

# Annual report 2015



Sightsavers

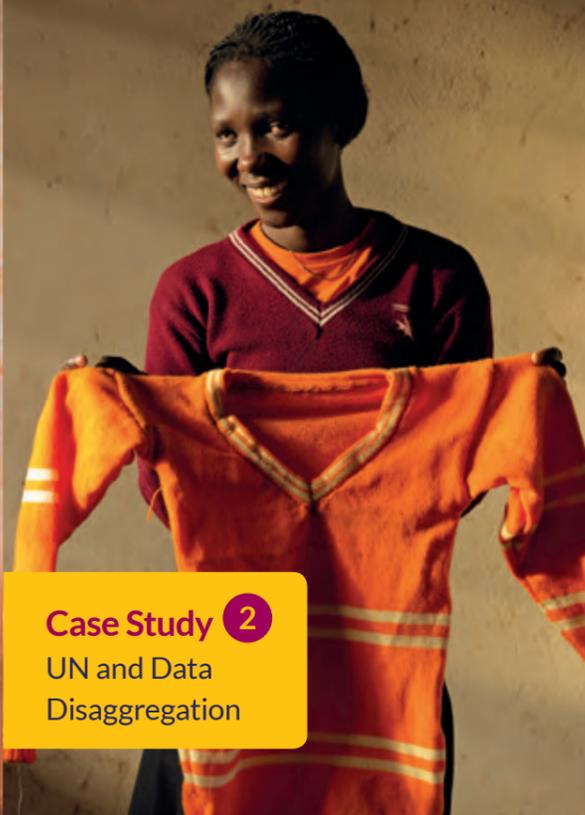
## Case Study 1

Integrated NTDs at scale: UNITED project in Nigeria



## Case Study 2

UN and Data Disaggregation



## Case Study 5

A Million Miracles



## Case Study 3

The Programme Portal



## Case Study 4

Research – a firm footing for our programme and advocacy work



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Front cover image: A child is screened for eye diseases at Soroti hospital in Uganda as part of the Seeing is Believing project.

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# The context

## According to the World Health Organization (WHO) as of August 2014:

- Around one billion people (around 15 per cent of all people in the world) have some form of disability, with 285 million of these being blind or visually impaired.
- Of these 285 million people, 39 million are blind, two thirds of whom are women and almost half of whom are blind from cataract.
- Of these 285 million people, 123 million are visually impaired from uncorrected refractive error, and an additional 517 million are functionally impaired by presbyopia.
- 80 per cent of visual impairment is treatable or preventable.
- 80 per cent of people with disabilities (PWD) and 90 per cent of people who are blind or visually impaired live in developing countries.
- Over one billion people are affected by neglected tropical diseases (NTDs). These include blinding trachoma, river blindness (onchocerciasis), lymphatic filariasis (also called elephantiasis), schistosomiasis (also called bilharzia) and soil transmitted helminthiasis (a variety of intestinal worms).

A huge step forward was made in 2015 as the Sustainable Development Goals (SDGs) were agreed at the UN. These included people with disabilities both as part of the overall theme of 'leave no one behind', and explicitly within a number of the individual goals. This compares with the Millennium Development Goals (MDGs) which ended last year and which made no reference to people with disabilities.

The SDGs also include goals such as universal health coverage and the elimination of NTDs – both of which are central to our mission.

**1 billion** people have some form of disability



**285 million** are blind or visually impaired



**39 million** are blind

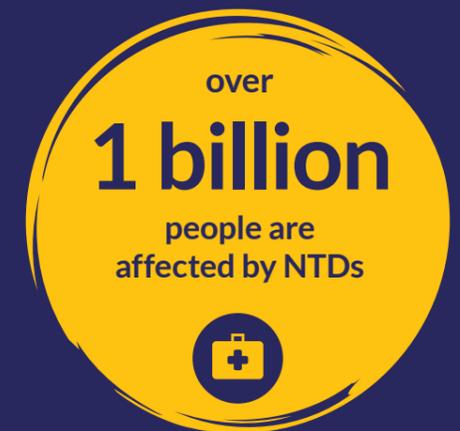


and two thirds of these are **women**

**80%**



of visual impairment is **treatable** or **preventable**



**90%**

of people who are blind and visually impaired live in **developing countries**



and

**80%**

of people with disabilities live in **developing countries**

## 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 people with disabilities.



# Message from our Chair

**I would like to begin by warmly thanking Nigel Crisp, who stood down as Chair in July 2015 after seven years of great service to the organisation. It is my privilege to have taken over from him in that role, having been Vice Chair for the last few years.**

2015 was a landmark year, as the world came together to agree the Sustainable Development Goals (SDGs). Sightsavers had been working behind the scenes for several years, mainly with disabled people's organisations, to campaign for disability to be properly reflected in the Goals. We succeeded beyond anything we thought possible, with disability front and centre in the 'leave no one behind' theme, as well as specifically referenced several times throughout the text. Neglected tropical diseases (NTDs) and universal health care were both highlighted prominently, with the latter being a fundamental underpinning of all our work in eye health. These SDGs will form the bedrock of our work going forward, and all of us at Sightsavers were excited to see them agreed.

The major NTD grants were all in full flow in 2015. The Global Trachoma Mapping programme - the largest infectious disease survey ever undertaken - came to a climax and a close. Thanks particularly to major grants from the UK Department for International Development (DFID) and the Queen Elizabeth Diamond Jubilee Trust, we delivered over 140 million NTD treatments. These grants are a great example of coalition in action - many organisations coming together to drive towards a common goal.

We are helping the NTD community meet its commitments under the London Declaration, supported by the Bill and Melinda Gates Foundation, by hosting the Uniting to Combat NTDs Support Centre.

We saw significant increases in the number of cataract operations supported last year - funded by our Million Miracles campaign. We were particularly pleased to increase our media profile last year thanks to Channel 4's coverage in Malawi ('Unreported World') and the very positive Mail Online coverage of our disability work.

It has not all been plain sailing. Ebola continued to challenge everyone in West Africa, although the position is now easing, and conflict beset a number of countries where we work. We had two tragedies within our programmes - in Zambia where two young girls died and in India where we lost Vasant Shendye, a much loved and respected Programme Manager, to a hotel fire. This is the first time we have lost people in the course of our work and the organisation will never forget them.

The year was strong financially with income (excluding gifts-in-kind) exceeding £60 million for the first time ever, and a small surplus brought forward. We also had a record year for legacies. We are worried, though, about the negative media reporting on fundraising. Sightsavers itself did not receive any adverse comment in the press, but this is an issue which affects us all since if people are discouraged from donating, the often life-saving work that charities do will be severely constrained.

We value our supporters greatly, and are proud that they are so loyal to us. We will ensure, of course, that we comply with any new regulations; our concern is that the complexities being discussed could divert both time and money from our core work.

