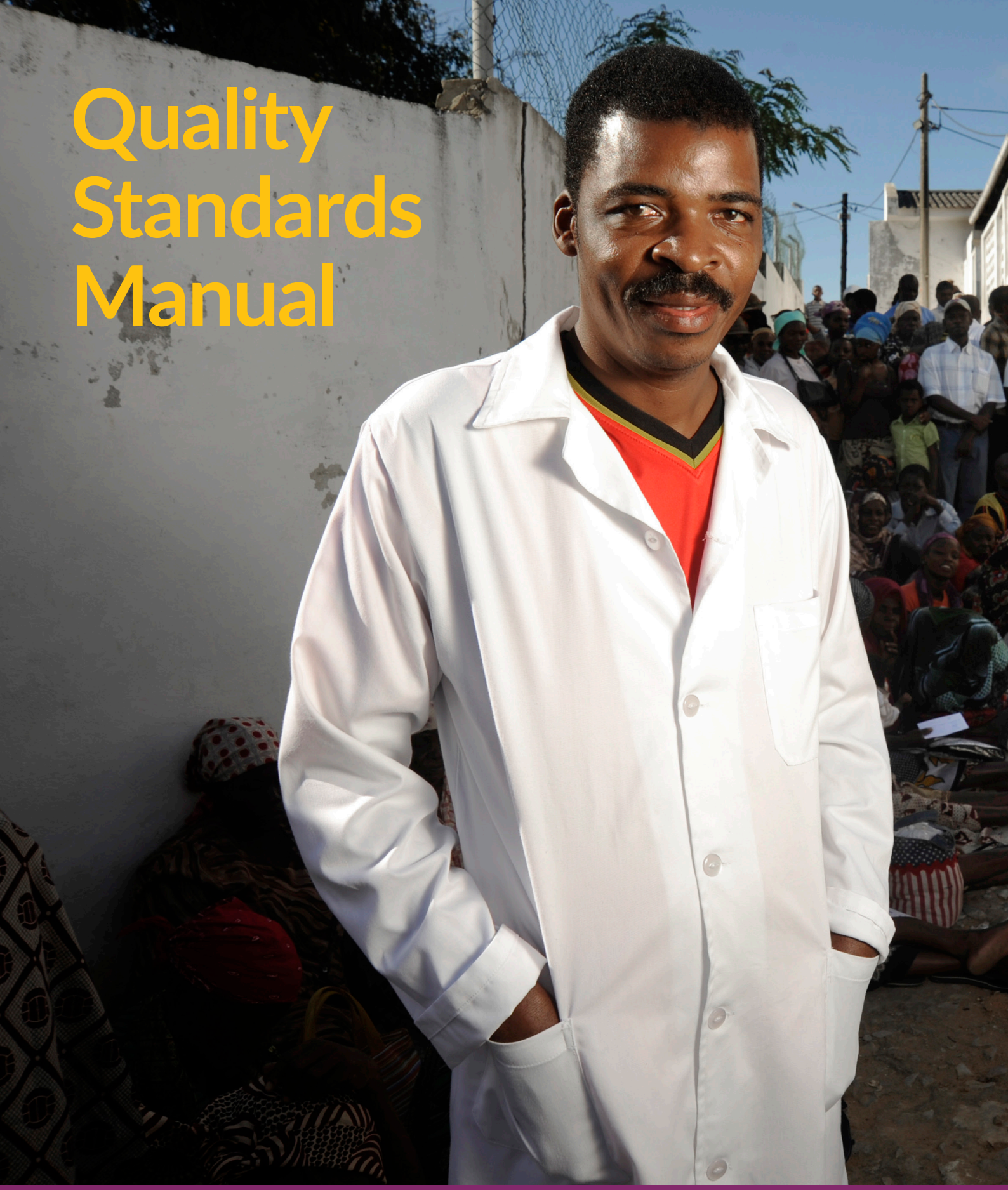
Quality Standards Manual



Defining minimum practice for Sightsavers supported projects

Sightsavers

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Absa Kâ from Senegal receiving Zithromax® as part of a campaign to treat trachoma.

Acknowledgements

A team of technical experts and reviewers contributed to the development of these quality standards. Many thanks to Adelaide Addo-Fening, Adidia Amani, Dr Agatha Aboe, Dr Andy Cassels-Brown, Andy Tate, APOC, Dr Benjamin Koudou (LSTM), Dr Claire Gilbert, David Murray, Dominic Haslam, Dr Fiona Fleming (SCI), Gertrude Oforiwa Fefoame, Dr Guy le Fanu, Dr Hannah Faal, Dr Haroon Awan, Hasan Minto, Dr Imran Khan, John Howson, Katriona Woollard, Dr Kolawole Ogundimu, Dr Noela Prasad, Dr Paul Lynch, Phil Hand, Rashin Choudhry, Ronnie Graham, Dr Sandeep Buttan, Simon Bush, Sumrana Yasmin, Dr Susan D'Souza, Taitos Matafeni, Dr Wendy Harrison (SCI) and all Sightsavers country teams and piloting partners.

Foreword

Sightsavers strategic objectives are set out clearly in our SIM card, a version of the balanced scorecard. The SIM card drives everything we do, and is available on our website. One of our objectives is to ensure our programmes are of high quality. Given our aims to demonstrate scalable, cost effective approaches to enable systemic change, this is clearly fundamental. Nobody will replicate a programme that cannot show it is high quality.

Our work ultimately centres on beneficiaries, and they have the right to high quality services. In eye health this is particularly critical as poor quality can be hazardous and can even lead to irreversible blindness. All the work we do around system strengthening, advocacy and capacity building must also be of high quality if it is to be effective. It is therefore critical that Sightsavers commits itself to quality, and the development of these quality standards is part of that commitment.

This manual sets out the quality standards that we expect our programmes to achieve. We will be assessing our programmes, our country offices and our partners against these standards, and will be developing plans for improvement as part of our commitment to quality.

Dr Caroline Harper OBE
Chief Executive, Sightsavers

September 2012

Abbreviations and acronyms

AA	Advocacy alliance
ALB/ MEB	Albendazole/ mebendazole
APOC	African programme for onchocerciasis control
ATO	Annual treatment objective
BCC	Behavioural change communication
BPO	Blind persons organisation
CDD	Community directed distributors
CDTI	Community directed treatment with ivermectin
CPD	Continuous professional development
CSO	Civil society organisation
DDT	Due diligence tool
DIP	Detailed implementation plan
DPO	Disabled persons organisation
ECSAT	Eye care services assessment tool
EHSA	Eye health systems Assessment
ESWG	Education sector working group
FLHF	Front line health facility
GCR	Geographic coverage rate
GET	Global elimination of trachoma
GTL	Global technical lead
MIS	Management information system
IAPB	International agency for the prevention of blindness
IEC	Information, education and communication
IEP	Individual education plan
IOL	Intraocular lenses
LVD	Low vision device
MDA	Mass drug administration
MEC	Mectizan® expert committee
MoH	Ministry of health
MOU	Memorandum of understanding
MPCT	Minimum partnership criteria tool

NTD	Neglected tropical disease
OPD	Out patients department
PCM	Programme cycle management
PoC CA	Point of care circulating cathodic antigen
PRO	Programme oversight and reporting
PSMT	Programme systems and monitoring team
PZQ	Praziquantel
QSAT	Quality standards assessment tool
RAAB	Rapid assessment of avoidable blindness
RAPLOA	Rapid assessment for loa loa
REMO	Rapid epidemiological mapping of onchocerciasis
SAE	Severe adverse events
SAFE	Surgery, antibiotics, facial cleanliness, environmental improvement
TCR	Therapeutic coverage rate
TF	Active trachoma
ToR	Terms of reference
TT	Trachomatous trichiasis
UNCRPD	United nations convention on the rights of persons with disabilities
UTG	Ultimate treatment goal
WASH	Water, sanitation and hygiene
WATSAN	Water and sanitation
WHO	World health organisation

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Roni with his mother Masura at their home in Manipur, Bangladesh, following his cataract surgery.

Introduction

Ensuring high quality projects is one of Sightsavers strategic objectives[1], in response to which we have developed quality standards that outline effective practices in our areas of work.

Sightsavers has a responsibility to ensure that the projects we select, support, fund and manage are of high quality. These quality standards therefore act as a reference point against which a project may be evaluated, both to assure staff that programme management decisions are being made in keeping with identified sector best practices, and to demonstrate that all efforts are being made to mitigate harm to beneficiaries and deliver the best possible outcomes in line with Sightsavers vision and mission.

Meeting a quality standard means meeting the minimum level that all Sightsavers projects are expected to reach. Our commitment to their compliance contributes to our organisational accountability, and is crucial in instilling confidence in Sightsavers from the public, donors, partners and the beneficiaries which we work with and for.

Our quality standards are reviewed periodically to ensure they remain relevant and consistent with new developments and recommendations.

1 Sightsavers. Strategic Framework 2012-2018: Making the connections [online]. Available at: http://www.sightsavers.org/wp-content/uploads/2016/03/Sightsavers-Strategic-Framework-Making-the-connections-2012.pdf [Accessed 21 November 2016].

Format

Each set of quality standards is developed through a comprehensive consultation and testing process. We have developed two types of quality standards - PCM (project cycle management) and thematic (all others).

Programme cycle management (PCM):

The PCM quality standards represent the cycle through which a project progresses from conceptualisation to exit, i.e. they outline the minimum expectations related to all stages of the management of a project.

Thematic quality standards:

The thematic quality standards represent minimum expectations in service delivery, workforce, infrastructure, etc. They have been developed based on international best practice in all core areas of our work.

All quality standards (PCM or thematic) are similarly formatted with a **benchmark**, a set of **requirements** and a **means of verification**:

Benchmark: The aspired state or level that should be attained in each quality standard.

Requirements: The individual minimum expectations that need to be met/in place in order to meet a quality standard.

Means of verification: The evidence needed to verify that a requirement has been met. These means of verification may take form of a review of documentation, an interview or site visits/observation of practice.

Assessment

Sightsavers has operationalised the quality standards through a set of quality standard assessment tools (QSATs). A separate tool has been developed for each technical area. Only Sightsavers country offices are assessed against our PCM standards and only individual projects or project partners/facilities against our thematic standards.

Sightsavers undertakes these assessments to better understand how our project management and project performance aligns with what we accept as good practice. Assessments are opportunities to reflect on performance, to implement strengthening measures where a need is identified, and are a comparative measure of quality improvement for project reporting.

QSAT objectives:

- To critically assess how projects are managed by Sightsavers country offices, and the quality of practice by Sightsavers projects or project partners/facilities.
- To develop action plans to facilitate quality improvement for Sightsavers country offices, and projects or project partners/facilities.
- To provide a means to assess quality improvement by establishing comparable scores which can be used as outcome and impact level indicators.

Sightsavers understands and appreciates that many countries and partners have established, or are establishing, quality standards for the thematic areas that Sightsavers supports. Sightsavers therefore recognises that in the countries where we work, host-government or partner thematic quality standards should take precedence. Our quality standards are to support our work with partners, and not to cause conflict or competition for them. In instances where we find that a proposed partner's quality standards do not meet the minimum as outlined in this manual, no contract should be signed or implementation started until any discrepancies are resolved.

