coordination in planning, supervision, monitoring and evaluation; • Undertake advocacy to policy makers at provincial and health zone level; • Provide health education to 1,724 communities and 650 schools on the control and prevention of schistosomiasis / STH transmission; • Train local government staff on community directed interventions; • The provincial coordinator to liaise with Ministry of Education on schistosomiasis and STH control; • The provincial coordination and district staff will monitor and supervise field activities; • Contribute to running costs as agreed;

	<ul style="list-style-type: none"> • Provide day-to-day management of programme at the provincial level; • Payment of staff salaries; • Compilation and submission of technical and financial reports to national NTD programme and Sightsavers / UFAR; • Ensure correct management of drugs and other campaign inputs from Sightsavers / UFAR; • Timely reporting to Sightsavers / UFAR and National Ministry of Health on treatment data and other field activities; • Establish micro plans and budgets for project activities in schistosomiasis / STH endemic health zones.
Educational Ministry, Schools and Teachers	<ul style="list-style-type: none"> • Liaise with the Ministry of Health to plan, conduct and address schistosomiasis/ STH MDA-related challenges; • Collect NTD control drugs from the health area; • Store and distribute praziquantel and albendazole to school aged children aged 5-14 years in school premises; • Mobilize and sensitize schools on personal hygiene and environmental sanitation; • Monitor the school-based schistosomiasis / STH MDA; • Timely reporting of campaign data to health facilities.
Front Line Health Facility Workers	<ul style="list-style-type: none"> • Provide health education, mobilize and sensitize communities and their leaders on the need to adopt positive behaviour towards schistosomiasis / STH interventions; • Prepare operational plans for various health areas; • Collect drugs, data tools, information education and communication (IEC) materials, and other campaign materials from health zones; • Ensure effective preservation, management and repartition of campaign materials and drugs to CDDs based on their target population; • Train CDDs on integrated MDA with particular focus on schistosomiasis / STH interventions; • Monitor and supervise the CDDs during mass drug administration; • Collect and collate community treatment data/reports.
Community	<ul style="list-style-type: none"> • Nominate volunteers – CDDs; • Mobilize and sensitize community members; • Motivate and compensate volunteers in cash or in kind; • Select dates and process for distribution of NTD control drugs; • Collect NTD control drugs from collection centres; • Provide storage and ensure safety of NTDs control drugs; • Ensure that all eligible community members are treated; • Assist in addressing all cases of refusal; • Record keeping and reporting of activities.

Target beneficiaries

The direct project beneficiaries are school aged children in targeted health zones of Ituri Nord, DRC. Indirect beneficiaries are teachers, parents, health workers, community volunteers who will benefit from the project through the acquisition of knowledge and skills related to MDA and hygiene practices.

Specific measures to address the barriers of people with disabilities:

Disability results when the interaction between persons with impairments and attitudinal and or environment barriers hinder their effective participation in society on an equal basis with others. It is a complex phenomenon that reflects the interaction between features of a person's body and features of the society in which he or she lives. In any project, therefore, it is very important to ensure that people with disabilities, women and other marginalised groups are participants in identifying the specific barriers that require interventions to overcome.

Since inception, Sightsavers' project partner UFAR has promoted inclusion alongside NTD elimination activities. People will be treated irrespectively of their gender, ethnicity, sexual orientation, disability or socio economic status. In 2017, contact has been establish between UFAR and the provincial ministries in charge of health and social affairs to make MDA inclusive. A plan has been set to approach disabled people's organizations and sign contracts to include disabled persons in CDD groups.

Inclusion will be achieved by working in collaboration with disabled people's organizations, relevant government departments and community based organizations that promote gender equity. Contracts will be signed with these structures to include women with disabilities in any phase of MDA implementation.

As implementing partner for Sightsavers in DRC, UFAR follows a rights based approach as set out in the UN Convention on the Rights of Persons with Disabilities to help ensure that interventions are accessible to people with disabilities. As Sightsavers partner, they will continue to adhere to three key principles; participation, non-discrimination and comprehensive access.