Overall Sightsavers continues to prosper and most importantly to deliver for our beneficiaries. This would not be possible without our generous supporters of all kinds - from governments, to companies, to those individuals who give loyally month after month and those who remember us in their wills. Thank you all for your support which is deeply appreciated. I would also like to thank our partners, our staff and volunteers (including our trustees), who work so hard to help us achieve our goals. When I look at people like Rose Paolo in Malawi (featured in the Unreported World video), blind from birth, who at 14 saw herself for the first time, I know how important our work is - and in the melee that sometimes surrounds the questions of how much the UK should spend on development, or the controversy over fundraising activities, it is voices like hers that matter the most.



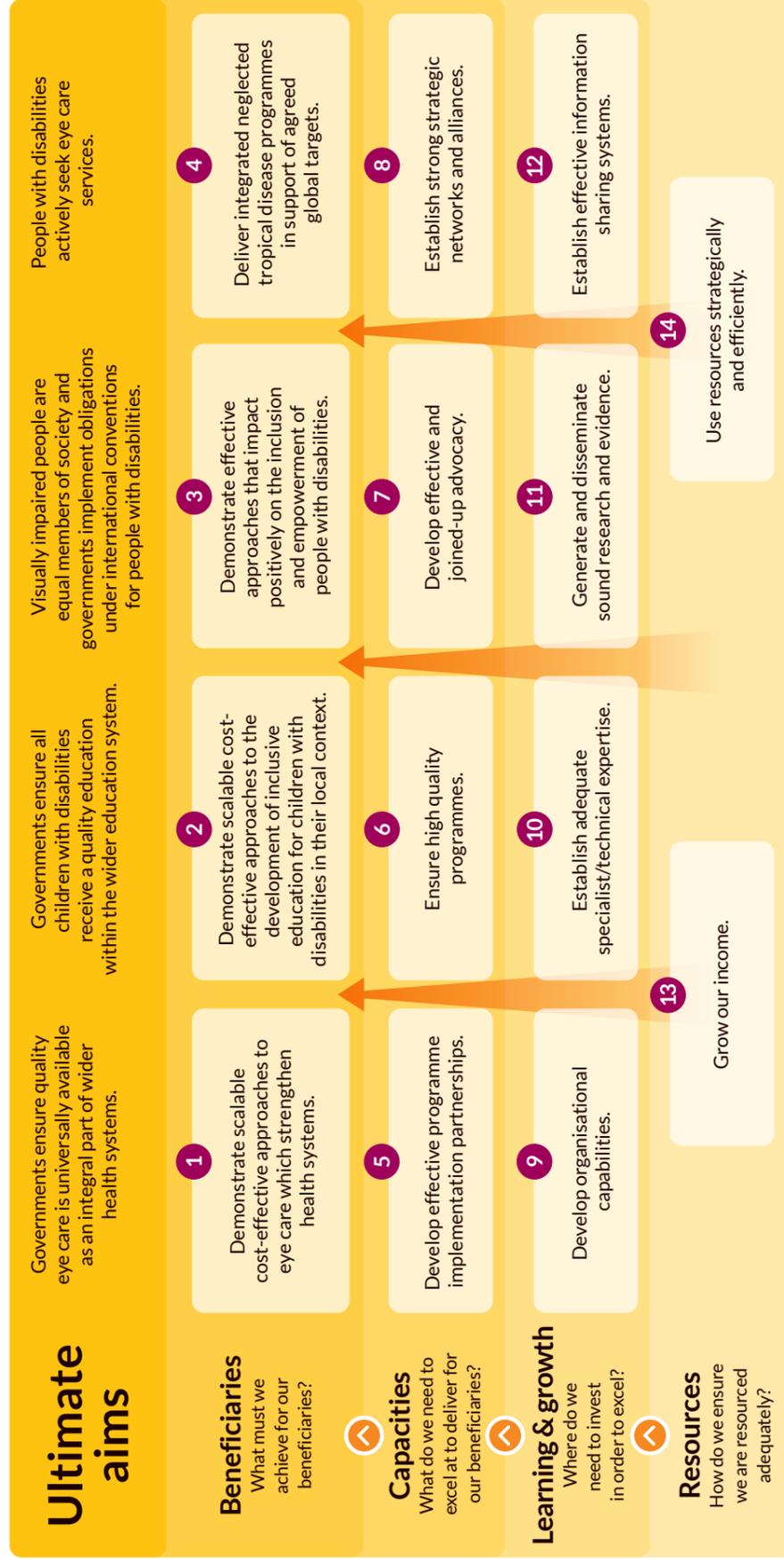
**Martin Dinham**  
Chair



Sightsavers

# SIM Card: 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.



## Strategy, objectives and activities

Our strategy was first conceived in 2008, and was reviewed and refreshed in both 2011 and 2014. The strategy is summarised in our Strategy Map and we use our balanced scorecard, or Strategy Implementation and Monitoring (SIM) card, to measure progress in achieving strategic objectives. Each element of the strategy has detailed sub-strategies which we hone regularly, along with the indicators that measure success.

There are four ultimate aims shown at the top of the SIM card – tying directly back to our objects (on health, education and inclusion). If the ultimate aims have been achieved in a country Sightsavers will no longer need to work there. The first two are about governments ensuring eye health and education services (the ‘supply side’). The third is about equality for visually impaired people and governments implementing agreed conventions. The fourth is effectively the ‘demand side’, covering both inclusion and health objectives, and is about people with disabilities displaying health seeking behaviour.

We then take the ultimate aims and look at what we want to achieve for our beneficiaries over the strategic plan period (up to and including 2018). We set out to undertake demonstration programmes in eye health, education and social inclusion. We articulate separately an objective to eliminate neglected tropical diseases (NTDs), which is also in furtherance of our objective on advancing health.

Each of the objectives in the SIM card have lead and lag indicators, data for which are collected at least annually (some six monthly). The results are shown on our website, but are also set out in this report and discussed later.

### Our objects: as set out in our charter

- To advance health but always with particular emphasis on taking or promoting measures to prevent and or cure blindness.
- To advance the education of people with disabilities but always with particular emphasis on blind people.
- To prevent or relieve poverty amongst people with disabilities but always with particular emphasis on blind people.

## Our Portfolio

### 1 Eye Health

Our programmatic approach is guided by the principle of affordable universal health coverage, strengthening health systems by reference to the WHO building blocks (service delivery, health workers, medicines, health financing, health information systems, governance and leadership). We are working towards the WHO Global Action Plan for Universal Access to Eye Health.

In all countries we work with the Ministries of Health – at all levels. We also work in close partnership with national and local non-governmental organisations (NGOs) where these are part of the health system. In some of our larger programmes we work in coalition with other international NGOs such as the Fred Hollows Foundation, Helen Keller International and HelpAge International.

Our programmes cover various service interventions – with cataract being a particular focus given it is the cause of half the blindness in the world. We have significant programmes across many of the countries where we work, with a major emphasis on research and building and sharing evidence of what works and what doesn't in the delivery of good quality eye health.

Uncorrected refractive error (URE) is the largest cause of low vision (rather than blindness) in the world, and we are looking to develop quality, equitable and cost effective services using patient-centred approaches. Most of our eye health system strengthening programmes include URE with a particularly large programme in India. We focus on the demand generation side and our new programmes in Zambia, Pakistan and Tanzania are good examples of this.