Undertaking an assessment with the QSAT

Each quality standard requirement is rated in turn by an assessment team based on a review of the necessary evidence (means of verification). Each requirement may be rated as 'not met', 'partially met, 'mostly met', 'fully met' or 'not applicable'.

Ratings link to a weighted scoring mechanism which indicates the need for quality improvement per quality standard and for the technical area as a whole. The need for quality improvement is designated as 'critical', 'strong', 'moderate' or 'low'.

Following score review, an action plan for continuous quality improvement is developed to meet any identified challenges. The implementation of this action plan is monitored by Sightsavers, after which a re-assessment will be scheduled.

Sightsavers staff may access all QSATs, supportive materials and guidance from the Programme Portal.

Rachael Nakwawi demonstrates how she washes her hands and face at Kotela Primary School, Turkana, Kenya.

Nine year old Devilal from Galaberi, Rajasthan in class with his peers.

Monitoring of outreach screening, Mukambo, Copperbelt, Zambia.

Programme Cycle Management (PCM)

Programme cycle management (PCM) is a term used to describe the management activities and decision making procedures used during the life cycle of a programme/project[2].
The PCM approach is an effective means of ensuring that programmes and projects are well designed, relevant to any agreed strategy, meet the real needs of target populations, are feasible with realistically achievable objectives, and that benefits generated are likely to be sustainable.

Our icon represents the programme life cycle.

2 See European Commission., 2004. Aid Delivery Methods. Vol. 1: Programme Cycle Management Guidelines, [online] European Commission (p17). Available from http://ec.europa.eu/europeaid/multimedia/publications/documents/tools/europeaid_adm_pcm_guidelines_2004_en.pdf [Accessed 2 July 2012].

This technical area comprises the following standards:

- PCM1 Context analysis and project concept
- PCM2 Project design
- PCM3 Implementation, monitoring and reporting
- PCM4 Project evaluations
- PCM5 Learning and dissemination
- PCM6 Exit/phase out
- PCM7 Human resource management

PCM1 Context analysis and project concept

Benchmark: Project concepts are developed based on a detailed understanding of the contextual environment. Partners meet the minimum criteria to work with Sightsavers.

Requirements		Means of verification
PCM 1.1	A thematic context analysis is conducted.	• Context analysis (eye health = eye health context analysis tool, EHSA or ECSAT; education = education context analysis tool or scoping study; social inclusion = social inclusion context analysis tool or scoping study)
PCM 1.2	A problem identification exercise/mapping of intervention logic is conducted.	• Problem tree/ intervention logic
PCM 1.3	Internal Sightsavers resources including policies, analyses, evaluations and learning materials are collated and reviewed.	• Discussion of process and reference to relevant internal resources in the project concept note
PCM 1.4	Project partners are selected and assessed against Sightsavers minimum partnership criteria.	• Minimum partnership criteria tool (MPCT)
PCM 1.5	A project concept note is developed that clearly articulates the problem to be addressed and how success will be achieved.	• Project concept note, advocacy plan (if relevant)

PCM2 Project design

Benchmark: Projects are designed involving representative stakeholders and are guided by technical best practices and clear process. A detailed, costed framework is developed to monitor how the project will achieve intended changes.

Requirements		Means of verification
PCM 2.1	Representative stakeholders (including beneficiaries and partners) are engaged/ consulted.	• Evidence of timely consultation
PCM 2.2	External (non-Sightsavers) resources including technical manuals and tools are reviewed.	• Discussion of process and reference to relevant external resources in the project proposal
PCM 2.3	Project partners are assessed with the due diligence tool.	• Due diligence tool (DDT)
PCM 2.4	Specific milestones for policy change (if applicable) have been identified.	• Advocacy planning and reporting tool
PCM 2.5	A project proposal narrative is developed, building on the project concept.	• Project proposal
PCM 2.6	A project framework is developed with performance indicators, a detailed and costed implementation plan, a comprehensive project budget and a procurement plan.	• Project framework (logframe, implementation plan and budget) • Procurement plan
PCM 2.7	The project design checklist and sign off process is completed with approval received from all relevant stakeholders.	• Project sign off form

PCM3 Implementation, monitoring and reporting

Benchmark: Project implemention is guided by a clear, detailed start-up and inception process. Data from project monitoring is actively collated, quality checked, analysed and applied to inform and adjust implementation.

Requirements		Means of verification
PCM 3.1	The Sightsavers start-up process is completed within the first three months of the project start date.	• Start-up checklist
PCM 3.2	The Sightsavers inception process is completed within the first six months of project implementation.	• Inception process report (including data management actions)
PCM 3.3	A functional project management oversight process is in place.	• Project management oversight meetings - discussion on practice and review of minutes • Project activity plans or approaches to implementing activities
PCM 3.4	Staff use a schedule and templates for partner monitoring visits.	• Monitoring visit schedule and reports
PCM 3.5	Partner data reporting meets Sightsavers minimum criteria for data quality.	• Partner returns
PCM 3.6	Partner data is consistently reviewed with clear and timely feedback provided.	• Completed reporting log and evidence of feedback
PCM 3.7	Quantitative and qualitative data are accurately collated and entered into the Portal to submission deadlines.	• Portal submission statistics

PCM3 Implementation, monitoring and reporting (cont)

Requirements		Means of verification
PCM 3.8	Quantitative and qualitative data is consistently referenced between reporting formats.	• Data cross reference and evidence of reconciliation (as applicable)
PCM 3.9	Partner capacity is built based on ongoing review and strengthening measures.	• Action plans from due diligence and associated assessments
PCM 3.10	Project performance is on track against established targets and activities.	• Portal data/donor and PRO reports
PCM 3.11	The project exit/sustainability strategy is revisited and adapted as required during project implementation.	• Project proposal and discussion

PCM4 Project evaluations

Benchmark: Evaluations are appropriately designed, and ensure that relevant stakeholders are actively engaged. Findings are disseminated to all interested parties. A management response and considered action plan are developed.

Requirements		Means of verification
PCM 4.1	Where an external/internal end of term evaluation or mid-term review is conducted, a Terms of Reference (ToR) is drawn up for the project using the appropriate ToR template and guidance.	• Evaluation ToR and supportive documentation
PCM 4.2	Project partners and beneficiaries participate in the evaluation process and are informed of findings.	• Evaluation report/ evidence of involvement and dissemination
PCM 4.3	Country office staff actively engage in a critical review of end of term evaluation and mid-term review reports.	• Evidence of critical review
PCM 4.4	A management response and recommendations action plan is produced.	• Management response and recommendations action plan

PCM5 Learning and dissemination

Benchmark: Country offices are actively implementing evaluation recommendations, and actively sharing learning to internal and external audiences through formal and informal channels

Requirements		Means of verification
PCM 5.1	Recommendations from management responses are actively tracked and implemented for all evaluations conducted.	• Discussion of practice and review of action plans
PCM 5.2	Country office teams actively engage in learning and evidence sharing through organisational learning initiatives.	• Evidence of learning engagement
PCM 5.3	Country office teams actively contribute to learning and evidence sharing through organisational learning initiatives.	• Evidence of contribution to learning activities
PCM 5.4	Learning from external events is disseminated internally (within the Country Office) and more broadly to the wider organisation.	• Evidence of dissemination of learning

PCM6 Exit/phase out

Benchmark: A proper strategy for exit is followed, with all stakeholders fully informed and engaged. Project learnings are captured and shared. All project obligations are completed and signed off as appropriate.

Requirements		Means of verification
PCM 6.1	Planning for exit is initiated at least eight months before the scheduled deadline for project closure.	• Project exit plan (cross reference with project proposal) • Risk assessment and evidence of follow up
PCM 6.2	Project stakeholders are fully informed and involved in the exit process.	• Evidence of timely communications with project stakeholders
PCM 6.3	An end of project narrative report is completed.	• End of project narrative report
PCM 6.4	All project data and exit documentation is completed, and financial obligations concluded.	• Exit documentation checklist and review of materials
PCM 6.5	Learnings from project partnerships are captured to inform future initiatives and approaches.	• Partnership review survey results/learning summary

PCM7 Human resource management

Benchmark: Staff can articulate the Sightsavers strategy, and have a clear understanding of the requirements of their position. Staff receive appropriate support to achieve their objectives.

Requirements		Means of verification
PCM 7.1	Staff are aware of Sightsavers organisational and thematic strategies.	• Staff interview and documentation
PCM 7.2	Local HR policies are implemented and up to date.	• Staff handbook
PCM 7.3	All staff have a current contract of employment or consultancy agreement.	• Availability of staff contracts/consultancy agreements
PCM 7.4	All staff have a current job description or plan of work.	• Job descriptions/ToR for consultants
PCM 7.5	All staff meet regularly with their line manager.	• Evidence of regular interaction between line manager and staff

Dr Paul Nyaluke conducts a cataract operation at the Mnazi Mmoja hospital in Zanzibar.

Cataract (CAT)

Cataract is a clouding of the eye lens which obstructs the passage of light. Although predominately related to old age, on occasion children may be born with the condition (congenital cataracts), or cataract may develop after an eye injury, inflammation or other eye disease. Surgical treatment of cataract is often very successful and involves the replacement of a cloudy lens with an artificial intraocular (IOL) lens[3].

Our icon depicts an eye that is affected by cataract.

3 WHO, 2016. Prevention of Blindness and Visual Impairment: Priority Eye Diseases - Cataract. [online]. Available at: http://www.who.int/blindness/causes/priority/en/index1.html [Accessed 28 November 2016].

This technical area comprises the following standards:

- CAT1 Service delivery
- CAT2 Health (and other) workforce
- CAT3 Infrastructure and technology
- CAT4 Medical products and equipment
- CAT5 Patient and provider safety
- CAT6 Programme effectiveness

CAT1 Service delivery

Benchmark: A standard protocol is in place for cataract surgery, and a system for assessing patient satisfaction with their non-clinical care.

Requirements		Means of verification
CAT 1.1	A comprehensive standard clinical protocol (including care pathway flow chart), that is consistent with accepted standards, is in place and complied with.	• Clinical protocol
CAT 1.2	All cataract patients have a pre-operative slit lamp examination.	• Patient records
CAT 1.3	Surgery is only undertaken by a well-trained and competent surgeon, or by trainees under supervision.	• Clinical protocol • Interview with head of eye unit
CAT 1.4	IOLs of the correct (calculated) power are inserted. Anterior vitrectomy and alternate lenses are available to manage vitreous loss and capsular tears.	• Clinical protocol/ patient records • Observation of surgery
CAT 1.5	Bilateral surgery is not performed at the same time, except under exceptional circumstances (which are documented).	• Patient records/ surgical outcomes and audit report
CAT 1.6	Immediate post-operative examination is undertaken by a trained and competent member of the eye-care team.	• Patient records/ surgical outcomes and audit report
CAT 1.7	Post-operative visual acuities are routinely monitored.	• Patient records/ surgical outcomes and audit report
CAT 1.8	Post-operative refraction and correction are performed for distance and near vision as necessary.	• Patient records
CAT 1.9	Interventions are provided for visually significant posterior capsule opacification.	• Interview with surgeon
CAT 1.10	The hospital has a policy to ensure patient views are incorporated in decision making about non-clinical aspects of care.	• Patient surveys/ suggestion reports and evidence of implementation

CAT2 Health (and other) workforce

Benchmark: The necessary number and cadre mix of qualified, motivated, productive and competent workforce is in place to effectively and efficiently deliver cataract services.