Gender barriers

Sightsavers / UFAR will continue a community directed approach that promotes and tracks the participation of women community leaders in drug distribution.

Patient feedback

Input and feedback from patient, service providers, and beneficiary groups will be documented during the process of programme monitoring and supervision. Information obtained will be used to improve programme implementation.

Partnership

Capacity Building

The capacity building plan developed in 2016 will continue to enhance the partner in software accounting, using Sightsavers' online financial portal CLAIMS and excel. Sightsavers/UFAR will continue advocating for the respect of agreed deadlines, to provide timely reports to the donor. Annual planning and review meetings will be used to remind the government of its role in contributing to the improvement of its staff development and its role in counterpart funding with partners.

Other organisations working on similar interventions

National campaigns for the distribution of mebendazole have been organized by the National Nutrition Program targeting children from 6 months to 5 years (part of the schistosomiasis / STH target) and were previously supported by UNICEF and WHO. The NGO Maltezer International has been working in Ituri Nord province to support the water and sanitation program for over 20 years. UFAR will use this opportunity to establish collaboration with them in order to promote health hygiene and sanitation practices for the schistosomiasis / STH programme in Ituri Nord.

Opportunities to engage with these organisations

WHO and UNICEF are supporting immunization campaigns in DRC. The same CDDs, who are paid during these activities, could be motivated to conduct unpaid and volunteer activities, such as MDA. Being polyvalent, CDDs are regarded with high esteem since they perform benevolent services within their communities. This serves as a form of motivation to them.

There will be collaboration in water and sanitation with Maltezer International and others yet to be identified in the province. There will be further stakeholders' analysis to identify additional potential collaborators able to support school health, and water and sanitation interventions.

Partnerships will be expanded to include new NGOs (local and international) and relevant Ministries, departments and agencies at all levels. Community based organisations, will be identified in 2017 and will be involved in community mobilisation activities prior to schistosomiasis and STH MDA. Partnership will be established with administrators in private schools, to enhance the acceptance of praziquantel, which at times can cause side effects during MDA.

Research and learning

Although specific research will not be undertaken, the following specific learning questions will be answered in end of term evaluations (and potentially in process evaluations):

Relevance

- How consistent is the programme with national and provincial NTD plans?

- How well does the programme engage with local communities and align with local health needs?

Effectiveness

- To what extent have the programmes strategic objectives been achieved in terms of outputs and outcomes?
- What are the key determinants for the achievement of outputs and outcomes?
- What are the factors leading to the non-achievement of the objectives?

Scalability:

- Assess the intervention approach in terms of scalability and if it can be replicated by the government or other agencies in the province.
- To what extent does the capacity for replication/scale-up exist within the health system?

Efficiency

- What are the most efficient aspects of the programme and why?
- Have resources (human, material and financial) been allocated in a way which maximizes their use?
- What mechanisms or approaches have been used that led to achievements of results at a lower cost? And how can these be effectively utilized post Sightsavers' support?
- Were activities cost-efficient and why?
- Were programme objectives achieved on time?

Impact

- To what extent has the programme lead to long term changes in terms of strengthening health systems?
- What specific long lasting outcomes have been achieved in terms of the six health systems strengthening building blocks, attributes and outcomes?
- What real difference has the programme made to the beneficiaries?

Sustainability

- To what extent has the Ituri Nord programme demonstrated that it can be sustained after funding ceases?
- What were the major factors at the local, state or national health system which influenced or may influence the sustainability of the programme?
- What components of the programme are most sustainable from service delivery and users' point of view and why (key factors)?
- Assess the sustainability of the programme in terms of capacity building and institutional development.
- How can the partner maintain sustainability of services and continue to support the programme after Sightsavers support?

Coherence

- How well integrated is the programme into other health programmes in Ituri Nord?

