A message from Caroline Harper, Chief Executive of Sightsavers

Sightsavers has been evolving throughout its 60-year history, and this strategy is the next phase of that evolution. We have always worked with partners to achieve our goals, but in addition we must form new alliances and ensure that our work dovetails with and influences that of others if we are to make the biggest impact.

Our strategy is ambitious – we intend to make a long term and profound difference in the world. Our work is crucial in supporting the global fight against poverty. At the core of everything we do are the people at risk of losing their sight and those whose sight is impaired or lost.

Connecting with the world: the context of our new strategy

Research carried out in Bangladesh, Kenya and the Philippines by The London School of Hygiene and Tropical Medicine found that blindness causes poverty, and that restoring sight improves the economic status of individuals and families. They found people who had cataracts, and compared them with people in similar situations who did not.

Expenditure in households where an adult had cataract was lower than in non-cataract cases. Cataract households were checked before and a year after surgery – results showed that the gap in expenditure across the different types of households was dramatically narrowed.

The evidence that sight restoration alleviates poverty

Research carried out in Bangladesh, Kenya and the Philippines by The London School of Hygiene and Tropical Medicine found that blindness causes poverty, and that restoring sight improves the economic status of individuals and families. They found people who had cataracts, and compared them with people in similar situations who did not.

Expenditure in households where an adult had cataract was lower than in non-cataract cases. Cataract households were checked before and a year after surgery – results showed that the gap in expenditure across the different types of households was dramatically narrowed.
Millennium Development Goals: post-2015

The Millennium Development Goals (MDGs) were established in 2000 to focus collaborative efforts to reduce specific aspects of poverty by 2015. Progress has been made in some of these goals, but several are off track. During this strategy period, a new post-2015 framework will be developed.

Building on our knowledge from the first MDGs, we know that disabled people, 15% of the world's population, were not systematically included in progress made against goals. We also know that the focus of the current MDGs, on narrow aspects of health, such as individual diseases, can negatively affect the development of a comprehensive and accessible health system.

Neglected tropical diseases: a cause and result of poverty

Neglected tropical diseases (NTDs) are a group of 17 parasitic and bacterial infections, two of which (trachoma and river blindness) are blinding, that affect over one billion of the world's poorest people. Some NTDs kill and others cause severe and often life-long physical impairment. They particularly affect women and children.

NTDs reduce economic productivity, preventing individuals from being able to work or care for themselves or their families, and limiting access to education. They are diseases of poverty, significantly impacting on development and the achievement of the Millennium Development Goals.

Research indicates that elimination is achievable if efforts to tackle NTDs are scaled up.

World Health Organization: key messages influencing our strategy

‘The six building blocks of health systems are delivery services, health workers, information, medical products and technologies, financing and leadership and governance.

The challenges…require a more integrated response that recognises the interdependence of each part of the health system.’


‘The excessive specialisation of health care providers and the narrow focus of many disease control programmes discourage a holistic approach…and development aid often adds to the fragmentation.’

‘Health care systems need to respond better and faster to the challenges of the changing world. Primary Health Care can do that.’


Neglected tropical diseases: a cause and result of poverty

Neglected tropical diseases (NTDs) are a group of 17 parasitic and bacterial infections, two of which (trachoma and river blindness) are blinding, that affect over one billion of the world's poorest people. Some NTDs kill and others cause severe and often life-long physical impairment. They particularly affect women and children.

NTDs reduce economic productivity, preventing individuals from being able to work or care for themselves or their families, and limiting access to education. They are diseases of poverty, significantly impacting on development and the achievement of the Millennium Development Goals.

Research indicates that elimination is achievable if efforts to tackle NTDs are scaled up.

Left: Balaraba, 12, in Nigeria, after surgery for unilateral cataract
Our vision,
our mission

**Our vision:**
Sightsavers’ vision is of a world where no one is blind from avoidable causes and where visually impaired people participate equally in society.

**Our mission:**
We are an international organisation working with partners in developing countries to eliminate avoidable blindness and promote equality of opportunity for disabled people.
Our values

Blindness is an important cause – and effect – of poverty. We work with poor and marginalised communities in developing countries.

We achieve much more when we collaborate. We forge alliances and partnerships to ensure a positive and long term impact on people’s lives.

People should not go blind unnecessarily. We prevent, treat and cure avoidable blindness and promote eye health.

People with visual impairment should be able to develop their potential to the full. We work with disabled people and others to promote equal rights and opportunities.

With the right resources, people can find their own solutions. We strengthen organisations and communities to develop practical and enduring solutions.