Requirements		Means of verification
CAT 2.1	The recommended workforce with nationally validated training in vision screening and referral are in place.	• Programme/service plans or reports
CAT 2.2	Relevant cadres have access to post-training continuing professional development (CPD).	• CPD records
CAT 2.3	All staff (clinical and non-clinical) have had capacity building in gender and disability awareness.	• Training records
CAT 2.4	Job descriptions, with a clear description of roles and responsibilities, are in place for all members of the team.	• Job descriptions

CAT3 Infrastructure and technology

Benchmark: Cataract services take place within appropriately constructed and maintained facilities, using the appropriate technology.

Requirements		Means of verification
CAT 3.1	A dedicated ophthalmic outpatient clinic is available, that is of sufficient space to manage the normal volume of outpatients and allows for reasonable confidentiality between practitioner and patient.	• Site visit
CAT 3.2	The out patients department (OPD) is accessible for patients (including for where patients are disabled), has logical flow pathways, and allows for easy access to hospital records, investigations and pharmacy.	• Site visit
CAT 3.3	The OPD is well ventilated, with a waiting area that has sufficient sitting space for patients and carers, and is maintained to an acceptable level of cleanliness and hygiene.	• Site visit • Cleaning records and guidelines
CAT 3.4	The OPD contains sufficient hand washing facilities in each clinic for staff, appropriate sanitary facilities for staff, patients and carers, and dust covers for all medical equipment.	• Site visit • Cleaning records and guidelines
CAT 3.5	All necessary OPD equipment is available and operational as per clinical protocol, with backup power and surge protection.	• Site visit • Equipment maintenance records
CAT 3.6	Operating theatre design and patient movement/ flow allows for, and meets, acceptable levels of barrier protection against infection.	• Site visit
CAT 3.7	Operating theatre surfaces and fixtures are made of suitable materials that minimise retention of dirt and dust, and allow for proper cleaning and disinfection.	• Site visit • Cleaning records and guidelines
CAT 3.8	The operating theatre is suitably equipped with tables for surgical cases, and includes a good quality coaxial operating microscope, autoclave and backup power.	• Site visit • Equipment maintenance records

CAT4 Medical products and equipment

Benchmark: Sufficient cataract kits, a steriliser and consumables are available.

Requirements		Means of verification
CAT 4.1	At least three complete cataract kits are available per surgeon, and a functional steriliser of sufficient capacity for the unit.	• Inspection of equipment
CAT 4.2	Consistent supply of recommended medicines and consumables.	• Clinical records and supply log
CAT 4.3	A functional and supervised ordering, storage, monitoring and distribution system for medicines and consumables is in place.	• Stock register/ inspection of inventory

CAT5 Patient and provider safety

Benchmark: Patient and provider safety protocols are in place and complied with, including a preoperative checklist to reduce risk, infection control policy, and staff safety and protection policy.

Requirements		Means of verification
CAT 5.1	Informed consent is obtained for all cataract surgical cases, including making patients aware of negative outcomes where likely.	• Patient records • Observation of surgery
CAT 5.2	Prior to undergoing surgery, the relevant eye is clearly marked, and is confirmed by the patient as the eye to be operated.	• Observation of surgery
CAT 5.3	Blood pressure and blood glucose are checked before listing for surgery.	• Patient records • Observation of surgery
CAT 5.4	The hospital has an infection control policy that complies with international/national standards[4].	• Infection control policy (ensure a live process with clarity on actions when a critical incident/ near miss occurs)
CAT 5.5	Staff compliance with the infection control policy is high and routinely monitored.	• Infection control policy monitoring reports • Observation of surgery
CAT 5.6	A staff safety and protection policy is in place that includes the disposal of potentially contaminated items (e.g. for where a patient is HIV+), and a policy on needle stick injuries that complies with international/national standards[5].	• Staff safety and protection policy
CAT 5.7	Staff compliance with the staff safety and protection policy is high and routinely monitored.	• Staff safety and protection policy monitoring reports • Observation of surgery

4 An infection control policy should be inclusive of the design of the operating theatre complex and patient flow within, sterilisation procedures and technology, and infection control in the ward and outpatient department. See WHO., 2004. Practical Guidelines for Infection Control in Health Care Facilities [online]. Available at http://www.wpro.who.int/publications/docs/practical_guidelines_infection_control.pdf [Accessed 28 November 2016].

5 See WHO, 2005. Protecting Healthcare Workers: Preventing Needlestick Injuries Toolkit [online]. Available at http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html [Accessed 28 November 2016].

CAT6 Programme effectiveness

Benchmark: The cataract service is comprehensive and employs an effective case detection/ referral mechanism.

Requirements		Means of verification
CAT 6.1	Mechanisms are in place to ensure that no persons are denied access to cataract services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal/ detailed implementation plan (DIP)
CAT 6.2	The programme has estimates of the cataract caseload in its catchment population based on surveys/RAABs/other sources, which include an estimate of the number of cataract blind who may be marginalised.	• Situational analysis report
CAT 6.3	A locally appropriate management information system (MIS) is in place and supplies necessary and timely information.	• MIS and reports
CAT 6.4	Referrals of persons with cataract are made from the eye health component of primary health care.	• Project proposal/DIP

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Eye screening at Sankara Eye Hospital, Tamil Nadu, India.

Diabetic Retinopathy (DR)

Diabetic retinopathy is when persistently high blood sugar levels leads to retina damage in persons that have had diabetes mellitus for several years. It manifests as vascular blockages and dilations in its early stages, progressing into a proliferative retinopathy with the growth of new blood vessels that are fragile and bleed easily. As the flow of blood from these vessels increases, visual acuity is significantly decreased. If not properly managed through medical interventions such as laser surgery or vitrectomy, diabetic retinopathy may lead to permanent eye damage[6].

Our icon depicts an eye and a blood test.

6 WHO, 2016. Prevention of Blindness and Visual Impairment: Priority Eye Diseases – Diabetic retinopathy. [online]. Available at: http://www.who.int/blindness/causes/priority/en/index5.html [Accessed 28 November 2016].

Our quality standards for diabetic retinopathy were developed in collaboration with Dr Noela Prasad and Rashin Choudhry of Fred Hollows Foundation.

This technical area comprises the following standards:

- DR1 Service delivery
- DR2 Health (and other) workforce
- DR3 Infrastructure and technology
- DR4 Medical products and equipment
- DR5 Programme effectiveness

DR1 Service delivery

Benchmark: The diabetic retinopathy service is safe, delivers efficient and effective care, and is responsive to the needs of persons with diabetic retinopathy.

Requirements		Means of verification
DR 1.1	A comprehensive standard clinical protocol (including a care pathway flow chart), that is consistent with accepted standards is in place and complied with.	• Clinical protocol and monitoring records
DR 1.2	All known diabetics/newly detected diabetics are screened for diabetic retinopathy through a dedicated screening unit.	• Referral policy and documentation of practice
DR 1.3	There is a formal referral linkage between the ophthalmology unit and internal medicine/ diabetology/endocrinology department to ensure comprehensive diabetes and retinopathy care.	• Patient records
DR 1.4	All relevant patient and eye details are documented and filed methodically at each stage in the clinical pathway.	• Patient records
DR 1.5	Patients receive one to one support and counselling throughout the consultation and screening process.	• Counselling protocol and records
DR 1.6	Efforts are made to ensure/maximise patient compliance to guidance with regular follow up as per clinical guidelines.	• Patient records/ compliance reports (follow up and treatment compliance)

DR2 Health (and other) workforce

Benchmark: The necessary number and cadre mix of qualified, motivated, productive and competent workforce is in place to effectively and efficiently deliver diabetic retinopathy services.

Requirements		Means of verification
DR 2.1	All components of screening are conducted by well trained staff as per locally available guidelines.	• Training curriculum and assessment records
DR 2.2	Relevant cadres have access to post-training continuing professional development (CPD).	• CPD records
DR 2.3	All staff (clinical and non-clinical) have had capacity building in gender and disability awareness.	• Training records
DR 2.4	Job descriptions, with a clear description of roles and responsibilities, are in place for all members of the team.	• Job descriptions

DR3 Infrastructure and technology

Benchmark: Diabetic retinopathy services takes place within a suitable and accessible space according to the care setting, using the appropriate technology.

Requirements		Means of verification
DR 3.1	A dedicated diabetic retinopathy clinic (in health facility setting) or screening area (in community/primary care setting) is available with sufficient provision to cater to the expected load of diabetics.	• Site visit
DR 3.2	Necessary provisions are established to ensure data quality and continuity across the care process for patients entering the screening process (manual or software based tracking mechanisms).	• Patient tracking records
DR 3.3	The space dedicated to diabetic retinopathy services affords easy access for patients, including physical accessibility for the disabled and persons with low vision.	• Site visit
DR 3.4	The space dedicated to diabetic retinopathy services is maintained to an acceptable level of cleanliness and hygiene.	• Site visit

DR4 Medical products and equipment

Benchmark: Diabetic retinopathy equipment is of an internationally/nationally acceptable standard, and in a serviceable condition.

Requirements		Means of verification
DR 4.1	All necessary equipment for screening and managing diabetic patients is available and operational as per clinical protocol.	• Inspection of equipment
DR 4.2	Equipment is regularly serviced/assessed. A functioning system is in place for replacement when necessary.	• Inspection of equipment
DR 4.3	There is provision (manual or automated) for cataloguing and archiving all retinal images (where taken) with all related patient details and clinical data. Where images are not taken, detailed clinical notes/retinal drawings are available for follow-up.	• System for retinal images/patient records

DR5 Programme effectiveness

Benchmark: The diabetic retinopathy service is comprehensive and has effective cross-linkages to other health services.

Requirements		Means of verification
DR 5.1	Mechanisms are in place to ensure that no persons are denied access to diabetic retinopathy services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal/ detailed implementation plan (DIP)
DR 5.2	A cross-referral mechanism exists to provide access to eye health services including refraction, medical treatment, cataract surgery, low vision support etc.	• Referral records
DR 5.3	A locally appropriate management information system (MIS) is in place and supplies necessary and timely information.	• MIS and reports
DR 5.4	The diabetic retinopathy service is integrated within existing health services.	• Programme/service plans or reports
DR 5.5	Diabetic retinopathy services are affordable and accessible to persons in need.	• Financial support system

Dr Bilghis, coordinator of the National Trachoma Control Programme for the Ministry of Health in Sudan led teams that examined 72,000 people in Sudan as part of the Global Trachoma Mapping Project.

Saukat and Liakat are given glasses and paired up with a specialist teacher at a low vision clinic in Bikaner, Rajasthan, India.

Low Vision (LV)

Low vision is defined as visual acuity of less than 6/18 and equal to or better than 3/60 in the best eye, even after treatment and/or standard refractive correction[7]. Persons with low vision are often treated as blind due to a lack of proper diagnosis. With assistance such as the provision of low vision devices and counselling services on the better management of low vision in general, persons with low vision may be helped to overcome their visual impairment.

Our icon depicts an eye which is partially obscured

7 WHO, 2016. Prevention of Blindness and Visual Impairment: Priority Eye Diseases - Refractive errors and low vision. [online]. Available at: http://www.who.int/blindness/causes/priority/en/index4.html [Accessed 28 November 2016].