We are increasing our work with school health programmes, integrating vision screening and correction of URE together with referral for childhood cataract and other vision problems. We have recently secured a new contract with the World Bank to design an innovative approach to this (together with deworming of children with the Partnership for Child Development).

A growing cause of visual impairment, particularly in Asia, is diabetic retinopathy, and we have significant programmes in this area in both Pakistan (funded by SiB) and India.

### 2 Education

We have been adapting our education strategy in pursuit of opportunities to increase the effectiveness of our work and we have been engaging in new fields of activity. We are totally revamping our education programmes, with a number of new interventions just beginning. Examples of these include:

1. Development of a national system of primary teachers colleges in Uganda to help teachers to support children with disabilities
2. Development of the capacity of community based children centres in Malawi as part of an early childhood development and education programme (supported by Comic Relief)
3. Supporting the provision of high quality assessments for children with disabilities in Kenya
4. Establishing pilot interventions across West Africa (supported by Irish Aid)
5. Working across five states in India to build the capacity of teachers and to maximise the accessibility of school environments. We also support the children in gaining literacy, numeracy and ICT skills

In all countries we work with Ministries of Education (and sometimes other Ministries depending on the set up in the relevant country). We also work with several universities.

### 3 Social Inclusion

Our new social inclusion strategy was launched in June 2015 – aligning our programmes with the UN Convention on the Rights of Persons with Disabilities.

Our priorities within this are economic empowerment and political participation with gender and advocacy mainstreamed across all our programmes.

Examples of our new programmes are our youth economic empowerment project in Uganda (funded by EC) and an inclusive elections initiative in Cameroon to support greater participation of people with disabilities in political processes (including direct representation).

We have been working in Bhopal and Tanzania to explore how best to disaggregate data collected within our programmes by disability (see case study). This is essential for us to be able to determine whether our programmes are inclusive, and to help ensure that we can provide evidence that 'no one is left behind'.

We work extensively with disabled people's organisations, but have a particular strategic alliance with the International Disability Alliance and sit on the board of the International Disability and Development Consortium.

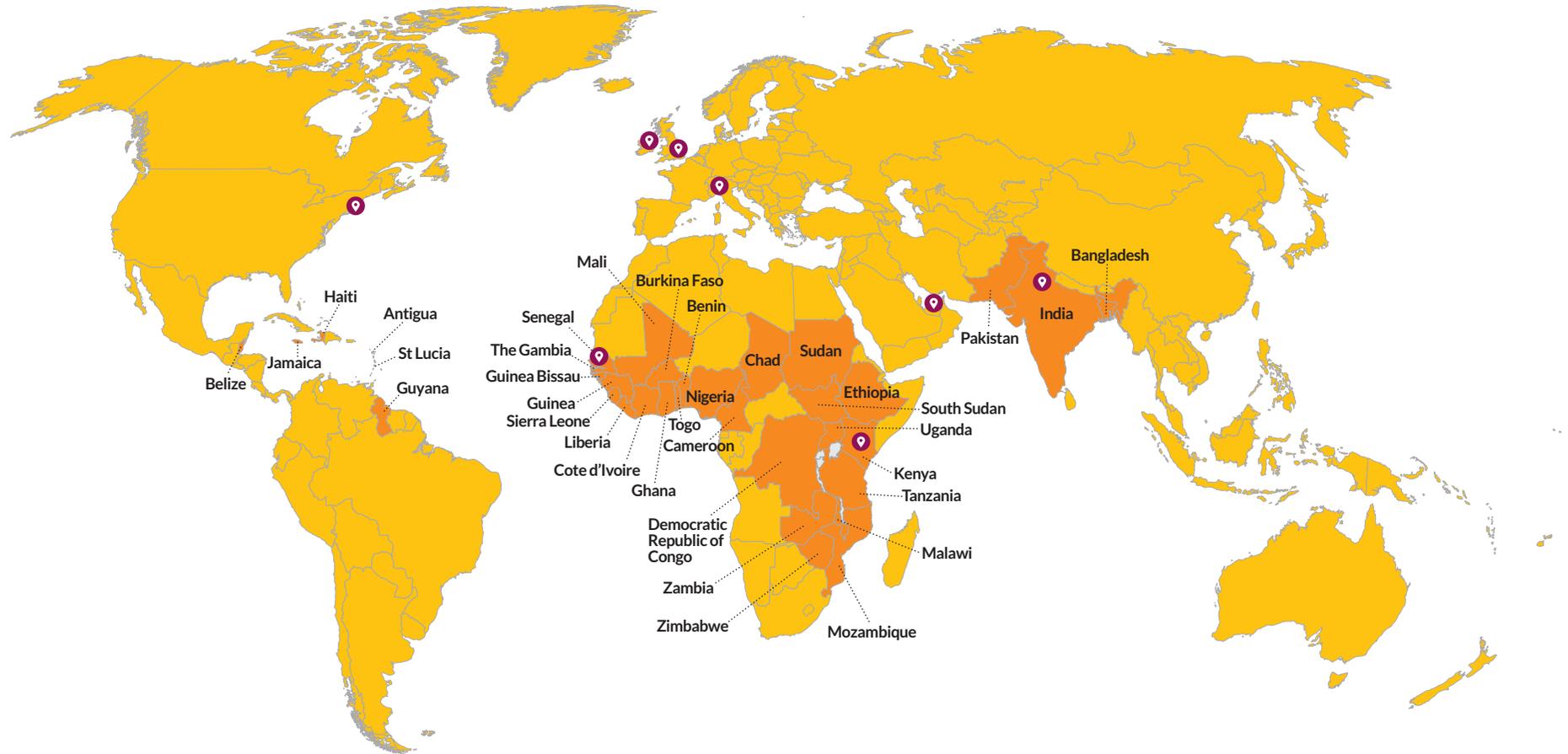
### 4 Neglected Tropical Diseases

Much of our NTD work is done in coalition, in furtherance of the goals under the WHO 2020 Roadmap. The Global Trachoma Mapping project was successfully completed at the end of 2015. We now have three large grants all in full swing – the Department for International Development (DFID) SAFE project (trachoma in Ethiopia, Zambia, Tanzania, Chad and possibly South Sudan); the Queen Elizabeth Diamond Jubilee Trust Trachoma Initiative (in Kenya, Mozambique, Uganda, Malawi, Tanzania and one state of Nigeria); and the UNITED programme (integrated NTDs in Nigeria, funded by DFID). We are the grant manager for all of these, which in total represent nearly £100 million under contract.

In addition to these large grants we continue to support NTD programmes through unrestricted income. In total, since Sightsavers was founded, we have supported over 700 million treatments.

Last year we provided support to the NTD community as leaders in the Uniting Support Centre (in partnership with the Task Force for Global Health, and funded by the Bill and Melinda Gates Foundation), helping the Stakeholders Working Group monitor and guide progress towards the WHO Roadmap goals.