Learning and innovation are essential in order to improve the quality of what we do. We underpin our work with the best available evidence and research.

Our supporters are a key part of the solution. We work together to accomplish our goals.

Maniki Patro, India, was dependent on her daughter until she was identified for cataract surgery

Hafsatu in Nigeria is able to farm again after successful cataract surgery

Maria Stonken, 14, (centre) enjoys lessons with sighted classmates in Malawi

Volunteer distributor Christopher Emmanuel protects his community from neglected tropical diseases

We are embarking on a huge research project to map the world for trachoma

Supporter Maya Lakhani treks Mount Everest for Sightsavers

One of our biggest partners is the Bangladesh-based global NGO BRAC

Our values One of our biggest partners is the Bangladesh-based global NGO BRAC
Highlights 2007-2011... and the way forward

Seeing is Believing
Standard Chartered’s global community investment programme has partnered with Sightsavers to contribute to far-reaching and effective projects like the Lady Health Worker scheme in Pakistan.

Cost-effective procurement
Our landmark Standard List e-procurement site continues to ensure cost-effectiveness throughout the organisation. In addition, a new agreement for our global vehicle fleet has achieved a significant reduction in cost per vehicle, compared like-for-like with alternative suppliers, with best possible levels of safety and fuel economy.

The beginnings of elimination
Research suggests that elimination of river blindness has been achieved by projects supported by Sightsavers in Kaduna State, Nigeria. This means a shift in focus for all river blindness projects that we support – from control of the disease to elimination of its transmission.

Our partnership with DFID
In 2011 the Department for International Development became our largest single donor, through a three year Programme Partnership Arrangement. This helps us to achieve our strategic aims of reducing poverty through building health and education systems, supporting disabled people and rooting our work in community development.

Bangladesh Children’s Cataract Campaign
Research showed over 12,000 children in Bangladesh were blind from cataract, so we made tackling this backlog a priority. By the closing of the project in 2010, 90% of the children in our target group had received the surgery they needed.

The way forward
After a 2011 review of our strategy, we will be launching an ambitious digital business agenda; working with the private sector in new and exciting ways, starting with the use of mobile technology in our health programmes; and working to demonstrate approaches in order to successfully deliver large scale and multi-country programmes.
Highlights 2007-2011... and the way forward

Guinea Bissau
The Gambia
Senegal
Mali
Benin
Nigeria
Cameroon
Haiti
St Lucia
Kenya
Uganda
Sudan
Tanzania
Malawi
Zambia
Pakistan
India
Bangladesh
Sri Lanka
Mozambique
Antigua
Zimbabwe
Belize
Jamaica
Guinea
Guyana
Sierra Leone
Liberia
Togo
Ghana
Cameroon
Democratic Republic of Congo
Zambia
South Sudan
Central African Republic
Uganda
Kenya
Tanzania
Malawi
Zimbabwe
Mozambique

Where we work: now and in the future

Why these countries?
We will focus on poorer countries – notably francophone Africa which is less developed than Anglophone countries. We look for countries to have partner organisations and governments who are willing to commit to strengthening and supporting their own eye health systems.

We work in some countries without maintaining an office. This will be where our work focuses on our strategy for the elimination of NTDs, usually in partnership with a partner organisation that already maintains a base in the area.
**Sightsavers’ strategy map**

**Our vision:** No one is blind from avoidable causes; visually impaired people participate equally in society

**Our mission:** To eliminate avoidable blindness and promote equality of opportunity for disabled people

### Ultimate aims

1. Governments ensure quality eye care is universally available as an integral part of wider health systems
2. Governments ensure all disabled children receive a quality education within the wider education system
3. Visually impaired people are equal members of society and governments implement obligations under international conventions for disabled people
4. People actively seek eye care services and enjoy a change in quality of life through community development programmes.

### Beneficiaries

(What must we achieve for our beneficiaries?)

- Demonstrate scalable cost-effective approaches to eye care which strengthen health systems
- Demonstrate scalable cost-effective approaches to the education of visually impaired children in their local context
- Enable effective advocacy for the rights of people with disabilities (PWDs) and demonstrate effective approaches to social inclusion
- Ensure all eye care and social inclusion programmes are rooted in community development

### Capacities

(What do we need to excel at to deliver for our beneficiaries?)

- Develop effective partnerships
- Ensure high quality programmes
- Develop effective and joined-up advocacy
- Establish strong strategic networks and alliances

### Learning and growth

(Where do we need to invest in order to excel?)

- Develop country/area level teams
- Ensure adequate specialist/technical expertise
- Gather and disseminate sound research and evidence
- Establish effective information sharing systems

### Resources

(How do we ensure we are resourced adequately?)