This technical area comprises the following standards:

- LV1 Service delivery
- LV2 Health (and other) workforce
- LV3 Infrastructure
- LV4 Equipment and low vision devices
- LV5 Programme effectiveness

LV1 Service delivery

Benchmark: The low vision service is safe, delivers efficient and effective care, and is responsive to the needs of persons with low vision.

Requirements		Means of verification
LV 1.1	Standard clinical and functional assessment protocols are followed. Services provided are inclusive of functional case history, visual acuity measurements and low vision device assessment.	• Clinical and functional assessment forms • Inteview with service provider
LV 1.2	Patients with chronic eye (or other) diseases that may need treatment continue to have regular and relevant assessments e.g. for glaucoma, diabetic retinopathy, counselling or multiple-disabilities.	• Patient records (with previous and next ocular health examination documented) • Inteview with service provider
LV 1.3	Tertiary low vision clinics provide services to at least three hundred new clients annually. For a secondary low vision clinic, this should be a minimum of one hundred clients.	• Clinic registers and records
LV 1.4	Training programmes in visual skills and use of low vision devices (LVDs) are in place for adults and children.	• Training records/ register • Inteview with service provider

LV2 Health (and other) workforce

Benchmark: The necessary number and cadre mix of qualified, motivated, productive and competent workforce is in place to effectively and efficiently deliver low vision services.

Requirements		Means of verification
LV 2.1	A standardised low vision curriculum is used in the training of relevant cadres i.e. ophthalmologists, optometrists, optometric technicians, low vision counsellors, rehabilitation workers and teachers.	• Training curriculum • Interview with head of department/manager
LV 2.2	Relevant cadres have access to post-training continuing professional development (CPD).	• CPD records
LV 2.3	All staff (clinical and non-clinical) have had capacity building in gender and disability awareness.	• Training records
LV 2.4	Job descriptions, with a clear description of roles and responsibilities, are in place for all members of the team.	• Job descriptions

LV3 Infrastructure

Benchmark: The low vision service takes place within a suitable and accessible space according to the level of service.

Requirements		Means of verification
LV 3.1	Space sufficient to cope with the anticipated volume of clients is allocated i.e. a low vision clinic, low vision resource centre (at secondary level this may be incorporated within refraction service).	• Site visit
LV 3.2	The space dedicated to low vision services affords easy access for persons with low vision and physical accessibility for the disabled.	• Site visit
LV 3.3	The space dedicated to low vision services is maintained to an acceptable level of cleanliness and hygiene.	• Site visit

LV4 Equipment and low vision devices

Benchmark: Low vision equipment and devices are of an international/national standard, and are in serviceable condition. Low vision devices are affordable and accessible to persons with low vision.

Requirements		Means of verification
LV 4.1	Equipment (in addition to that in a normal refractive service e.g. low vision charts and appropriate illumination) and low vision device inventory comply with the IAPB standard list of equipment.	• Equipment inventory (comparision with IAPB standard list of equiment)
LV 4.2	Equipment is in good working order, and is regularly serviced/assessed. A functioning system is in place for replacement when necessary.	• Inspection of equipment
LV 4.3	A suitable inventory of low vision devices is available that meets the needs of persons with low vision.	• Stock register • Inspection of inventory
LV 4.4	Low vision devices are affordable and accessible to persons with low vision.	• Financial support system • Clinic records

LV5 Programme effectiveness

Benchmark: The low vision service is comprehensive and has effective cross-linkages with the health, education and rehabilitation sectors.

Requirements		Means of verification
LV 5.1	Mechanisms are in place to ensure that no persons are denied access to low vision services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal/ detailed implementaiton plan (DIP)
LV 5.2	A cross-referral mechanism exists to provide access to support/social services, community based rehabilitation and education (for children).	• Patient registry of referrals out
LV 5.3	A locally appropriate management information system (MIS) is in place and supplies necessary and timely information (i.e. date record of low vision assessments, follow-up visits to monitor progress and prescriptions given and/ or spectacles and low vision devices dispensed).	• MIS and reports
LV 5.4	Low vision services are integrated within existing eye health services.	• Programme/service plans or reports

After losing her sight fourteen years ago, Mother Jlopleh Barney has her sight restored after surgery in Grand Kru, Liberia.

Child receiving refractive error service, Government Hospital Kenema, Sierra Leone.

Refractive Error (RE)

Refractive error (including myopia, hypermetropia, astigmatism and presbyopia) is when the shape of the eye prevents it from focusing light correctly, resulting in a blurred image. It is the primary cause of visual impairment and results in lost education and employment opportunities, lower productivity and impaired quality of life. Refractive error can be simply diagnosed and corrected through the provision of spectacles. Services for refractive error should be integrated at all levels of eye-care provision, and correction provided must be affordable, of good quality and culturally acceptable[8].

Our icon depicts a pair of spectacles.

8 WHO, 2016. Prevention of Blindness and Visual Impairment: Priority Eye Diseases - Refractive errors and low vision. [online]. Available at: http://www.who.int/blindness/causes/priority/en/index4.html [Accessed 28 November 2016].

This technical area comprises the following standards:

- RE1 Service delivery
- RE2 Health (and other) workforce
- RE3 Infrastructure
- RE4 Equipment and spectacles
- RE5 Programme effectiveness

RE1 Service delivery

Benchmark: The refractive error service is safe, delivers efficient and effective care, and is responsive to the needs of persons with refractive error.

Requirements		Means of verification
RE 1.1	Standard clinical and functional assessment protocols are followed. Services provided are inclusive of visual acuity, refraction (objective and subjective), screening for eye conditions (anterior segment) and counselling.	• Clinical and functional assessment forms • Interview with service provider
RE 1.2	Provision for spectacle dispensing exists within the refractive error service or through agreement with external service providers.	• Programme/service plans or reports • Agreement with external service provider (if applicable)
RE 1.3	Refraction is only undertaken by a well-trained and competent refractionist, or by trainees under supervision.	• Clinical protocol • Interview with clinic manager
RE 1.4	Audits of prescription correctness are undertaken.	• Patient records with post-refraction outcome visual acuity recorded • Observation of practice

RE2 Health (and other) workforce

Benchmark: The necessary number and cadre mix of qualified, motivated, productive and competent workforce is in place to effectively and efficiently deliver refractive error services.

Requirements		Means of verification
RE 2.1	The recommended workforce with standardised training in refraction are in place.	• Programme/service plans or reports
RE 2.2	Relevant cadres have access to post-training continuing professional development (CPD).	• CPD records
RE 2.3	All staff (clinical and non-clinical) have had capacity building in gender and disability awareness.	• Training records
RE 2.4	Job descriptions, with a clear description of roles and responsibilities, are in place for all members of the team.	• Job descriptions

RE3 Infrastructure

Benchmark: The refractive error service takes place within a suitable and accessible space according to the type of service.

Refractive error services may be conducted in schools or in a dedicated clinic. The following standards should be adhered to when screening at a school:

Requirements		Means of verification
RE 3.1	An acceptable space has been set aside for school-based screening.	• Site visit
RE 3.2	The space set aside is clean with provision for appropriate adjustment of illumination.	• Site visit

When refractive error services are housed in a dedicated clinic, the following standards should be adhered to:

Requirements		Means of verification
RE 3.3	A dedicated space sufficient to cope with the anticipated volume of patients with refractive error is allocated, and allows for reasonable confidentiality between practitioner and patient.	• Site visit
RE 3.4	The space dedicated to refractive error services affords easy access for patients, including physical accessibility for the disabled and persons with low vision.	• Site visit
RE 3.5	The space dedicated to refractive error services is maintained to an acceptable level of cleanliness and hygiene.	• Site visit

RE4 Equipment and spectacles

Benchmark: Refractive error equipment is of an international/national standard and is in serviceable condition. Spectacles supplied should be of an internationally/nationally recognised safety standard, be affordable, and be cosmetically acceptable to users of different genders and ages.

Requirements		Means of verification
RE 4.1	Equipment complies with the IAPB standard list of equipment.	• Equipment inventory (comparision with IAPB standard list of equipment)
RE 4.2	Equipment is in good working order and is regularly serviced/assessed. A functioning system is in place. for replacement when necessary.	• Inspection of equipment
RE 4.3	Spectacles are available in different gender and age appropriate specifications (adults, school age children, pre-school children and infants).	• Inspection of models and available stocks
RE 4.4	Spectacles are affordable and accessible to people in the lowest income group.	• Financial support system • Clinic records

RE5 Programme effectiveness

Benchmark: The refractive error service is comprehensive and has effective cross-linkages to other health services.

Requirements		Means of verification
RE 5.1	Mechanisms are in place to ensure that no persons are denied access to refractive error services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal/ detailed implementation plan (DIP)
RE 5.2	A cross-referral mechanisms exist to detect and refer patients with ocular pathologies, as indicated.	• Patient registry of referrals out • Clinical protocols/ referral guidelines
RE 5.3	A locally appropriate management information system (MIS) is in place and supplies necessary and timely information (i.e. date record of refraction cases conducted, prescriptions given and spectacles dispensed).	• MIS and reports
RE 5.4	Systems for sustainability exist with an appropriate business/operating plan in place.	• Business/operating plans

A young child who has been examined at a vision centre in the Sunderbans, West Bengal, India.

Evodia Njah is a community directed distributor, here distributing medication door to door for lymphatic filariasis in Wum, Cameroon.

Lymphatic Filariasis (LF)

Lymphatic filariasis is a chronic infection caused primarily by the filarial parasite *Wuchereria bancrofti*. Transmitted through the bite of the mosquito, lymphatic filariasis has a wide spectrum of disease. Some infected individuals will be asymptomatic with no external sign of infection, others will experience acute inflammation of the skin, lymph nodes and lymphatic vessels. This inflammation is the most commonly recognised and severe manifestation of lymphatic filariasis - elephantiasis. Although inflammatory symptoms are not often fatal, they are a leading cause of permanent and long-term disability. The psychological wellbeing of sufferers may furthermore be damaged due to isolation and stigma[9].

The transmission of Lymphatic filariasis may be interrupted through the mass drug administration of anthelminitic drugs and vector control interventions such as long-lasting insecticide treated nets.

Our icon depicts a mosquito - the agent of disease transmission.

9 Hoetz, P.J., 2013. Forgotten People, Forgotten Diseases: The Neglected Tropical Diseases and their Impact on Global Health and Development. 3rd ed. Washington: ASM Press.

Our quality standards for lymphatic filariasis were developed in collaboration with Dr Benjamin Koudou of the Liverpool School of Tropical Medicine.

This technical area comprises the following standards:

LF1 **Service delivery**

LF2 **Health workforce**

LF3 **Programme effectiveness**

LF1 Service delivery

Benchmark: Community directed treatment with ivermectin/diethylcarbamazine and albendazole is supported by effective and sustainable drug procurement and delivery mechanisms to districts, front line health facilities (FLHF), and ultimately to communities.