# Where we work

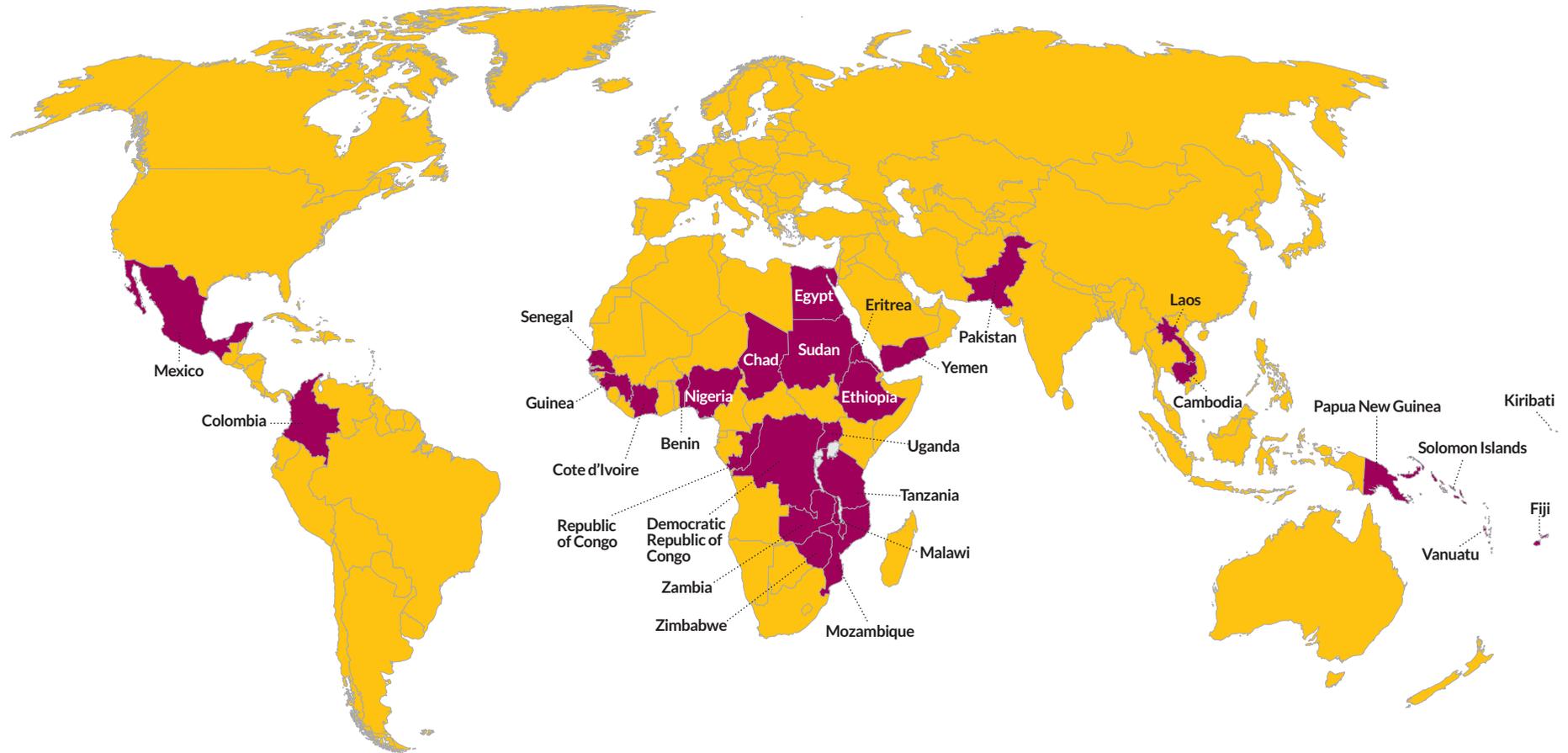


Where we have programmes



Regional and support offices

# Global Trachoma Mapping Project (GTMP)



 Where the Global Trachoma Mapping Project was completed

# A snapshot of what we achieved in 2015

## 1 Neglected Tropical Diseases (NTDs) – the completion of the Global Trachoma Mapping Project

In 2015 we completed the Global Trachoma Mapping Project (GTMP), covering 29 countries and over 1600 districts. This three year project involved 24 organisations in a coalition led by Sightsavers, with 2,500 people across the world estimated to be involved. The data shows where trachoma treatments are required, and will enable far better targeting of effort. At the time of writing this report, the International Coalition for Trachoma Control is working to produce a new estimate of the funding still needed to eliminate blinding trachoma using this data. GTMP has attracted considerable press interest (including an article in *The Economist*) and we are now moving on to the next phase – ‘Tropical Data’, which will build on the GTMP platform to support impact evaluations and potentially other NTDs.

## 2 Significant increase in number of NTD Treatments

In 2015 the number of NTD treatments provided by Sightsavers and our grant partners increased by 39% to 142 million, with the largest increase being in trachoma treatments.

Important successes include the elimination of lymphatic filariasis in Malawi and the scale up of treatment delivery in our DFID SAFE/Trust Trachoma/UNITED grants and in Sightsavers onchocerciasis treatments.

## 3 Our rapid response to the ebola crisis

Across 2014 and 2015 Guinea, Sierra Leone and Liberia were devastated by ebola. The official death toll was some 11,300 people, but the view is that this is a gross underestimate. The impact on the already weak health systems in these countries was catastrophic. All our programmes were suspended until the middle of last year when the epidemic began to come under control and we were able to begin to rebuild. During the crisis we supported partners by providing barriers against infection to hospitals (before these were generally provided).

It became clear that ebola survivors had particular problems with uveitis, which if left untreated could lead to blindness. We worked with Partners in Health to screen survivors in Sierra Leone, where we found that more than half the 2,468 people screened needed treatment. We trained over 1,200 health workers in ebola eye complications.

Our Country Director (Nancy Smart) was honoured by the President of Sierra Leone in recognition of ‘Sightsavers’ support to the Government and people of Sierra Leone during the outbreak of the ebola Disease especially in the provision of support to the disabled and the provision of free eye treatment for Survivors’.

## 4 The Sustainable Development Goals (SDGs) – the world agreed to leave no one behind

The SDGs are a massive step forward for people with disabilities, particularly compared to the MDGs. The overarching theme, the statement about ‘reaching those furthest behind first’, and the specific references to disability within many of the goals were all tremendous to see. We worked tirelessly alongside other agencies so this is a real triumph. It was also good to see NTDs explicitly mentioned, along with Universal Health Coverage and the need to invest in health workers.

Sightsavers was at the UN to see the gavel come down on this historic agreement, and one of our employees represented the UK as a ‘Young Leader’ during the opening ceremony.

Now we need to focus on ensuring governments invest in making these goals a reality. The UK has made a sterling start with its Disability Framework (which we wholeheartedly support) and its ‘leave no one behind’ promise, made by the UK Prime Minister directly after the UN summit.

## 5 Raising Awareness: Unprecedented media profile

In 2015 the MailOnline covered two stories about Sightsavers’ work in the area of inclusion of people with disabilities. This receives an online audience of around 14 million unique browsers daily.