- Fund our work through growth and diversification of income
- Use resources strategically and efficiently
We use a tool called the Balanced Scorecard to implement our strategy. We renamed it the SIM (strategy implementation and monitoring) card, because it guides our work and measures progress – like a SIM card drives a mobile phone. The SIM is made up of a strategy map (left) and a scorecard.

We monitor the scorecard using an internet based interactive dashboard (see screengrab, right). The dashboard will be available on our website by the end of 2012.

The strategy map breaks down our strategy into the key objectives we need to focus on over the next five years.

The scorecard identifies indicators, with targets for each of the objectives to monitor progress in our four change themes:

1. Eye health
2. Education
3. Social inclusion
4. Community development

Our vision, mission and ultimate aims sit at the top of the strategy map. Moving downwards through the map:

- We will achieve our strategy by delivering objectives for our beneficiaries, as identified in the change themes.
- We will deliver those objectives by developing key capacities.
- We will develop those capacities by making investments in growth and learning.
- We will make those investments by ensuring that we have adequate resources.

For more information please visit www.sightsavers.org/SIMdashboard

Below: In Mali, a young girl is given the dosage of Mectizan® she needs to be protected from river blindness for a year.
## Change theme one: Eye health

<table>
<thead>
<tr>
<th>External drivers – what led us to decide on our aims</th>
<th>Aims – what we want to achieve</th>
<th>Indicators – how we measure our progress</th>
</tr>
</thead>
</table>

### Avoidable blindness

Avoidable blindness is best addressed when health systems are aligned with government policy. All health programmes should support and strengthen national health systems.

Improving access to primary health care is the best means of reaching the greatest number of people. Eye health services are not always available at primary level.

Primary healthcare for all will not be available without meeting the shortfall in trained health professionals. For example, there is a shortage of at least 1.5 million health workers in Africa.

### In the long term

**Governments will ensure that good-quality eye care is universally available to all people as an integral part of wider health systems.**

**Over this strategic framework period:**

Sightsavers will demonstrate approaches to eye health which are scalable, adaptable and cost effective, and which strengthen and support the overall health system.

### Lead

% of Sightsavers supported eye health programmes that are embedded in national and local government plans.

### Lag 1

% of countries showing significant increase in public spending on eye health, or availability of eye health services.

### Lag 2

% of endemic countries that are meeting national milestones to eliminate trachoma and/or onchocerciasis

### Definitions:

**Lead** – key measure of whether we are doing what is needed to achieve each objective.

**Lag** – key measure of whether we are achieving each objective.
Isata Keita was the first trained ophthalmic nurse in Sierra Leone. At the time she graduated, there was not even a training facility in the country. Sightsavers funded her year-long studies in The Gambia.

Isata sees between 15 and 20 patients a day, and is one of ten ophthalmic nurses delivering a mixture of referrals and treatment so that the two doctors are not under too much pressure, and milder cases can be treated more rapidly.

Aside from her daily duties at the clinic, Isata takes her expertise out into schools and communities: and believes that the outreach programmes, are particularly important. “Some people are not well informed about the various treatable eye conditions. So we go out and tell them about those conditions and the dangers of non-treatment, and we encourage them to come to the clinic.”

Voices of support

“I am pleased to partner with Sightsavers in researching how best to tackle avoidable blindness and to provide ongoing training for eye care specialists in developing countries.”

Prof. Allen Foster, Director of the International Centre for Eye Health
Education is one of the keys to empowerment and lifting people out of poverty (DFID Education Policy). However, as of 2010, 61 million children of primary school age were out of school (UNESCO, 2012), and a disproportionate number of these children were disabled (WHO, 2011).

Access for disabled children is not a policy priority in many countries. Lobbying for visually impaired children is most effective when included in advocacy for the inclusion of all disabled children, but with recognition that the diversity of learning needs to be addressed.

Teachers have a responsibility to educate all the children in their class, but do not always have the skills and knowledge to include children with disabilities in lessons.

In the long term: Governments will ensure that all disabled children have the opportunity to receive a quality education within a wider education system.

Over this strategic framework period: Sightsavers will demonstrate approaches to delivering high-quality education for visually impaired children in their local context, which are scalable, adaptable and cost effective.

Lead – % of education projects that are suitable for replication/adoption by the government or other service providers.

Lag – % of countries where government is implementing education plans in line with global best practice.
Hilda Macheso, 12, is a Form one student at Stella Maris secondary school in the city of Blantyre, Malawi. She has albinism, which has resulted in low vision.