Requirements		Means of verification
LF 1.1	Timely and sufficient ivermectin/ diethylcarbamazine and albendazole are effectively ordered, cleared at in-country customs, stored, monitored and distributed within the government system.	• Programme/service plans or reports • Stock store records • Less than 5% of stored drugs have expired
LF 1.2	Community directed distributors (CDDs) or community members collect ivermectin/ diethylcarbamazine and albendazole from the nearest health facility. Clear records of this are maintained.	• Stock ledger/inventory (indication of collection by CDDs/community members)
LF 1.3	Treatment takes place at the time, and using a mode of distribution decided by the national programme and community.	• NTD master plan/ annual plan or MDA report • Interview with health officials and/or community members
LF 1.4	Community members and decision makers understand the benefits and are committed to long-term treatment with ivermectin/ diethylcarbamazine and albendazole.	• Community registers • Interview with health officials and/or community members
LF 1.5	Treatment for lymphatic filariasis is co-implemented with other interventions e.g. NTD, child health campaigns and WASH, where appropriate, and need exists.	• Integrated annual MDA plan • Interview with health officials and/or community members

LF2 Health workforce

Benchmark: The necessary qualified, motivated, productive and competent workforce is deployed consistent with population health needs and service demands.

Requirements		Means of verification
LF 2.1	A minimum of one CDD has been trained/re-trained in the community directed treatment strategy, preventative measures, serious adverse events (SAE) and morbity management/ disability prevention per community of three hundred members, using Ministry of Health (MoH) guidelines, as well as dose poles and treatment registers.	• Programme/service plans or reports • Training records • Interview with health officials and/or community members
LF 2.2	Selected FLHF staff in community directed treatment areas have been trained and performed as supervisors to check on correct dosage, dispensing, recording of coverage, drug expiry dates, SAE etc.	• Programme/service plans or reports • Training records including pre and post-test results • Post-supervision checklist/report
LF 2.3	Health professionals, CDDs and supervisors have received the necessary materials to conduct health education and social mobilisation campaigns, and technology for entomological and serological surveys.	• BCC materials, technology and consumables • Interview with programme staff and drug distributors
LF 2.4	National technical capacity with the relevant skills for entomological and epidemiological surveys is available and supported where the need exists.	• NTD master plan, programme/service plans or reports
LF 2.5	Hydrocele surgeons have completed a standardised training module for hydrocele surgery, and are certified according to WHO guidelines.	• Training records • Interview with head of department/manager
LF 2.6	Hydrocele surgeons undergo regular supportive supervision by a senior surgeon/ trainer and undertake a refresher course periodically.	• Supervision and course reports

LF2 Health workforce (continued)

Requirements		Means of verification
LF 2.7	FLHF are fully trained in WHO approved lymphoedema management practices.	• Training records • Interview with head of department/manager

LF3 Programme effectiveness

Benchmark: Programmes consistently achieve annual geographic coverage rates (GCR) and therapeutic coverage rates (TCR) as recommended by the national government and the WHO.

Requirements		Means of verification
LF 3.1	Mechanisms are in place to ensure that no persons are denied access to lymphatic filariasis elimination services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal and detailed implementation plan (DIP) • Post-MDA coverage survey • State/other level treatment report
LF 3.2	Mapping activities using appropriate diagnostic tools and community censuses have been carried out prior to drug treatment to identify communities in need of treatment, and inform the agreement of an UTG.	• Mapping report • Mapping protocols/ diagnostic tools used
LF 3.3	Rapid assessment for Loa loa (RAPLOA) has been conducted where lymphatic filariasis and Loa loa are co-endemic prior to ivermectin/ diethylcarbamazine and albendazole drug treatment, in accordance with WHO/TDR RAPLOA Guidelines.	• Lymphatic filariasis mapping and RAPLOA maps (ascertain areas of overlap)
LF 3.4	Effectively functioning NTD governance/ coordination bodies e.g. taskforces or committees, exist at all administrative levels.	• Records of meeting coordination • Meeting reports/ minutes

LF3 Programme effectiveness (continued)

Requirements		Means of verification
LF 3.5	A locally appropriate management information system (MIS) consistent with WHO and NTD formats is in place. The MIS supplies necessary and timely information, and informs timely requisition of drugs at all levels.	• MIS and reports
LF 3.6	Annual treatment with ivermectin/diethylcarbamazine and albendazole is carried out consistent with a GCR of 100% and TCR of 80% as recommended by the WHO. In districts where lymphatic filariasis is co endemic with Loa loa (less than 20%), MDA is run twice a year with albendazole alone.	• Annual programme reports/MIS reports and surveillance forms • Post-MDA coverage survey report and implementation of recommendations
LF 3.7	Treatment with ivermectin/diethylcarbamazine and albendazole is free to eligible populations in endemic areas.	• Policy document or statement
LF 3.8	A policy and protocol exist and are followed for informing patients of/managing treatment related side-effects and/or SAEs in line with MoH and WHO requirements.	• Adverse drug reaction policy and protocol
LF 3.9	Post-MDA coverage surveys are undertaken for comparison against reported programme coverage.	• Post-MDA coverage survey report
LF 3.10	Impact monitoring is conducted to measure reduced prevalence and intensity of infection in treated areas following treatment rounds.	• Impact assessment survey/report • Prevalence of heavy intensity infection
LF 3.11	A transmission assessment survey has been conducted in districts as applicable to confirm that MDA should be stopped.	• Transmission assessment survey
LF 3.12	Identified post-treatment surveillance needs for lymphatic filariasis elimination are integrated into the wider NTD master plan and national surveillance system.	• National strategic plan/NTD master plan/national surveillance system

Members of project to eliminate river blindness in Uganda spray Temephon larvicide into the Agongo river.

Onchocerciasis (ONC)

Onchocerciasis is a parasitic disease caused by the nematode *Onchocerca volvulus*. Transmitted through the bite of different species of blackfly, the disease is commonly known as river blindness as the parasite-transmitting blackflies infest fertile riverside areas. Adult female worms produce high numbers of microfilariae (first-stage larvae) that cause intense itching to those infected[10]. When these microfilariae die, the reaction of an infected person's immune system causes inflammation. Should this happen in the eye, it can cause blindness.

Sightsavers adopts the strategies and quality standards of the WHO African Programme for Onchocerciasis Control (APOC), and supports the community directed treatment with Ivermectin (CDTI) approach[11].

Our icon depicts a blackfly - the agent of disease transmission.

10 WHO, 2016. Prevention of Blindness and Visual Impairment: Priority Eye Diseases - Onchocerciasis (river blindness) [online]. Available at: http://www.who.int/blindness/causes/priority/en/index2.html [Accessed 28 November 2016].

11 See Sightsavers, 2011, Elimination of onchocerciasis: Ten-year strategic fast tracking plan in Sightsavers supported countries 2011-2021 [online]. Available at http://www.sightsavers.org/wp-content/uploads/2016/03/Ten_Year_Strategic_Fast_Track_Initiative-Elimination_of_onchocerciasis.pdf [Accessed 28 November 2016].

This technical area comprises the following standards:

- ONC1 Service delivery
- ONC2 Health workforce
- ONC3 Programme effectiveness

ONC1 Service delivery

Benchmark: Community directed treatment with ivermectin (CDTI) is supported by effective and sustainable drug procurement and delivery mechanisms to districts, front line health facilities (FLHF), and ultimately to communities.

Requirements		Means of verification
ONC 1.1	Timely and sufficient ivermectin is effectively ordered, cleared at in-country customs, stored, monitored and distributed within the government system.	• Programme/service plans or reports • Stock store records • Less than 5% of stored drugs have expired
ONC 1.2	Community directed distributors (CDDs) or community members collect ivermectin from the nearest health facility. Clear records of this are maintained.	• Stock ledger/inventory (indication of collection by CDDs/community members)
ONC 1.3	Treatment takes place at a time, and using a mode of distribution decided by the national programme and the community.	• NTD master plan/ annual plan or MDA report • Interview with health officials and/or community members
ONC 1.4	Community members and decision makers understand the benefits and are committed to long term treatment with ivermectin.	• Community registers • Interview with health officials and/or community members
ONC 1.5	Treatment for onchocerciasis is co-implemented with other interventions e.g. NTD, child health campaigns and WASH, where appropriate, and need exists.	• Integrated annual MDA plan • Interview with health officials and/or community members

ONC2 Health workforce

Benchmark: The necessary qualified, motivated, productive and competent workforce is deployed consistent with population health needs and service demands.

Requirements		Means of verification
ONC 2.1	Two/three CDDs have been trained/ re-trained in the community directed treatment strategy, preventative measures and serious adverse events (SAE) per community of two hundred and fifty members, using the APOC CDTI curriculum, as well as dose poles and treatment registers.	• Programme/service plans or reports • Training records • Interview with health officials and/or community members
ONC 2.2	Selected FLHF staff in community directed treatment areas have been trained and performed as supervisors using the CDTI curriculum, to check on correct dosage, dispensing, recording of coverage, drug expiry dates, SAE etc.	• Programme/service plans or reports • Training records including pre and post-test results • Post-supervision checklist/report
ONC 2.3	Health professionals, CDDs and supervisors have received the necessary materials to conduct health education and social mobilisation campaigns, and technology for entomological and serological surveys.	• BCC materials, technology and consumables • Interview with programme staff and drug distributors
ONC 2.4	National technical capacity with the relevant skills for entomological and epidemiological surveys is available and supported where the need exists.	• NTD master plan, programme/service plans or reports

ONC3 Programme effectiveness

Benchmark: Programmes consistently achieve annual geographic coverage rates (GCR) and therapeutic coverage rates (TCR) as recommended by the national government and APOC.

Requirements		Means of verification
ONC 3.1	Mechanisms are in place to ensure that no persons are denied access to onchocerciasis elimination services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal and detailed implementation plan (DIP) • Post-MDA coverage survey • State/other level treatment report
ONC 3.2	Rapid epidemiological mapping of onchocerciasis (REMO) and community censuses have been carried out prior to drug treatment to identify communities in need of treatment, and inform the agreement of an UTG.	• REMO map/annual updates
ONC 3.3	Rapid assessment for Loa loa (RAPLOA) has been carried out where onchocerciasis and Loa loa are co-endemic prior to ivermectin drug treatment, in accordance with WHO/TDR RAPLOA Guidelines.	• REMO and RAPLOA maps (ascertain areas of overlap)
ONC 3.4	Effectively functioning NTD governance/ coordination bodies e.g. taskforces or committees, exist at all administrative levels.	• Records of meeting coordination • Meeting reports/ minutes
ONC 3.5	A locally appropriate management information system (MIS) consistent with WHO and NTD formats is in place. The MIS supplies necessary and timely information, and informs timely requisition of drugs at all levels.	• MIS and reports
ONC 3.6	Annual treatment with ivermectin is carried out consistent with a GCR of 100% and TCR of 80% as recommended by the WHO.	• Annual programme reports/MIS reports and surveillance forms • Post-MDA coverage survey report and implementation of recommendations

ONC3 Programme effectiveness (continued)

Requirements		Means of verification
ONC 3.7	Treatment with ivermectin is free to eligible populations in endemic areas.	• Policy document or statement
ONC 3.8	A policy and protocol exist and are followed for informing patients of/managing treatment related side-effects and/or SAEs in line with Ministry of Health (MoH) and WHO requirements.	• Adverse drug reaction policy and protocol
ONC 3.9	Post-MDA coverage surveys are undertaken for comparison against reported programme coverage.	• Post-MDA coverage survey report
ONC 3.10	Impact monitoring is conducted to measure reduced prevalence and intensity of infection in treated areas following treatment rounds.	• Impact assessment survey/report • Prevalence of heavy intensity infection
ONC 3.11	A transmission assessment survey has been conducted in districts as applicable to confirm that MDA should be stopped.	• Transmission assessment survey
ONC 3.12	Identified post-treatment surveillance needs for onchocerciasis elimination are integrated into the wider NTD master plan and national surveillance system.	• National strategic plan/NTD master plan/ national surveillance system

Freshwater resources such as this river in Kaduna, Nigeria, are the reservoir for schistosomiasis infection.