Coordination

- What coordination mechanism was set in place and how well it was functioning?
- The programmes performance will be assessed for each of the WHO Framework buildings blocks (service delivery, health workforce, information, medical products, vaccines and technologies, financing and leadership/governance), the desirable attributes (access, coverage, quality and safety) and outcomes (improved health, responsiveness, social and financial risk protection and improved efficiency);
- The analysis will be used to make recommendations on the future of the programme, particularly on how the partner can continue to support programme and maintain sustainability of services post-Sightsavers' support.

Monitoring and evaluation

Baseline data

Baseline data on schistosomiasis / STH is available, following mapping in various health zones of Ituri Nord.

Project Monitoring

Program monitoring will be accomplished as per the monitoring and evaluation plan agreed with the Ministry of Health. Sightsavers partner UFAR will continue to use the field monitoring template provided by Sightsavers and will report quarterly to Sightsavers. Emphasis will be on the project indicators as defined in the logical framework. UFAR will post a staff member in Ituri Nord throughout the duration of the campaign, to supervise and closely monitor MDA.

Coverage surveys, hygiene assessments and parasitological evaluations will be conducted to measure the effectiveness of programme delivery and impact towards schistosomiasis / STH control.

Project Evaluation

Key impact indicators:

- Prevalence of STH at sentinel sites;
- Prevalence of SCH at sentinel sites;
- Percentage of sentinel schools / sites with < 1% heavy / moderate intensity of STH infections;
- Percentage of sentinel schools / sites with <5% heavy intensity of schistosomiasis infections.

The Quality Standards Assessment Tool (QSAT) will be used to assess the project during the first year of implementation. The report of this assessment will provide learning and guidelines for programme improvement.

Sustainability

Sightsavers will enhance project sustainability through the following:

Partnership and financing

The provincial government of Ituri Nord and endemic communities are the main implementing partners. They will ensure ownership of and commitment to the national NTDs elimination agenda. The government provides personnel, office space and annually releases funds for NTDs control activities.

Governance and coordination

The Provincial MOH, will lead on the NTD program in conjunction with the national NTD program. UFAR/Sightsavers will adopt the existing management structures at the Provincial level for effective management and coordination of NTD control and ultimately elimination. UFAR will follow the national coordination mechanisms and country-led systems capable of sustaining NTDs activities by ensuring integration of STH and schisto activities with existing oncho/LF interventions financed by UK Aid Match in Ituri Nord.

Human resource development

Sightsavers / UFAR will train health professionals and community members on how to conduct MDA and disease management and disability inclusion (DMDI). The capacity of Provincial NTD control staff will be enhanced in programme management, epidemiological surveys, management of side effects, referral of praziquantel side effects, community monitoring, record keeping and data management.

Integrated service delivery

Building on the successful CDI approach for oncho and LF elimination, Sightsavers/UFAR will now include the control of STH and schisto in integrated service delivery. Mectizan and albendazole combination treats Oncho and LF, and by default, STH from albendazole. The addition of Praziquantel will address schistosomiasis.

Sensitisation and research

Sensitization will be done in communities and schools. CDDs and teachers will be trained on how to deliver key messages, alongside administration of albendazole and praziquantel. The Ministry of Education will provide teachers while CDDs will be selected from their respective communities. Community self-monitoring will be conducted to enable communities appraise the performance of MDA. Integrated treatment coverage surveys will be conducted to identify and address challenges affecting programme performance. At the end of the third year, epidemiological studies will be done to assess the impact of MDA on school aged children by measuring schistosomiasis / STH prevalence and intensity.

Learning

Evidenced based approaches are likely to receive continued funding from government and multilateral or bilateral agencies thereby ensuring the continuation

of elimination activities. The learning component of UFAR/Sightsavers work will provide robust evidence to MOH to increase budgets for NTD elimination in Provincial health plans. UFAR/Sightsavers will work with the Provincial MOH in project planning, monitoring, and evaluation.

Logistics

UFAR will facilitate delivery of drugs used for all four PCT- NTDs from Kinshasa to the project areas. The sustainable NTDs elimination action plan includes; strengthening the capacity of 135 health workers, 1138 teachers and 2000 Community Directed Implementers (CDI) who will implement community and school based MDA. The plan also included steps towards MDA scale-up in targeted endemic health zones, collaboration with government and other development actors to strengthen health systems and the integration of NTD logistics with the national procurement and supply systems.