The school has eleven students with varying disabilities, three of whom are visually impaired. Hilda learns alongside her sighted peers, supported by a specially-trained teacher at the school. She has problems reading the blackboard: “When the letters on the blackboard are small I use my telescope, or sometimes ask friends to help.”

Hilda enjoys French and history lessons. “I like French because my father, who died three years ago, used to brag about it, and I like history because it tells us where we are coming from so that we can plan for the future.”

Voices of support

“It is reassuring that one of our most reliable partners, Sightsavers, aims as part of its strategic objectives to demonstrate cost effective approaches to the education of visually impaired children in their local context.”

Matarr Baldeh, National Co-ordinator, Education for All Campaign Network, The Gambia
## Change theme three: **Social inclusion**

### External drivers – what led us to decide on our aims

Many governments do not have effective policies around disability issues. This needs to be addressed in order to improve the quality of life of disabled people, especially women and children.

Disabled people suffer from social exclusion, are amongst the most marginalised people in society and are often not given the chance to maximise their potential. BPOs and DPOs do not always have the existing capacity to advocate effectively.

Disability does not feature prominently in the general development agenda. The best way to influence development actors or organisations or the development sector is through collaboration.

### Aims – what we want to achieve

**In the long term:** Visually impaired people will be equal members of society. Governments will implement their obligations under international conventions for disabled people.

**Over this strategic framework period:** Sightsavers will enable effective advocacy for the rights of people with disabilities and demonstrate effective approaches to social inclusion.

### Indicators – how we measure our progress

**Lead** - % of countries where Sightsavers is supporting BPO and DPO partners and/or the disability movement to advocate.

**Lag** - % of countries where advocacy by BPO/DPO partners and/or the disability movement results in policies in line with the United Nations’ Convention on the Rights of People with Disabilities.

### Definitions:

- **BPO** – Blind People’s Organisation
- **DPO** – Disabled People’s Organisation
V.S. Suraj, 24, is in full-time employment, placed by our partner organisation Enable India. He works at a company that sells tickets for bus travel, preparing sales reports.

“I was doing my Bachelors in Technology when I lost my vision to macular degeneration. My family had a lot of aspirations for me, so they were very disappointed. At home I was very dependent on my family.

But after the training at Enable my confidence levels improved. The life training skills helped my confidence. I think I’m the first visually impaired person to be employed here. I showed them that I did not have to be dependent on them all the time – coming into the office by myself, working late. To anyone else in my position, I would say: ‘be confident. You have to be proud of yourself and trust in yourself.’”

Voices of support

“The ongoing partnership between BRAC and Sightsavers to restore sight is a reflection of their commitment to enhancing the quality of life of visually impaired people and enabling them to maintain their dignity and independence.”

Mr Fazle Hasan Abed, Founder and Chairperson, BRAC, Bangladesh

To hear a podcast from Enable founder Shanti Raghaven please visit www.sightsavers.org/shanti
Change theme four: Community participation and development

<table>
<thead>
<tr>
<th>External drivers – what led us to decide on our aims</th>
<th>Aims – what we want to achieve</th>
<th>Indicators – how we measure our progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities are not always aware of their own health needs (Human Resources for Health: Community Perspectives on the Health Service, 2007). Visually impaired people are not always included in community development programmes. Reversing this situation and encouraging community involvement will help change behaviours and lead to empowerment.</td>
<td><strong>In the long term:</strong> People will actively seek eye health services, and those who are visually impaired will enjoy long term positive change in the quality of their lives through engagement with and participation in, community development programmes. <strong>Over this strategic framework period:</strong> Sightsavers’ eye health and social inclusion programmes must be deeply rooted in community development.</td>
<td><strong>Lead</strong> - % of projects designed, implemented, monitored and evaluated with the involvement of local communities, including people with disabilities. <strong>Lag</strong> - % of projects that result in visually impaired and disabled people participating to a greater extent in community life.</td>
</tr>
</tbody>
</table>

Significant work is being undertaken internationally to establish community approaches to rehabilitation, with an emphasis on political right, education, livelihoods and social interaction.

Eye health programmes have demonstrable impact on poverty alleviation and the quality of life of individuals and their communities.
In Cameroon, Sightsavers supported the training of community directed distributor (CDD) Evodia Njah. Evodia, 35, lives with her five children in the village of Kesu:

“I became a CDD a year ago, as I want to help my community. In the training I learned how to give the right dosage of drugs and how to fill in the register. I also do population census. I am now doing integrated distribution, for elephantiasis as well as river blindness – but it is not difficult to do two at once.