Schistosomiasis (SCH)

Schistosomiasis - sometimes known as bilharzia - is a freshwater borne infection by the larval stages (cercariae) of parasitic worms of the *trematode* class. Freshwater snails serve as an intermediary agent for transmission. Poor rural populations that use freshwater for fishing, bathing, swimming or agriculture are at the highest risk of infection, particularly children. Adult worms live in the bloodstream. Their spined eggs bore their way through blood vessels into the urinary tract or intestine (depending on the sub-species of parasite). Infection causes anaemia, malnutrition and impaired physical growth. This consequently leads to poor school performance in children[12].

Schistosomiasis is treated through the mass administration of of anthelminitic drugs.

Our icon depicts a freshwater snail, the agent of schistosomiasis transmission..

12 Hoetz, P.J., 2013. Forgotten People, Forgotten Diseases: The Neglected Tropical Diseases and their Impact on Global Health and Development. 3rd ed. Washington: ASM Press.

Our quality standards for schistosomiasis were developed in collaboration with Dr Fiona Flemng and Dr. Wendy Harrison of the Schistosomiasis Control Initiative.

This technical area comprises the following standards:

SCH1 **Service delivery**

SCH2 **Health workforce**

SCH3 **Programme effectiveness**

SCH1 Service delivery

Benchmark: School and community-based treatment programmes for schistosomiasis with praziquantel (PZQ) are supported by effective and sustainable drug procurement and delivery mechanisms to districts, front line health facilities (FLHF), and ultimately to schools and communities.

Requirements		Means of verification
SCH 1.1	Timely and sufficient PZQ is effectively ordered, cleared at in-country customs, stored, monitored and distributed within the government system.	• Programme/service plans or reports • Stock store records • Less than 5% of stored drugs have expired
SCH 1.2	Community directed distributors (CDDs), school teachers or community members receive drugs at a convenient location. Clear records of this are maintained.	• Stock ledger/inventory (indication of collection by CDDs/school teachers/community members)
SCH 1.3	Treatment takes place at a time, and using a mode of distribution decided by the national programme, schools and the community.	• NTD master plan/ annual plan or MDA report • Interview with education officials and/ or community members
SCH 1.4	Community members, school teachers and decision makers understand the benefits and are committed to long-term treatment with PZQ.	• Community registers • Interview with education officials and/ or community members
SCH 1.5	Treatment for schistosomiasis is co-implemented with other interventions e.g. NTD, child health campaigns and WASH, where appropriate, and need exists.	• Integrated annual MDA plan • Interview with education officials and/ or community members

SCH2 Health workforce

Benchmark: The necessary qualified, motivated, productive and competent workforce is deployed consistent with population health needs and service demands.

Requirements		Means of verification
SCH 2.1	A minimum of two drug distributors (school teachers and CDDs) have been trained/re-trained in the community directed treatment strategy, preventative measures and serious adverse events (SAE) per school/community, using Ministry of Health (MoH) guidelines, as well as dose poles and treatment registers.	• Programme/service plans or reports • Training records • Interview with education officials, teachers and/or community members
SCH 2.2	Selected FLHF staff in community directed treatment areas have been trained and performed as supervisors to check on correct dosage, dispensing, recording of coverage, drug expiry dates, SAE etc.	• Programme/service plans or reports • Training records including pre and post-test results • Post-supervision checklist/report
SCH 2.3	Drug distributors and supervisors have received the necessary materials to conduct health education and social mobilisation campaigns to raise awareness and ensure high treatment uptake.	• BCC materials • Interview with programme staff and drug distributors
SCH 2.4	National technical capacity with the relevant skills for epidemiological surveys is available and supported where the need exists.	• NTD master plan, programme/service plans or reports

SCH3 Programme effectiveness

Benchmark: Programmes consistently achieve annual therapeutic coverage rates (TCR) as recommended by the national government and the WHO.

Requirements		Means of verification
SCH 3.1	Mechanisms are in place to ensure that no persons are denied access to schistosomiasis control services (for example, due to gender, sexuality, non-enrolment in school, school type, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal and detailed implementation plan (DIP) • Post-MDA coverage survey • State/other level treatment report
SCH 3.2	Mapping activities using appropriate diagnostic tools have been carried out prior to drug treatment to identify communities in need of treatment, and inform the agreement of an UTG.	• Mapping report • Mapping protocols/ diagnostic tools used e.g. Kato Katz, Point of Care Circulating Cathodic Antigen (PoC CA), urine filtration, blood in urine questionnaire
SCH 3.3	Effectively functioning NTD governance/ coordination bodies e.g. taskforces or committees, exist at all administrative levels.	• Records of meeting coordination • Meeting reports/ minutes
SCH 3.4	A locally appropriate management information system (MIS) consistent with WHO/national NTD formats is in place. The MIS supplies necessary and timely information, and informs timely requisition of drugs at all levels.	• MIS and reports

SCH3 Programme effectiveness (continued)

Requirements		Means of verification
SCH 3.5	Annual (or biennial) treatment with PZQ is carried out consistent with a TCR of 75% of (enrolled and non-enrolled) school-age children, and at least 90% of schools in the target area are participating as recommended by the WHO.	• Annual programme reports/MIS reports and surveillance forms • Post-MDA coverage survey reports and implementation of recommendations
SCH 3.6	Treatment with PZQ is free to eligible populations in endemic areas.	• Policy document or statement
SCH 3.7	A policy and protocol exist and are followed for informing patients of/managing treatment related side-effects and/or SAEs in line with MoH and WHO requirements.	• Adverse drug reaction policy and protocol
SCH 3.8	Post-MDA coverage surveys are undertaken for comparison against reported programme coverage.	• Post-MDA coverage survey report
SCH 3.9	Impact monitoring is conducted to measure reduced prevalence and intensity of infection in treated areas following treatment rounds.	• Impact assessment survey/report • Prevalence of heavy intensity infection
SCH 3.10	Identified population needs for schistosomiasis control are integrated into wider NTD and health/development programmes.	• National strategic plan/NTD master plan/health sector development plan

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Children receiving medication at a mass drug administration (MDA), Tulani-Mkindo, Morogoro, Tanzania.

Soil Transmitted Helminths (STH)

Soil transmitted helminths (STH) are intestinal worms of the *nematoda* class, primarily transmitted though contact with soil contaminated with parasitic eggs or immature larvae. Based on prevalence and global disease burden, roundworm (*Ascaris lumbricoides*), hookworm (*Necator americanus* and *Ancylostoma duodenale*) and whipworm (*Trichuris trichiura*) are the most prevalent intestinal worms. Infection causes anaemia, malnutrition, and impaired physical growth, cognition and memory. This consequently leads to poor school performance in children, who typically suffer heavier infection[13].

STH is treated through the mass administration of anthelminitic drugs. As schoolchildren are particularly susceptible to infection, school-based deworming is frequently emphasised.

Our icon depicts a worm.

13 Hoetz, P.J., 2013. Forgotten People, Forgotten Diseases: The Neglected Tropical Diseases and their Impact on Global Health and Development. 3rd ed. Washington: ASM Press.

Our quality standards for soil transmitted helminths were developed in collaboration with Dr Fiona Flemng and Dr Wendy Harrison of the Schistosomiasis Control Initiative.

This technical area comprises the following standards:

STH1 Service delivery

STH2 Health workforce

STH3 Programme effectiveness

STH1 Service delivery

Benchmark: School and community-based treatment programmes for soil transmitted helminths with albendazole/mebendazole (ALB/MEB), are supported by effective and sustainable drug procurement and delivery mechanisms to districts, front line health facilities (FLHF), and ultimately to schools and communities.

Requirements		Means of verification
STH 1.1	Timely and sufficient ALB/MEB are effectively ordered, cleared at in-country customs, stored, monitored and distributed within the government system.	• Programme/service plans or reports • Stock store records • Less than 5% of stored drugs have expired
STH 1.2	Community directed distributors (CDDs), school teachers or community members receive drugs at a convenient location. Clear records of this are maintained.	• Stock ledger/inventory (indication of collection by CDDs/school teachers/community members)
STH 1.3	Treatment takes place at a time, and using a mode of distribution decided by the national programme, schools and the community.	• NTD master plan/ annual plan or MDA report • Interview with education officials and/ or community members
STH 1.4	Community members, school teachers and decision makers understand the benefits and are committed to long-term treatment with ALB/MEB.	• Community registers • Interview with education officials and/ or community members
STH 1.5	Treatment for soil transmitted helminths is co-implemented with other interventions e.g. NTD, child health campaigns and WASH, where appropriate, and need exists.	• Integrated annual MDA plan • Interview with education officials and/ or community members

STH2 Health workforce

Benchmark: The necessary qualified, motivated, productive and competent workforce is deployed consistent with population health needs and service demands.

Requirements		Means of verification
STH 2.1	A minimum of two drug distributors (school teachers and CDDs) have been trained/re-trained in the community directed treatment strategy, preventative measures and serious adverse events (SAE) per school/community, using Ministry of Health (MoH) guidelines, as well as dose poles and treatment registers.	• Programme/service plans or reports • Training records • Interview with education officials, teachers and/or community members
STH 2.2	Selected FLHF staff in community directed treatment areas have been trained and performed as supervisors to check on correct dosage, dispensing, recording of coverage, drug expiry dates, SAE etc.	• Programme/service plans or reports • Training records including pre and post-test results • Post-supervision checklist/report
STH 2.3	Drug distributors and supervisors have received the necessary materials to conduct health education and social mobilisation campaigns to raise awareness and ensure high treatment uptake.	• BCC materials • Interview with programme staff and drug distributors
STH 2.4	National technical capacity with the relevant skills for epidemiological surveys is available and supported where the need exists.	• NTD master plan, programme/service plans or reports

STH3 Programme effectiveness

Benchmark: Programmes consistently achieve annual therapeutic coverage rates (TCR) as recommended by the national government and the WHO.

Requirements		Means of verification
STH 3.1	Mechanisms are in place to ensure that no persons are denied access to soil transmitted helminths elimination services (for example, due to gender, sexuality, non-enrolment in school, school type, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal and detailed implementation plan (DIP) • Post-MDA coverage survey • State/other level treatment report
STH 3.2	Mapping activities using appropriate diagnostic tools have been carried out prior to drug treatment to identify communities in need of treatment, and inform the agreement of an UTG.	• Mapping report • Mapping protocols/ diagnostic tools used e.g. Kato Katz, Point of Care Circulating Cathodic Antigen (PoC CA), urine filtration, blood in urine questionnaire
STH 3.3	Effectively functioning NTD governance/ coordination bodies e.g. taskforces or committees, exist at all administrative levels	• Records of meeting coordination • Meeting reports/ minutes
STH 3.4	A locally appropriate management information system (MIS) consistent with WHO and NTD formats is in place. The MIS supplies necessary and timely information, and informs timely requisition of drugs at all levels.	• MIS and reports
STH 3.5	Annual (or biennial) treatment with ALB/MEB is carried out consistent with a TCR of 75% percent of (enrolled and non-enrolled) school-age children, and at least 90% of schools in the target area are participating as recommended by the WHO.	• Annual programme reports/MIS reports and surveillance forms • Post-MDA coverage survey reports and implementation of recommendations

STH3 Programme effectiveness (continued)

Requirements		Means of verification
STH 3.6	Treatment with ALB/MEB is free to eligible populations in endemic areas.	• Policy document or statement
STH 3.7	A policy and protocol exist and are followed for informing patients of/managing treatment related side-effects and/or SAEs in line with MoH and WHO requirements.	• Adverse drug reaction policy and protocol
STH 3.8	Post-MDA coverage surveys are undertaken for comparison against reported programme coverage.	• Post-MDA coverage survey report
STH 3.9	Impact monitoring is conducted to measure reduced prevalence and intensity of infection in treated areas following treatment rounds.	• Impact assessment survey/report • Prevalence of heavy intensity infection
STH 3.10	Identified population needs for soil transmitted helminths control are integrated into wider NTD and health/development programmes.	• National strategic plan/NTD master plan/health sector development plan

Treatment of child with antibiotics for Trachoma, Kigweri, Uganda.