Technical support

The Capacity of the national and provincial NTDs control staffs will be strengthened on programme management, epidemiological surveys, MDA with multiple drugs, management of side effects, record keeping and data management, as per our capacity building plans. Growing CDDs and community leader competency in referral of adverse drug reactions (mostly for praziquantel) and community self-monitoring will be a priority. Sightsavers technical staff will also arrange periodic visits to supervise program implementation and evaluate project activities.

Social awareness

Community awareness will be raised to encourage community participation and ownership through the broadcast of key campaign messages in local languages by community radio stations, use of town criers and production of IEC material. The programme will work with teaching staff, PTAs and community leaders to promote social awareness.

Exit strategy

Sightsavers' DRC team's approach to project exit includes;

- Enhancing government and community ownership;
- Building institutional capacity;
- Advocating for government financial support;
- Institutionalisation of disease surveillance within the Ministry of Health;
- Implementation of the project sustainability plan.

Community sustainability

The project is a control/elimination programme that targets school age children in endemic communities. Sightsavers/UFAR has developed mechanism to sustain the programme over the life of the grant:

- Donors will provide donated drugs and it is anticipated that the WHO will facilitate transportation and delivery of drugs into DRC;
- The participation of traders/businessmen and other community leaders in the transportation of albendazole shows a high level of community participation to the national NTDs elimination objectives;
- The control of NTDs is part of the minimum package of activities at all levels of the Ministry of Health;
- The Ministry of Health has skilled personnel in Ituri Nord whose main role is to oversee MDA activities;
- Sightsavers/UFAR will organise advocacy meetings with community leaders, provincial health authorities and political leaders to increase their commitment in the NTD elimination process.

Planning for additional funding

In order to ensure community ownership, Sightsavers/UFAR supports the Ministry of Health in planning project activities. A bottom-up approach is adopted and communities are involved at the frontline health facility level. NTD micro-plans are developed by health zones, consolidated at provincial level and eventually integrated into the health system.

Sightsavers/UFAR will continue to advocate for financial support from the Ituri Nord provincial government. Locally, communities will be sensitized on the importance of motivating CDDs either in cash or in kind.

Transparency and accountability

The following measures will be taken by the country office to ensure transparency and accountability throughout the project period:

Before beginning the project an inception workshop approach will be used to fully brief all key actors on the project concept/approach. A funding agreement will be signed between Sightsavers and the Ministry of Health. Financial reports will be in line with implementation reports. Annual review meetings will be held to brief all stakeholders on the implementation progress and financial status of the project. Status reports will be shared with all stakeholders.

Sightsavers/UFAR works in partnership with the Ministry of Health structures of the DRC. Both parties follow the same policy that guide financial and programme management. The project funding agreement (PFA) signed with the Ministry of Health is shared with implementing partners at provincial level.

Partners are involved in programme design, budgeting and all aspects of the project cycle processes. Funding from GiveWell will follow the existing systems put in place for the UK Aid Match funded onchocerciasis and LF elimination project also operating in DRC.

Responsibility for performance

Sightsavers has a small technically sound partner in UFAR, supported by programme and financial support service units. In addition, there is a team of five Sightsavers NTD technical advisors appropriately qualified will work alongside the project director to systematically monitor project performance as needed.

Any problems, such as delays in activities, procurement or inability to meet targets will be flagged immediately with the partner and a provisional action plan will be drawn up. The issues identified and action plan will be reviewed by the Country Director and Programme Managers if necessary and any revisions will be communicated to the partner. This action plan will contain critical targets that must be met and the Monitoring and Evaluation officer will follow-up progress.

Sightsavers' Quality Standards (integrated into its Quality Standards Assessment Tool, or QSAT) will act as a reference point against which a programme may be evaluated. A combined standard for river blindness and elephantiasis, Schistosomiasis and STH will be used. UFAR will collaborate with Sightsavers' global leads to programme QSAT activities in due course.