Channel 4 contacted us after the ‘Million Miracles’ experience last year (the films of Wineshi having his sight restored) and asked to visit Malawi for an episode of ‘Unreported World’. A two-person team including the presenter Ade Adepitan spent two weeks there shadowing a Sightsavers-supported ophthalmic team from the Ministry of Health. They particularly focused on the difficulties patients face in paying for transportation to get to hospital. One of the patients featured was Rose, a 14 year old girl. The programme was watched by more than 800,000 people.

In December, Unreported World uploaded a short video of Rose onto the Channel 4 News Facebook page. This showed Rose seeing herself in the mirror for the first time. The video went viral receiving around 10 million views. This led to an interview on BBC Radio 5 on their ‘top 40’ show for digital stories. At that point we were at 19, higher than the new Star Wars film...

# SIM card

## Results of beneficiary indicators (for results of all indicators and more details please see website)

Sightsavers measures indicators in furtherance of achieving our ultimate aims and objectives shown at the top of the strategy map on page 10. Several of the indicators were new for 2015, and the definitions of some others were made tighter (and hence targets set were lower than last year).

Objective	Indicator	Previous Result	Q4 2015 Target	Latest Result	Status	Trend	Performance Notes
<b>Demonstrate scalable cost-effective approaches to eye health</b>	Lag - % of countries, where Sightsavers has an eye health project, that demonstrate progress towards improved access to eye care services that are integrated into health systems.	82.35	55.00	76.47	On Target	↓	This indicator was amended to reference cataract surgical rates (CSRs) as the critical measure of improved coverage, so 2015 is not directly comparable to 2014, and which impacts the trend. Overall the results here are positive, with national level CSRs in most countries where we work either staying the same, or improving.
	Lead - % of countries, where Sightsavers has an eye health project, that has contributed to identification of gaps/needs through an eye health system assessment in the last 5 years.	26.67	25.00	23.53	Approaching Target	↓	We have been far clearer in this collection round that only assessments to which we have technically or financially contributed have been included. In addition, the awaited WHO Eye Care Service Assessment Tool (ECSAT) was delayed in finalisation, so we were unable to complete as many as agreed within the year. We were involved in the development or funding of both Eye Health Service Assessment (EHSA) and ECSAT assessment processes and can therefore claim some stake in their deployment and usage even where we were not specifically involved in an assessment.
	Lead - % of countries, where Sightsavers has an eye health project, that has contributed to identification of gaps/needs through a prevalence survey in the last 5 years.	44.44	61.10	55.56	Approaching Target	↑	Although we have not quite met our target this year, we have increased year-on-year.
	Lead - % of health projects with clearly defined strategies to improve access by people with disabilities.	19.15	1.50	35.71	On Target	↑	The results in this area are very encouraging for two main reasons. First that we are doing more than we initially thought when we included this indicator within the SIM for the first time in 2015. Secondly, that the vast majority of those countries answering no this year are clearly actively thinking about steps they can take in the near future. The barrier for this indicator is deliberately set low, as we want to encourage steps to be taken. As those steps are taken regularly and as we build evidence of what works, we will start to review the indicator to look at actual achievements in improving access.
	Lead - % of health projects with clearly defined strategies to improve access by, and to reach a higher number of, females than males.	36.17	5.00	45.24	On Target	↑	As with strategies for access by people with disabilities, the organisation appears to be doing far more than we thought, judging by the target to results gap. There are lots of good examples shown in the evidence provided.

Objective	Indicator	Previous Result	Q4 2015 Target	Latest Result	Status	Trend	Performance Notes
Demonstrate scalable approaches which promote inclusive education	Lag – % of countries, with education projects, where government has an education policy in line with the United Nations Convention on the Rights of Persons with Disabilities.	15.38	12.50	11.11	Approaching Target	↓	Although performance against this indicator has declined slightly from previously, some of that is due to greater understanding of the indicator and what is required. Most importantly, many countries who have scored themselves as a no, understand why that is the case and are already considering how to address these specific issues within education programmes in 2016.
	Lead – % of education projects that are suitable for replication / adoption by government or other service providers.	30.00	25.00	62.50	On Target	↑	Considerable effort has been put into the design of new education projects in 2015. This is part of the rationale for the significant increase in performance against this indicator. However, there are differences in evidence quality and quantity provided between countries so, as with other indicators, this is an area to continue to improve.
Demonstrate approaches that impact positively on inclusion & empowerment of people with disabilities	Lag – % of countries that meet at least 4 of the 8 criteria on our social inclusion index.	N/A	N/A	53.57	No Target	–	This is a totally new and complex indicator, relying on a matrix of factors in order to score positively. It seems to have encouraged countries to report with evidence against each criteria and on average to provide far more detail than in other more simple, non-matrix questions.
	Lead – % of countries (where we run social inclusion and/or education projects) that can demonstrate effective inclusion and empowerment of people with disabilities.	N/A	N/A	57.14	No Target	–	This is a new indicator and is part of the approach adopted within other social inclusion indicators of monitoring a range of questions.  In terms of results, we obviously have a way to go to push towards the high 90s which is where we should be for social inclusion projects specifically.
	Lead – % of health, education and NTD projects with clearly defined social inclusion strategies to include people with disabilities.	N/A	N/A	39.42	No Target	–	Again, a new indicator and there is much to learn from the process of collecting data this first time. We need to ensure we're collecting what we need and not putting too much of a burden on country offices. We also need to continue to work on evidence provided to improve comparability, currently low in this indicator. But the point of this indicator currently is to highlight issues and focus attention on next steps, which will lead to increased capacity to demonstrate programme inclusivity, so the discussions that are taking place as a result of the data collection will be helpful.

Objective	Indicator	Previous Result	Q4 2015 Target	Latest Result	Status	Trend	Performance Notes
Deliver integrated NTD programmes in support of agreed global targets	Lag – % of countries, where Sightsavers supports specific NTD disease projects, that are meeting national milestones to eliminate or control these specific NTDs.	N/A	75.00	75.00	On Target	—	<p>All countries that Sightsavers is working in now have a WHO NTD Master Plan. Sightsavers' activity fits within those overall strategic plans. Utilising the WHO's elimination criteria, programmes are moving from control to elimination, although a challenge remains surveillance. A number of programmes have reached post-treatment surveillance stage in their elimination programmes and the distribution of medicines has ceased with the WHO-mandated surveillance plans put in place prior to formal certification/verification by the relevant health ministries.</p> <p>A number of countries have been impacted by security issues which mean that the NTD plans can't be implemented in full (e.g. South Sudan). Other countries have been impacted by ebola – scale-up of activities has been slower than expected e.g. Sierra Leone, Guinea Conakry and Liberia. Other programmes have been subject to delays in receipt of donated medicines (e.g. Nigeria).</p>
	Lead – % of projects which meet or exceed their Mass Drug Administration (MDA) targets for therapeutic and geographical coverage.	N/A	75.00	68.52	Approaching Target	—	Impacts on programmes by security, ebola and drug delays as above.
	Lead – % of NTD projects with clearly defined strategies to improve access by people with disabilities.	N/A	50.00	38.89	Below Target	—	<p>This is a new indicator and one that we knew would require work. The result indicates that although some programmes ensure access to people with disabilities through the community directed approach to mass drug administration, the production of a preferred practice guide and roll out to all NTD programmes are required.</p> <p>This agenda has been promoted by Sightsavers in various membership organisations with which we are involved, - e.g. the NGO NTD Network. This network now has a special working group aimed at morbidity management and access to programmes by people who are disabled. This area of work is also important in linking our work in neglected tropical diseases to Sightsavers' work in social inclusion, whereby the link we have with 300,000+ community volunteers to communities can be utilised to ensure programmes reach people with disabilities for both mass drug administration and morbidity management.</p>



Evans, from Gyankobaa in the Ashanti region of Ghana, shows us his Mectizan<sup>®</sup>, which he has just had administered.