Trachoma (TRA)

Trachoma is caused by the bacterium *Chlamydia trachomatis*. Infection causes conjunctivitis, irritating the eyes and causing a mucous discharge which may then spread infection to others through direct contact, towels/handkerchiefs, or via eye-seeking flies. After years of repeated infection, the inside lining (conjunctiva) of the eyelid may be so severely scarred that the upper eyelid margin turns inwards causing the eyelashes to scratch the eyeball. The scratching of the eyelashes on the eyeball causes irreversible scarring, leading to blindness.

Trachoma infection is symptomatic of poverty, poor sanitation, and the lack of hygienic controls associated with a lack of water to regularly wash hands and faces. Efforts to control trachoma are aligned with the WHO global elimination of trachoma by 2020 (GET 2020), neglected tropical diseases (NTD) initiatives, and are based on the WHO endorsed SAFE strategy (Surgery, Antibiotics, Facial cleanliness, Environmental improvement). All Sightsavers trachoma control programmes conform to GET 2020 and are consistent with the SAFE approach[14].

Our icon depicts an eyelid, the focus of trachoma infection.

14 Sightsavers, 2011. Elimination of Blinding Trachoma: Ten year strategic fast tracking plan in 24 countries - November, 2011 [online]. Available at http://www.sightsavers.org/wp-content/uploads/2016/03/Ten_Year_Strategic_Fast_Track_Initiative-Elimination_of_Blinding_Trachoma.pdf [Accessed 28 November 2016].

This technical area comprises the following standards:

- TRA1 Service delivery
- TRA2 Health workforce
- TRA3 Infrastucture and technology
- TRA4 Medical products and equipment
- TRA5 Patient and provider safety
- TRA6 Programme effectiveness

TRA1 Service delivery

Benchmark: Community directed treatment programmes are supported by effective and sustainable drug procurement and delivery mechanisms to districts, front line health facilities (FLHF), and ultimately to communities.

Requirements		Means of verification
TRA 1.1	Timely and sufficient azithromycin/ tetracycline eye ointment is effectively ordered, cleared at in-country customs, stored, monitored and distributed within the government system.	• Programme/service plans or reports • Stock store records • Less than 5% of stored drugs have expired
TRA 1.2	Health workers or community directed distributors (CDDs) collect drugs from the nearest health facility. Clear records of this are maintained.	• Stock ledger/inventory (indication of collection by health workers/ CDDs)
TRA 1.3	Treatment takes place at a time, and using a mode of distribution decided by the national programme and the community.	• NTD master plan/ annual plan or MDA report • Interview with health officials and/or community members
TRA 1.4	Community members and decision makers understand the benefits and are committed to long term treatment with azithromycin/ tetracycline eye ointment.	• Community registers • Interview with health officials and/or community members
TRA 1.5	Treatment for trachoma is co-implemented with other interventions, e.g. NTD, child health campaigns and WASH, where appropriate, and need exists.	• Integrated annual MDA plan • Interview with health officials and/or community members
TRA 1.6	Programmes ensure that endemic communities receive at least the appropriate number of rounds of antibiotics depending on the baseline prevalence of active trachoma among children 1-9 years old.	• NTD master plan/ annual plan or trachoma action plan

TRA1 Service delivery (continued)

Requirements		Means of verification
TRA 1.7	Each patient is provided with one dose of azithromycin immediately after surgery.	• ITI Zithromax request form/patient records or TT surgery camps report
TRA 1.8	TT surgery campaigns are well planned to make them effective and efficient, leading to at least twenty TT surgeries (eyes) operated on by each TT surgeon per day.	• TT surgery reports and statistics
TRA 1.9	Patients declining to have surgery after counselling are given the opportunity to have epilation and are trained on how to conduct epilation effectively.	• TT surgery reports and statistics

TRA2 Health workforce

Benchmark: The necessary qualified, motivated, productive and competent workforce is deployed consistent with population health needs and service demands.

Requirements		Means of verification
TRA 2.1	Complete trachoma treatment teams are in place to cover registration, dosing, dispensing and recording of antibiotic coverage programmes.	• Programme/service plans or reports • Training records • Interview with health officials and/or community members
TRA 2.2	One supervisor is in place per five to ten antibiotic treatment teams, to check on correct dosage, dispensing, recording of coverage, drug expiry dates, serious adverse events (SAE) etc.	• Programme/service plans or reports • Training records including pre and post-test results • Post-supervision checklist/report

TRA2 Health workforce (continued)

Requirements		Means of verification
TRA 2.3	Twenty front line and community workers to provide behavioural change communication (BCC) promotion in facial and environmental cleanliness are in place per district.	• Programme/service plans or reports
TRA 2.4	Drug distributors, supervisors and BCC workers have received the necessary materials to conduct health, education and social mobilisation campaigns to raise awareness and ensure high treatment uptake.	• BCC materials • Interview with programme staff and drug distributors
TRA 2.5	National technical capacity with the relevant skills for epidemiological surveys is available and supported where the need exists.	• NTD master plan, programme/service plans or reports • Impact assessment and/or surveillance reports
TRA 2.6	Candidates for TT surgery training have good binocularity, near and distance vision and are able to pass a simple test of manual dexterity such as suturing an orange skin.	• TT surgery training reports/eye test reports
TRA 2.7	Trichiasis surgeons have completed a standardised training module for trichiasis surgery, and are certified according to WHO guidelines.	• Training records • Interview with head of department/manager
TRA 2.8	Trichiasis surgeons undergo regular supportive supervision by a senior surgeon/trainer, and a refresher course every one to two years.	• Supervision and course reports
TRA 2.9	The availability of trichiasis surgeons should approximate to two surgeons per district with an average population of one hundred and twenty to two hundred thousand. Surgeons should perform at least two hundred trichiasis surgeries per annum to maintain skills.	• Programme/service plan or reports • Surgical/staff records

TRA3 Infrastucture and technology

Benchmark: Trichiasis surgeries take place within appropriately constructed and maintained facilities.

Trichiasis surgery may be conducted during community outreach or in medical facilities. The following standards should be adhered to when operating during outreach:

Requirements		Means of verification
TRA 3.1	The operating room should be located at an acceptable distance for patients to travel (ideally at a health facility or other appropriate location in the community).	• Site visit • Interview with service provider
TRA 3.2	The operating room should be clean (no dust or cobwebs), well lit and spacious.	• Site visit • Interview with service provider

When surgery is conducted at a medical facility, the following standards should be adhered to:

Requirements		Means of verification
TRA 3.3	The out patients department (OPD) is accessible for patients (including for where patients are disabled), is well-ventilated with a waiting area that has sufficient sitting space for patients and carers, and is maintained to an acceptable level of cleanliness and hygiene.	• Site visit • Cleaning records and guidelines
TRA 3.4	The OPD contains sufficient hand washing facilities in each clinic for staff, appropriate sanitary facilities for staff, patients and carers, and dust covers for all medical equipment.	• Site visit • Cleaning records and guidelines
TRA 3.5	Operating theatre design and patient movement /flow allows for, and meets, acceptable levels of barrier protection against infection.	• Site visit
TRA 3.6	Operating theatre surfaces and fixtures are made of suitable materials that minimise retention of dirt and dust, and allow for proper cleaning and disinfection.	• Site visit • Cleaning records and guidelines
TRA 3.7	The operating theatre is suitably equipped with tables for surgical cases.	• Site visit

TRA4 Medical products and equipment

Benchmark: Sufficient trichiasis kits, sterilisers, consumables, antibiotics, environmental management technologies and modes of transport are available.

Requirements		Means of verification
TRA 4.1	At least three complete trichiasis kits and one functioning steriliser are available per surgeon.	• Inspection of equipment
TRA 4.2	Consistent supply of recommended antibiotic medicines.	• Clinical records and supply log
TRA 4.3	Local anaesthetic drug Lidocaine 2% with adrenaline is available for use for patients. Plain Lidocaine 2% is available for use for patients with high blood pressure or hypertension.	• Procurement plans and reports
TRA 4.4	A functional and supervised ordering, storage, monitoring and distribution system for medicines and consumables is in place.	• Stock register/medical stores reports
TRA 4.5	Environmental management technology (e.g. wells, pumps, refuse disposal items, latrines etc.) for water supply and basic environmental sanitation are available and functioning.	• Site visit
TRA 4.6	Motorcycles and vehicles for field work are available and functioning.	• Site visit • Service report/ replacement protocol
TRA 4.7	Equipment is in good working order and is regularly serviced/assessed. A functioning system is in place for replacement when necessary.	• Inspection of equipment • Equipment maintenance records

TRA5 Patient and provider safety

Benchmark: Patient and provider safety protocols are in place and complied with, including a preoperative checklist to reduce risk, an infection control policy and a staff safety and protection policy.

Requirements		Means of verification
TRA 5.1	Informed consent is obtained for all trichiasis surgical cases, including making patients aware of the risks/complications of surgery, and the consequences of not having surgery.	• Patient records • Observation of surgery
TRA 5.2	Prior to undergoing surgery, the relevant eye is clearly marked, and is confirmed by the patient as the eye to be operated.	• Observation of surgery
TRA 5.3	Blood pressure is checked before listing for surgery.	• Patient records • Observation of surgery
TRA 5.4	The operating team should have an infection control policy that complies with international/ national standards[15].	• Infection control policy (ensure a live process with clarity on actions when a critical incident/ near miss occurs)
TRA 5.5	Staff compliance with the infection control policy is high and routinely monitored.	• Infection control policy monitoring reports • Observation of surgery

15 An infection control policy should be inclusive of the design of the operating theatre complex and patient flow within, sterilisation procedures and technology, and infection control in the ward and outpatient department. See WHO., 2004. Practical Guidelines for Infection Control in Health Care Facilities [online]. Available at http://www.wpro.who.int/publications/docs/practical_guidelines_infection_control.pdf [Accessed 28 November 2016].

TRA5 Patient and provider safety (continued)

Requirements		Means of verification
TRA 5.6	A staff safety and protection policy is in place that includes the disposal of potentially contaminated items (e.g. for where a patient is HIV+), and a policy on needle stick injuries, that complies with international/national standards[16].	• Staff safety and protection policy
TRA 5.7	Staff compliance with the staff safety and protection policy is high and routinely monitored.	• Staff safety and protection policy monitoring reports • Observation of surgery
TRA 5.8	A card that indicates the potential side effects drugs used and what needs to be done in the event of a SAE is available at all levels.	• Laminated protocol is available and visible

16 See WHO, 2005. Protecting Healthcare Workers: Preventing Needlestick Injuries Toolkit [online]. Available at http://www.who.int/occupational_health/activities/pnitoolkit/en/index.html [Accessed 28 November 2016].

