

A conversation with Lions Clubs International Foundation, June 1, 2017

Participants

- Phillip Albano – Manager, Sight Programs Department, Lions Clubs International Foundation (LCIF)
- Katharine Keller – Partnership Relations Manager, LCIF
- Tiffany Morgan – Corporate, Foundation & Government Gifts Specialist, LCIF
- Lulu Tian – Senior Associate, IDinsight
- Jessie Press-Williams – Associate, IDinsight
- Natalie Crispin – Senior Research Analyst, GiveWell
- Catherine Hollander – Research Analyst, Outreach Focus, GiveWell

Note: These notes were compiled by GiveWell and give an overview of the major points made by Lions Clubs International Foundation staff.

Summary

GiveWell and IDinsight spoke with Mr. Albano, Ms. Keller, and Ms. Morgan of Lions Clubs International Foundation (LCIF) as part of their cataract surgery project (<http://www.givewell.org/charities/IDinsight/partnership-with-idinsight/cataract-surgery-project>). Conversation topics included the SightFirst program, its grantmaking process, and monitoring and evaluation.

Background on SightFirst

Since 1990, LCIF has worked to reduce blindness through its SightFirst program, which makes grants to eye care institutions, NGOs around the world, and governments. Around 2005, SightFirst made significant changes to its philosophy and strategies, especially specific to cataract:

1. It moved from directly subsidizing cataract surgeries alone to supporting comprehensive eye care systems. This expansion enabled SightFirst to make investments more readily available to Lions clubs and partners from around the world.
2. It switched focus from investing heavily in the construction of new eye care facilities to investing in projects that support the development and strengthening of existing comprehensive eye care institutions and systems.

SightFirst encourages eye care institutions to work towards financial sustainability. It advocates for a cross-subsidization model like that of Aravind Eye Care System hospitals, in which patients who can afford to pay for procedures such as cataract surgery subsidize the costs for those who cannot pay. An important aspect of this model is that all patients should receive the highest quality care, regardless of their ability to pay.

The SightFirst program funds high-quality, sustainable projects that deliver eye care services, develop infrastructure, train personnel and/or provide rehabilitation and education in underserved communities. Of utmost concern are the major causes of blindness and vision impairment: cataract, river blindness, trachoma, uncorrected refractive error and, especially in developed nations, diabetic eye disease and glaucoma. SightFirst also supports projects to build capacity and improve access to education and training for blind and low-vision persons.

SightFirst grants in these disease/issue areas include a requirement that applicants identify which of the following strategies they would implement:

- Service Delivery - Support for large numbers of eye care interventions for underserved populations, including detection, surgery, medical treatment and rehabilitation
- Human Resource Training - Training of various eye care and rehabilitation professionals and management personnel to strengthen eye care systems
- Infrastructure Development - Upgrades to existing institutions with essential equipment and/or spatial improvements to increase both the quality and range of eye care services offered

SightFirst supports operational and evaluative public health research related to improving SightFirst programs to identify needs and assess program strategies, especially those related to equity, capacity building and sustainability in the delivery of eye care.

Upgrade and capacity building grants

Much of SightFirst's work is done through upgrade grants, which mostly fund equipment and human resource development for eye care institutions. Some grants have also funded spatial improvements, or transportation for outreach programs.

SightFirst expects applicants to conduct preparatory work before a grant is considered by its decision-making body, the SightFirst Advisory Committee, including at least one visit from a SightFirst technical advisor. SightFirst has a team of 16 technical advisors, who are experienced in both ophthalmology and public health; they evaluate hospital facilities and the capacities of doctors, staff, and administrators. In addition to performing initial evaluations, technical advisors also help with grant execution. A technical advisor typically visits a hospital at least twice over the course of a one- or two-year grant, to monitor and provide technical support.

Monitoring and evaluation

SightFirst's monitoring procedures combine a desk review system with the presence of advisors on the ground.

SightFirst collects and verifies baseline data on the institutions it works with. Technical advisors collect data on many aspects of the institutions including

outpatient care, volume of surgeries, and success rates. During grant execution, the institutions regularly report various metrics, agreed upon beforehand, to SightFirst; these reports include financial data as well as programmatic metrics such as surgical quality.

SightFirst staff also conduct site visits. They use hospital records and conversations with hospital staff to verify, for example, how many cataract surgeries have been performed, whether the patients received appropriate intraocular lenses, and how much follow-up was done. Patients' visual acuity should be tested both before and after cataract surgery.

Attributing improvements specifically to SightFirst's grant support alone can be a challenge when the grantees are large, tertiary institutions which receive grants from many sources. However, in the case of a typical upgrade grant to a medium or smaller institution, SightFirst is, in many cases, one of the most significant intervention funders over the two or three years of that institution's preparatory work, grant execution, and evaluation. SightFirst can use comparisons between institutional function at baseline and institutional function after SightFirst grants to evaluate its own grant support impacts.

Many of the organizations that GiveWell and IDinsight plan to contact regarding cataract surgery have been grantees of LCIF SightFirst.

Structure and funding

SightFirst's major decisions are made by the SightFirst Advisory Committee, which includes leaders of Lions Clubs International, leaders of LCIF, and a number of global technical experts.

SightFirst has a longstanding technical relationship with the World Health Organization (WHO). WHO staff provide technical advice to SightFirst at many levels, including reviewing every grant application to SightFirst and sometimes accompanying LCIF SightFirst staff on site visits.

SightFirst makes approximately 45-55 grants totaling approximately \$10 million per year. Its work has been generously funded largely by the global membership of Lions Clubs International as well as a few select corporate/foundation partners and/or funders providing matching grant support for initiative or coalition projects. Each project must incorporate Lions clubs or leaders' service and engagement, including on project monitoring committees and to endorse grant applications. SightFirst's current funds are projected to be exhausted by 2021 or 2022, so it will soon be approaching Lions Clubs International members, as well as other global blindness prevention, eye health, and eye care stakeholders and funders, for additional donations and resources to continue and enhance SightFirst's goals and ongoing grantmaking. It is also interested in partnering with other funders, especially those that share its mission and goals.

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