At the country office level, monitoring visits by UFAR will take place quarterly, using standard monitoring forms customised as needed. In addition, a UFAR staff will be based permanently in Ituri Nord during the MDA period. Data collected will be disaggregated by gender and age, enabling us to assess gender balance in our reach.

The indicators specified in the log frame will be used to measure progress, as well as achievement of outputs, outcomes and impact at the end of the project. An M&E plan which includes tools, timelines, roles and responsibilities of field actors will be drawn up.

The programmes will use the national harmonised integrated NTD programme monitoring, evaluation and learning approach with the relevant ministries and coordinating bodies in Ituri Nord. Monitoring tools such as NTD Community registers, NTD summary data forms (containing data from health facility, health zone and province) and supervision checklist will either be adapted or created as required in accordance to the needs outlined in the M&E plan.

Training on monitoring will be integrated into partner staff training. Our partners already benefit from existing frameworks for monitoring and evaluation of integrated NTD control programmes. They will help identify the data collection tools to be used in the project, when they are used and what they capture.

Transparency of activities and finances

Sightsavers has a robust and comprehensive financial control framework that includes an internal audit function, partner financial capability assessment and monitoring tools as part of our partnership policy. Partnership agreements are signed with each partner detailing proposed financial support and outlining financial obligations of both parties.

All Sightsavers management systems will be adhered to:

- Project planning process;
- Due diligence;
- M & E framework;
- Programme implementation manual;
- Financial management framework .

Data will be systematically managed through;

- Status reports;
- Sightsavers financial accounting systems (CLAIMS);
- Programme portal;
- Strategy implementation manual.

Value for Money

Strategic approach:

Effectiveness

The effectiveness of interventions will be enhanced by:

- Contributing to and working within the National NTDs Master Plan, NTDs Technical Committee, NTDs Steering Committee.
- Aligning interventions with the WHO (2011) Roadmap for Accelerating Work to Overcome the Impact of NTDs;
- Working in partnership with MoH, WHO, RTI Envision Programme, Schistosomiasis Control Initiative (SCI) and END Fund.
- Advocating for increased resource allocation for NTDs.

Efficiency

The efficiency of interventions will be enhanced by our planning, approach, accountability and M&E.

Planning – we will:

- Support the MoH to develop annual work plans that align with the National NTD Master Plan and GiveWell project plan;
- Inform organisational development plans and support efforts to enhance partner organisation capacities through due diligence.

Approach – we will:

- Use accepted standards and operational guidelines;
 - Community directed and school interventions (CDI) approach;
 - WHO Guidelines for Certification of SCH and STH control;
 - Gradual integration of procurement and delivery of drugs for MDA with the National Medical Stores plans;
- Strengthen supportive supervision of MDA and hand washing practices;
- Implement recommendations from post treatment coverage surveys so that MDA coverage thresholds are consistently met;
- Implement strategies to reach marginalised and vulnerable groups using the outcomes of the equity tool.

Financial accountability

- Financial management will be in line with Sightsavers' financial framework ensuring promotion of strategic and effective use of resources. Partner financial guidelines will be adopted when they meet the minimum standards laid out in Sightsavers' financial framework.

Monitoring and Evaluation – we will:

- Roll out Sightsavers' monitoring and evaluation framework;
- Conduct post treatment coverage surveys;
- Carry out end of project evaluation to assess achievements against the impact and outcome (measurement of prevalence and parasite intensity);
- Adopt options/strategies to reduce unit costs (E.g. economies of scale).

Economy

The economy of interventions will be enhanced by:

Procurement of supplies and inputs will conform to Sightsavers' procurement policy and procedures. We will ensure that goods and services procured are of high quality at the best available prices, meet the needs of end users and are in the right place at the right time. We will ensure accountability and internal controls at all levels is maintained and procurement is in compliance with relevant laws and regulations;

- The development and implementation of an annual procurement plan.