# Output statistics

2015 was the first full year that the Programme Portal was operational with output data reported and signed off each quarter. This process has significantly improved the efficiency of our annual collation and improved quality.

Global Output Statistics Summary		2012 totals	2013 totals	2014 totals	2015 totals
Eye Health	No. of people examined	13,861,209	13,872,336	12,812,741	<b>12,712,182</b>
	No. of operations performed (cataract, glaucoma surgery, diabetic retinopathy, trichiasis and other general eye operations)	284,332	296,319	271,026	<b>334,156</b>
	No of operations which were for cataract	205,825	210,011	217,907	<b>252,044</b>
Neglected Tropical Diseases	No. of people treated for trachoma	12,116,546	9,044,720	9,283,731	<b>22,623,927</b>
	No. of people treated for river blindness	32,186,529	34,302,111	29,401,080	<b>47,561,810</b>
	No. of people treated for lymphatic filariasis	30,536,116	44,221,205	44,867,923	<b>50,615,561</b>
	No. of people treated for soil-transmitted helminths	12,851,369	12,550,999	14,304,849	<b>14,428,580</b>
	No. of people treated for schistosomiasis	4,086,162	3,441,817	4,402,205	<b>6,768,679</b>
	Total NTD treatments	93,712,531	103,560,852	102,259,788	<b>141,998,557</b>
Education and Inclusion	No. of children who are blind, have low vision or other disabilities, being supported in school	8,377	9,062	8,159	<b>3,252</b>
	No. of people who are blind, have low vision or other disabilities, who received training (eg daily living skills, mobility and orienteering, vocational training or rights and entitlements training)	15,333	26,203	32,247	<b>16,097</b>

Global Output Statistics Summary		2012 totals	2013 totals	2014 totals	2015 totals
Human Resource Development	No. of health workers trained to gain initial professional qualification (includes ophthalmologists, cataract surgeons, ophthalmic clinical officers/ ophthalmic nurses, optometrists, low vision specialists and technicians)	371	886	300	<b>39</b>
	No. of education/inclusion personnel trained to gain initial professional qualification (includes itinerant teachers, rehabilitation specialists and community-based rehabilitation workers)	129	201	219	<b>45</b>
	No. of professionals supported on eye health short courses	49,457	49,131	26,781	<b>41,651</b>
	No. of professionals supported on education or inclusion short courses	6,102	11,845	8,665	<b>3,899</b>
Volunteers	Total number of village level volunteers trained (NB: includes community distribution of treatment, primary eye care, education and inclusion courses)	222,074	199,473	166,539	<b>219,516</b>

## Commentary

### A Eye health

The number of eye health examinations was similar to last year – strong performances in Pakistan, India and Bangladesh counterbalancing the completion of a few key programmes in Africa. Note that this does not include eye examinations conducted via the GTMP programme which would have added a further 589,957 examinations to the total.

The number of operations increased by nearly a quarter. The biggest increase was in trichiasis surgeries and cataract operations (as part of the ‘Million Miracles’ campaign). We improved the way we attributed cataract surgeries, as previously we were not including those who had been referred by community health workers. This was an omission leading to an understatement of prior year numbers (although we do not know by how much). This accounts for about 60% of the increase in cataract operations.

Trichiasis surgeries include those supported directly by Sightsavers (either as implementing partners under our large grants or where funded by other sources), and those where we are the overall grant manager and where other organisations are implementing. Of the 57,883 surgeries included, 31,331 were directly supported by Sightsavers. We have decided to include all outputs which are under grants managed by Sightsavers so as to illustrate the overall impact of these programmes.

In a number of countries it has become more and more difficult to find cases of trichiasis as we move towards elimination – notably Burkina Faso and Mali.

In addition to the outputs shown above, we had an increase of 21% to 24,299 ‘other’ surgeries which include for diabetic retinopathy, glaucoma, vitrectomy and other eye conditions. Glaucoma surgeries and treatments collectively declined by around 60% as a number of programmes in India were completed. Our distribution of spectacles increased to over 200,000 pairs.

### B NTDs

There have been dramatic increases this year in treatments for NTDs as the big programmes are in full flow. We are showing the total of all outputs from these grants (DFID SAFE; the Trust Trachoma Initiative; and UNITED (DFID funded) integrated NTD programmes in Nigeria). In all, we supported nearly 142 million treatments in 2015. Had we included all such outputs in 2014, the total would have been 105 million rather than 102.2 million. The number of treatments in 2015 supported by Sightsavers either as direct implementer in these large grants or via other funding sources was 103.1 million.

The biggest percentage increase overall was in trachoma, but we were also particularly pleased to see the river blindness (onchocerciasis) treatments increasing by 62%, especially in a year where the African Programme for Onchocerciasis Control was winding down. The scale up in Sightsavers onchocerciasis treatments has been possible without requiring an equivalent increase in Mectizan® MDA, where the quantity and value of gift-in-kind shipments has remained broadly consistent with 2014 levels.

A great success last year was that Malawi has been declared free of lymphatic filariasis (thereby reducing the number of treatments needed by over 12m). Distributions for river blindness began again in all ebola affected countries, although only to a limited extent in Liberia. Guinea reached full coverage, whilst Sierra Leone reached 70% of its target across all NTDs.

In Tanzania the regions previously supported by Sightsavers (accounting for over 22 million treatments in 2014) were undertaken by IMA World Health, under a funding arrangement by USAID, enabling us to divert much needed unrestricted funding elsewhere.

In addition to NTD drug distribution, we supported Vitamin A distribution in Sudan (over 400,000 treatments).

Training of village volunteers increased dramatically – with the biggest numbers in Nigeria, Cameroon and Sierra Leone.

### C Education and social inclusion

Several education projects ended in 2014, and we have changed our approach – focusing on a smaller number of large, high quality programmes that are directed at system change, rather than a more disparate group of projects supporting small groups of children. The biggest programme (supporting just under half the total number of children) is in India. There are three major new programmes, designed as per our new model, in Kenya, Malawi and Uganda.