TRA6 Programme effectiveness

Benchmark: The trachoma programme is well planned, comprehensive, monitored, is consistent with SAFE and is integrated with NTDs, school health and community development activities.

Requirements		Means of verification
TRA 6.1	Mechanisms are in place to ensure that no persons are denied access to trachoma elimination services (for example, due to gender, sexuality, poverty, ethnicity, religion, disability, nomadic lifestyle or internal displacement).	• Project proposal and detailed implementation plan (DIP) • Post-MDA coverage survey • State/other level treatment report
TRA 6.2	A clear comprehensive trachoma elimination plan which aims at reaching elimination by a set date with adequate funding across SAFE elements is in place.	• Strategic plan/ trachoma action plan and budget
TRA 6.3	Effectively functioning NTD governance/ coordination bodies e.g. taskforces or committees, exist at all administrative levels.	• Records of meeting coordination • Meeting reports
TRA 6.4	A locally appropriate management information system (MIS) consistent with WHO and NTD formats is in place. The MIS supplies necessary and timely information, and informs timely requisition of drugs at all levels.	• MIS and reports
TRA 6.5	An MDA communication plan is in place from before the beginning of MDA delivery.	• MDA communication plan
TRA 6.6	Annual treatment with azithromycin/ tetracycline eye ointment is carried out consistent with a GCR of 100% and TCR of 80% as recommended by the WHO.	• Annual programme reports/MIS reports and surveillance forms • Post-MDA coverage survey report and implementation of recommendations

TRA6 Programme effectiveness (continued)

Requirements		Means of verification
TRA 6.7	Patient follow-up includes recording rates of post-operative TT, granuloma, lid-closure defect, notching, and contour abnormality and patient satisfaction	• Patient records
TRA 6.8	Post-operative trichiasis recurrence rate is less than 10%.	• TT recurrence rate surveys reports
TRA 6.9	Treatment with azithromycin/tetracycline eye ointment and trichaisis surgery is free to eligible populations in endemic areas.	• Policy document or statement
TRA 6.10	A policy and protocol exist and are followed for informing patients of/managing treatment related side-effects and/or SAEs in line with Ministry of Health (MoH) and WHO requirements.	• Adverse drug reaction policy and protocol
TRA 6.11	Post-MDA coverage surveys are undertaken for comparison against reported programme coverage.	• Post-MDA coverage survey report
TRA 6.12	Impact monitoring is conducted to measure reduced prevalence and intensity of infection following the least required number of treatment rounds, consistent with the following elimination targets: • TF of less than 5% in children aged one to nine. • TT of less than one in one thousand in adults aged fifteen and above.	• Impact assessment survey/report
TRA 6.13	Identified population needs for trachoma elimination are integrated into wider NTD and health/development programmes.	• National strategic plan/ NTD master plan/health sector development plan

Morijo Olemasiaya is examined before undergoing trachoma surgery near Orinie, Kajiado District, Kenya.

Child reading braille in class, Narshingdi District, Bangladesh.

Education (EDU)

It is often the case that parents of children with visual impairments and other disabled children are not aware that education in a local community school is an option for their child. Sightsavers supports inclusive education through building the capacity of education, health, and social systems in low income countries to provide quality support for disabled children and their families. This approach ensures that children learn from an early age that they are equal and valued members of society.

Sightsavers is a member of the Global Campaign for Education which advocates for the right of every child everywhere to go to school.

Our icon depicts a mortar which is globally associated with education.

This technical area comprises the following standards:

- EDU1 Service delivery
- EDU2 Education workforce
- EDU3 School environment and resources
- EDU4 Social development and awareness
- EDU5 Systems development
- EDU6 Policy development

EDU1 Service delivery

Benchmark: The education project delivers safe, comprehensive and effective support, and is responsive to the needs of children and students with disabilities (CWD/SWD).

Requirements		Means of verification
EDU 1.1	Children with disabilities are provided with home and community-based support of good quality from early childhood onwards.	• Cross sectional survey
EDU 1.2	Students with disabilities and their families express positive views about education provision.	• Focus group discussion with families of students with disabilities
EDU 1.3	Students with disabilities are enrolled in education programmes, and transit between the different phases of education.	• School register/records e.g. district education data
EDU 1.4	Students with disabilities demonstrate high levels of achievement and attainment.	• Individual Education Plans (IEPs)
EDU 1.5	Students with disabilities can access flexible mainstream curricula with adaptations where necessary.	• Focus group discussion with students with disabilities, their families and education personnel
EDU 1.6	Students with disabilities have full access to testing and examination systems, including national examination systems.	• National policy and evidence of implementation
EDU 1.7	Male and female students with disabilities enrolled in school have access to basic social protection measures and rights.	• Focus group discussion with families of children with disabilities, SEN/ itinerant teachers and social personnel
EDU 1.8	Appropriate and effective child protection arrangements are in place, particularly when students with disabilities reside in schools/ colleges.	• National policy and evidence of implementation
EDU 1.9	Teaching and learning programmes are systematically organised, with students with disabilities being provided with IEPs of good quality when required.	• Government plans and policies

EDU1 Service delivery (continued)

Requirements		Means of verification
EDU 1.10	Students with disabilities have access to screening, clinical and functional assessments, and follow-up services of good quality.	• National policy and evidence of implementation

EDU2 Education workforce

Benchmark: The education workforce is qualified, motivated, productive and competent.

Requirements		Means of verification
EDU 2.1	Pre-service/initial training of teachers is of high quality	• Curricula and training materials
EDU 2.2	Teachers appointed to schools have access to continuing professional development (CPD), including child safeguarding training.	• CPD records
EDU 2.3	Education personnel possess the skills, knowledge and orientation to provide support of good quality to girls and boys with disabilities and their families.	• School and community based observation
EDU 2.4	Students with disabilities and their families are adequately supported by sufficient numbers of education personnel.	• Human resource data
EDU 2.5	Observation in schools and communities of peer-to-peer practices.	• School, classroom and community based observation
EDU 2.6	Education personnel have access to IEC (information, education, and communication) materials of good quality.	• IEC materials
EDU 2.7	Job descriptions with a clear description of roles and responsibilities are in place for all education personnel.	• Job descriptions

EDU3 School environment and resources

Benchmark: The school environment is accessible and educationally conducive. Students with disabilities have access to all necessary educational materials and resources.

Requirements		Means of verification
EDU 3.1	School environments are internally and externally accessible for students with disabilities.	• Site based observation
EDU 3.2	School environments provide educationally conducive environments for students with disabilities.	• Focus group discussion with students and education personnel
EDU 3.3	Students with disabilities have access to appropriate levels and types of educational resources, and make effective use of these.	• School and home based assessment
EDU 3.4	Blind students have access to braille writing equipment and reading materials, mathematical equipment, and other necessary equipment.	• School and home based assessment
EDU 3.5	Students with low vision have access to refraction (when necessary) and appropriate optical and non-optical low vision devices.	• School and home based assessment
EDU 3.6	All students in education settings, including those with disabilities, can access desks and chairs and basic education resources (e.g. writing equipment, textbooks, and exercise books).	• Inspection of equipment and other resources

EDU4 Social development and awareness

Benchmark: Family member and local stakeholders support the education of children with disabilities.

Requirements		Means of verification
EDU 4.1	Family members support the learning of all children with disabilities.	• Cross sectional survey
EDU 4.2	Community members and associations actively support the inclusion of young people with disabilities in schools and colleges.	• Focus group discussions with local stakeholders
EDU 4.3	Awareness-raising materials on education and disability are available to community members.	• Focus group discussions with local stakeholders
EDU 4.4	Community based organisations (CBOs), local disabled people's organisations (DPOs) and blind people's organisations (BPOs) effectively support the inclusive education for young people with disabilities.	• Meeting registers and minutes
EDU 4.5	There is growing awareness of disability issues at all levels of society.	• Interviews with key stakeholders

EDU5 Systems development

Benchmark: Education systems ensure children and with disabilities are enrolled in good quality education programmes.

Requirements		Means of verification
EDU 5.1	Continuums of educational provision for male and female students with disabilities exist, from early childhood onwards through to tertiary, vocational, and adult education.	• Analysis of education systems
EDU 5.2	Screening, assessment and follow-up services for students with disabilities are in place, and these services are effective.	• System documentation
EDU 5.3	There is collaboration between the different components and layers of education systems.	• Policies and plans

EDU5 Systems development (continued)

Requirements		Means of verification
EDU 5.4	Education services are integrated with related services, including health and social welfare services.	• System and structure review
EDU 5.5	Education authorities continually monitor and evaluate the work of education providers through advisory and inspection systems.	• Policies and plans
EDU 5.6	Educational managers and administrators (at all levels of education systems) collect, analyse, and utilise gender disaggregated data to improve educational provision for students with disabilities.	• Data management system and reports
EDU 5.7	There is appropriate, equitable budgetary support for the education of students with disabilities, and funds are disbursed effectively/efficiently.	• Budgets, audits and other financial data
EDU 5.8	Education authorities ensure students with disabilities have the necessary equipment and materials, and can fully utilise these.	• School and classroom based observation
EDU 5.9	Education authorities at all levels apply the principle of universal design to the design and modification of educational infrastructure.	• Relevant plans, policies and financial data
EDU 5.10	Community members - particularly the parents of students with disabilities - are provided with valid opportunities to contribute to education programmes.	• Focus group discussions with students and other local stakeholders
EDU 5.11	Ministries of Education, rather than Ministries of Social Welfare, are responsible for educational provision for young people with disabilities.	• Ministerial systems and structures

EDU6 Policy development

Benchmark: Educational legislation and policies are aligned with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Requirements		Means of verification
EDU 6.1	Child centred curricula have been developed and are in place. Local stakeholders are knowledgeable/supportive of these curricula.	• Assess curricula for adaptation and accommodation to different learning approaches
EDU 6.2	National governments have both signed and ratified the UNCRPD.	• UNCRPD website and national government policies/plans
EDU 6.3	Policies at all levels (government, state, district, local) and legislation in education, including the Education Sector Plan, are aligned with UNCRPD.	• National policies, including Education Sector Plan
EDU 6.4	Country offices of mainstream international development agencies (IDAs) incorporate disability perspectives in their policies and programmes.	• Interview with senior personnel of IDAs
EDU 6.5	Education Sector Working Groups (ESWGs) in countries effectively advance the educational rights of young people with disabilities.	• Plans and policies produced by ESWG
EDU 6.6	DPO/BPOs are active and effective and involved in education, including Education Sector Working Groups.	• Focus group discussions with members
EDU 6.7	Effective advocacy alliances (AAs) are formed between Sightsavers country offices and the country offices of other disability focused IDAs.	• Interview with key stakeholders
EDU 6.8	Sightsavers' policy work at country level is aligned with Sightsavers' policy work at global and regional levels.	• Interview with relevant programme staff

We work with partners
in developing countries to
eliminate avoidable blindness
and promote equal opportunities
for people with disabilities

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