There are about 10 CDDs in my community. We hold planned meetings twice a week during distributions to share experiences and help each other.”

Voices of support

“Sightsavers were there at the beginning of Mectizan mass distribution. Working with governments and other partners, they are now the NGO supporting the highest number of treatments. Without partners, of whom Sightsavers is one of the most committed, the donation of Mectizan would never reach the people who need it the most; those at, and beyond, the end of the road.”

Adrian Hopkins, Director,
Mectizan Donation Program
Making the connections – more voices of support

“Sightsavers is the longest standing partner in Standard Chartered’s global programme to tackle avoidable blindness, Seeing is Believing. We are very pleased to be continuing our partnership in order to help tackle avoidable blindness in countries across the globe.”
Richard Meddings, Group Finance Director, Standard Chartered Bank

“This is truly an innovative strategy, particularly the emphasis on community development. It demonstrates the vision and determination of a progressive single sector organisation to align and interface its health, education and social inclusion programmes with mainstream development.”
Mohammed Ajmal Malik, Chairman, Civil Society and Institutional Development Programme, Pakistan.

“Over the years Sightsavers has proved to be an invaluable partner of East African College of Ophthalmologists, standing by us when the going got tough.”
Dr Dunera Illako, Head of Ophthalmology, University of Nairobi; and President of the Eastern Africa College of Ophthalmologists

“This is truly an innovative strategy, particularly the emphasis on community development. It demonstrates the vision and determination of a progressive single sector organisation to align and interface its health, education and social inclusion programmes with mainstream development.”
Maryanne Diamond, President, World Blind Union

“The long-standing and effective support provided by Sightsavers to CDTI implementation since early beginnings is an invaluable contribution towards the elimination of onchocerciasis and other neglected tropical diseases.”
Dr Paul Lusamba, Director, African Programme for Onchocerciasis, WHO

“I have collaborated with Sightsavers for upwards of ten years. You can depend on Sightsavers when faced with challenges; they will assist you to get the job done.”
Dr Jonation Jiya, Director, Federal Ministry of Health, Nigeria

“WaterAid is very pleased to be working with Sightsavers, and hopes to do more joint programmes into the future. Access to clean water and sanitation is very important in the prevention of blindness, especially trachoma.”
Barbara Frost, CEO, WaterAid

“Irish Aid is very pleased to be working with Sightsavers on the Block Grant programme focusing on a number of fragile states. The work being done with partners contributes to the strengthening of health systems and the alleviation of poverty, as well as restoring sight to people who are blind.”
Caroline Whelan, Civil Society Section, Irish Aid

“Irish Aid is very pleased to be working with Sightsavers on the Block Grant programme focusing on a number of fragile states. The work being done with partners contributes to the strengthening of health systems and the alleviation of poverty, as well as restoring sight to people who are blind.”

Dr Danny Haddad, Director of the International Trachoma Initiative

“Sightsavers is playing a critical role in leading the new Global Trachoma Mapping Consortium that will help advance all our efforts towards the elimination of blinding trachoma by 2020. ITI is proud to continue our partnership with Sightsavers because of their steadfast commitment to true collaboration, strategic advocacy, and innovative program design.”
Mr RD Thulasiraj, Executive Director of Lions Aravind Institute of Community Ophthalmology, India
How it fits together

Vision, Mission, Values and Change Themes

- Our overall strategic direction

Planning and resource allocation
- Translating SIM card into operational planning
- Allocating resources across countries, programmes and activities
- Ensuring this allocation matches the strategic priorities

SIM card
- To enable us to prioritise and measure our progress

Monitoring and evaluation
- Ensuring programmes are aligned with organisational strategy, and managing programme performance
- Ensuring accountability to ourselves and the people, communities, and institutions with whom we work.

Risk
- Assessing key risks
- Devising mitigating strategies
- Ensuring this happens at all levels in the organisation

Cost effectiveness
- Understanding our financial drivers
- Joined-up procurement

Impact assessment and learning
- Understanding and demonstrating the types, and scope, of our impacts.
- Embedding a culture of learning and reflection into our day-to-day processes and ways of working.
Sightsavers works with partners across the world to prevent and cure blindness, and promote equality of opportunity for disabled people

- **285 million** people are visually impaired worldwide
- **39 million** of these are blind
- About **90%** of the world’s visually impaired people live in developing countries
- Approximately **three-quarters** of the world’s blind children live in Asia and Africa

This document is available in a range of accessible formats – please contact us for more details

Cover and above: In Bangladesh, visually impaired primary school classroom assistant Rabeya Akhter helps 9-year-old Sadia Anzuman with Braille practice.