On social inclusion our programmes now take a rights-based approach rather than focusing on community based rehabilitation in line with the strategy launched mid-year. Our social inclusion reporting focuses on training – as per our new approach our emphasis here is on running a smaller number of high quality workshops, focusing on economic and political empowerment. Our concern was that in the past, where we trained a larger number of people in a more widely disseminated programme, the quality of the delivery could not be assured.

### D Human resource development

We have decided that we should not be including all such personnel and health workers who are ‘in training’ in these statistics, but only those who are graduating in the particular year. This ensures we only capture those who definitely finish the course and qualify. Inevitably this has led to a major drop in the figures, but they are not directly comparable.

### E Volunteers

Trained village level volunteers increased by 32% from 2014. The training of Community Drugs Distributors constitutes the majority of village volunteers, with significant numbers trained in 2015 in Nigeria, Cameroon and Sierra Leone, in particular.

## Case Study 1

# Integrated NTDs at scale: UNITED project in Nigeria

**The Northern Nigeria Integrated Neglected Tropical Disease Programme was launched in October 2013. The programme is run by the UNITED consortium<sup>1</sup>, led by Sightsavers.**

This ambitious initiative works to strengthen the capacity of the national disease programme and increase treatment availability for up to seven NTDs. By February 2016, it had delivered over 37.5 million NTD treatments and scaled up its reach to five states, covering 20% of Nigeria's population.

The programme aims to deliver 112 million treatments by September 2017, protecting 27 million people against diseases including blinding trachoma, onchocerciasis (river blindness) and lymphatic filariasis (elephantiasis).

UNITED is dedicated to dramatically increasing treatment availability, training health staff and improving data systems, and undertakes capacity-building initiatives to benefit the government's NTD team and ensure long-term sustainability. Programme management structures have been implemented, including systems to monitor drug stock control. This will ultimately reduce costs for MDA implementation throughout future treatment cycles until NTD elimination has been achieved.

The consortium demonstrates a high level of integration, and Ministry personnel are requesting that UNITED initiatives are rolled out to other states. UNITED is also collaborating with Nigeria's USAID-funded RTI-ENVISION programme and joint activities have been carried out, including monitoring visits and training sessions on drug supply-chain management.

The UNITED programme is making concerted efforts to ensure women participate actively in all programme activities through their involvement in capacity-building activities. Treatment data collection tools are disaggregated by gender to ensure treatments are delivered in a targeted manner.

In 2015, the UK Department for International Development (which part-funds the programme) scored UNITED's pilot phase an A grade for performance. The programme continues to perform extremely well despite challenges faced by global supply chains and disease.

<sup>1</sup> Members include NGOs (CBM, Helen Keller International, MITOSATH, The Carter Center), academic research partners (Liverpool School of Tropical Medicine - Centre for Neglected Tropical Diseases, London Centre for NTD Research), private sector partners (Health Partners International, Accenture Development Partnerships and Crown Agents)..

Julianah Matheul, a mother in Ajenejo community in Nigeria, was one of the people eager to testify to the benefits of taking treatment as she used to suffer from unbearable itching which made it difficult for her to look after her family or sleep.



# Progress towards planned objectives

## Delivering for the beneficiaries

What we planned to do	What we did
<p><b>Deliver on targets for all sensitive programmes (those under contract with specific donors).</b></p>	<p>All major projects at Sightsavers have continued to be monitored through project oversight reporting process in 2015. We strengthened the process during the year by bringing in increased monitoring and evaluation capacity and using quality checked quarterly output data from our new programme portal in conjunction with financial data as a basis for performance discussions. The process continues to drive early identification and resolution of issues. Within our DFID funded CATCH project, for instance, issues around procurement planning were identified within inception and solutions implemented immediately. Overall, since the introduction of the process we have seen performance trends improve across all projects involved. 2015 saw the successful completion of a number of projects that have been supported by the process, including eye care projects in Mali and Nigeria funded by Standard Chartered Bank under the Seeing is Believing programmes and an EC funded project in Bangladesh, having met all output and financial targets.</p>
<p><b>Use completed thematic strategies to create a balanced programme portfolio, developing new programmes to fill in any gaps. In particular, commence implementation of the new social inclusion strategy by developing programmes which align with it.</b></p>	<p>In 2015 we launched our empowerment and inclusion strategic framework, which was developed in close collaboration with disability groups internationally. This strategy outlines our rights-based approach of mainstreaming disability throughout our programming and operations and aims to fulfil the human rights established in the UN Convention on the Rights of Persons with Disabilities (UNCRPD). This complete suite of programmatic strategies guides our decision-making on programme design and investment. Examples of these and our new education programmes have been given earlier in this document.</p> <p>Our eye health work in 2015 was focused on continued quality improvement and system strengthening. We received funding from DFID to deliver a multi-country project which incorporates cataract surgery and treatment for other eye conditions into existing Trachoma work (the 'CATCH' programme). This is being implemented in Kenya, Malawi, Mozambique, Uganda and Zambia. We worked with partners to undertake cataract quality assessments in Malawi, Zambia and Uganda and refractive error quality assessments in our Seeing is Believing projects in Tanzania and India. We also designed eye health projects with a focus on childhood blindness in Pakistan and Bangladesh which will start in 2016.</p> <p>In addition, we successfully developed eye health programmes targeting cataract and refractive error in Zambia, Tanzania, and Pakistan. These new programmes place a much greater emphasis on demand generation for our services, including strategies to reach more women and persons with disabilities.</p> <p>Within our programmatic portfolio, we identified challenges linked to our Human Resources for eye Health (HReH) approach. Almost all of our eye health programmes include a component of training and we are working to develop an organizational approach to supporting HReH work that will help shape our work in this area.</p>

What we planned to do	What we did
<p><b>Manage exit from Sri Lanka Country Programme.</b></p>	<p>We leave Sri Lanka, after more than 20 years, justifiably proud of our contribution and our impact, which means its people will continue to benefit from our legacy long after our departure. Dr Palitha Mahipala, Director General of Health Services at the Ministry of Health, described Sightsavers as the "backbone" of Sri Lanka's Vision 2020 programme. There is a high degree of confidence amongst our partners that the Primary Eye Care and Low Vision Programmes, which we developed and embedded, will continue after our departure.</p> <p>A combination of teams in Haywards Heath, Delhi and Sri Lanka worked together to produce a careful and sensitive plan of activity to enable a co-ordinated and orderly exit. This included ensuring that our partners were trained on proposal preparation and fundraising amongst other things; operational and financial risks were effectively mitigated; and those staff who were leaving us were fully supported. This process was doubly valuable because it has provided us with a viable model for managing exits from other territories as we go forward.</p>
<p><b>Participate in the discussions on any replacement to the African Programme for Onchocerciasis Control (APOC) and ensure our river blindness programmes are resilient to its demise. Review whether we can support further river blindness programmes given this gap (and subject to available funding).</b></p>	<p>We participated fully in all discussions in 2015. We have been co-opted on to the transitional committee, representing INGOs. We contributed to a review by WHO of the policy for the elimination of river blindness in Africa. As seen from the global output statistics summary above, our river blindness programmes remained resilient and indeed increased significantly. Countries showing increase in delivery included Côte d'Ivoire, Ghana, Mali, Nigeria and Sierra Leone. Surveillance remains a key problem for river blindness programmes.</p>

## Increasing our capacities (areas where we need to excel)

What we planned to do	What we did
<p>Ramp up advocacy in terms of the Sustainable Development Goals – for disability to be cross-cutting, for NTDs to be explicitly referenced at the target level and for cataract surgery to be a tracer indicator.</p>	<p><b>SDGs</b> – Throughout 2015 Sightsavers co-chaired the Beyond 2015 campaign at global level and sat on the Executive Committees of Beyond 2015 Africa and UK. Beyond 2015 was praised by the UN Secretary General and recognised as vital to the inclusion and participation of civil society. Sightsavers contributed to a significant range of UN-led, government and civil society processes and negotiations on the proposed goals, targets and indicators in the UK, Ghana, Cameroon, Tanzania, Pakistan, India, Mozambique, Kenya, Liberia and Malawi. In doing so we worked with a range of partners, NGOs and networks including International Disability Alliance and International Disability &amp; Development Consortium.</p> <p><b>CSC</b> – Working with the International Agency for the Prevention of Blindness (IAPB), Sightsavers successfully secured cataract surgical coverage (CSC) as a tracer indicator for measuring progress towards universal health coverage.</p> <p><b>NTDs</b> – Sightsavers focused on ensuring that our health messages on NTDs were represented within global health discussions and outputs. On NTDs, Sightsavers played a leading role in convening international support for the proposed NTD indicator.</p>
<p>Introduce a new partnership framework including updated partnership tools.</p>	<p>We undertook a review of our partnership policy, framework and tools in 2015. We have now developed a comprehensive new framework for our approach to and management of partnership that links closely to the design, implementation and exit stages of our project cycle and to our wider implementation, monitoring and evaluation activities. Each stage is supported by an array of tools that ensure programme teams are able to build all aspects of partnership management into the fabric of project delivery. These include a clear due diligence process to enable us to select partners effectively and build institutional development requirements into project design from the start, a quality assessment tool to track the ongoing strength of the partnership during implementation and a suite of tools to guide an effective exit process. The framework provides project managers with a highly practical tool set to strengthen partnerships.</p>

What we planned to do	What we did
<p>Maximise the value of (and our value to) identified strategic alliance partners such as Bill &amp; Melinda Gates Foundation (BMGF), DFID, Fred Hollows Foundation (FHF), World Bank, WHO and The Task Force for Global Health.</p>	<p><b>BMGF</b> – The partnership with BMGF in which Sightsavers hosts the Support Centre for Uniting to Combat NTDs (called ‘Uniting’) is strong, with the successful launch of the annual report last year on progress of the community towards the WHO roadmap goals on behalf of the Stakeholders Working Group.</p> <p>Our relationship with the Task Force is multi-faceted with some excellent aspects (notably the International Trachoma Initiative and the Mectizan® Donation Programme) but we need to clarify how we take forward the support for the Uniting scorecard with Public Health Informatics Institute</p> <p><b>WHO</b> – We are in official relations with the WHO and focus on three particular objectives:</p> <ol style="list-style-type: none"> <li>1 To improve access to comprehensive eye care services that are integrated into health systems by promoting awareness of the WHO Global Action Plan.</li> <li>2 To support the achievement of global targets for the control, elimination and eradication of NTDs as set out in the WHO roadmap, in particular global elimination of blinding trachoma by 2020.</li> <li>3 Continue to work with WHO AFRO as agreed in the 2011-2015 MoU between the two organisations.</li> </ol> <p>In May, Sightsavers, in collaboration with ‘Uniting’, supported a meeting for member states at the World Health Assembly (WHA) on the proposed SDG indicator for NTDs. This meeting played a pivotal role in directing future community advocacy as it was the first time there was consensus reached in support of the WHO-proposed NTD indicator.</p> <p><b>World Bank</b> – We undertook a scoping exercise of the World Bank focusing on inclusive education and social inclusion to understand how we might influence policy change and achieve greater inclusion in the Bank’s policies. Over the past year we have focused on strengthening our engagement with the Bank, including regularly meeting the Bank’s Disability Advisor and proactively engaging in the World Bank’s Safeguard Consultation process, to ensure the inclusion of people with disabilities. We have now secured a contract with the World Bank to work on vision screening in school health programmes, and on deworming (in conjunction with the Partnership for Child Development).</p> <p><b>FHF</b> – At the strategic level, we continued to work on the partnership with the WHO and the implementation of the Global Action Plan. We continued to explore the potential for joint international level policy work on avoidable blindness in general, but also in specific areas such as our support to the Foundation’s work on Diabetes and the Foundation’s support to our work on the Sustainable Development Goals. At the implementation level, we continue to work closely on the elimination of blinding trachoma, with the Foundation a key partner in both GTMP and in the implementation of trachoma elimination programmes. We have also worked closely together on the development of a diabetic retinopathy project in Pakistan and a new approach to health financing in Cameroon. Finally, we continue to work together on operations, finance and HR systems to see what we can learn from each other and where we can broker efficiency savings.</p>

## Case Study 2

# UN and Data Disaggregation

After more than four years of discussion, the Sustainable Development Goals (SDGs) were adopted at a Head of State UN summit in 2015.

Sightsavers' thematic priorities were well reflected in the new agenda, Transforming Our World: the 2030 agenda for sustainable development. Neglected tropical diseases were included as a goal and target, as is disability - previously excluded from the Millennium Development Goals. Also included are three critical goals for Sightsavers: inclusive education, equality and universal health coverage.

To celebrate, our Put Us in the Picture campaign hosted Framing Perceptions at the UN building, a photographic exhibition of people with disabilities in Uganda and India that raised the profile of inclusive development.

The SDGs have been agreed, but now we must ensure they are implemented. There is an acknowledged shortage of accurate data for measuring the participation of people with disabilities in development programmes. Where feasible, indicators to measure progress against the SDGs must be disaggregated by disability.

Sightsavers is testing the disaggregation of data to learn how this can be done effectively. We are using the Washington Group short set of questions in a programme in India (Madhya Pradesh Urban Slum Eye Care Programme in Bhopal) and one in Tanzania (Neglected Tropical Diseases Programme in Ruvuma).

We're finding out what works - and what doesn't - and developing an organisational approach to collecting disability disaggregated data in our health programmes. These findings will allow us to evaluate and improve the accessibility of our own programmes, but also to contribute to the debate on how best to collect data on the inclusion of people with disabilities. This will mark a step towards their greater inclusion in development programmes - a key call in our Put Us in the Picture campaign.

Harriet, who has low vision, is studying knitting at school in Uganda. Her father is now a leading advocate convincing other parents that children with disabilities have the potential to learn skills and earn an income. Harriet was a spokesperson for us at the United Nations, posing a question on video to UN Secretary General candidates.



## Learning and growth (areas where we need to invest to achieve excellence)

What we planned to do	What we did
<p><b>Broaden our technical expertise base further within research and health systems in particular.</b></p>	<p>We expanded our technical expertise through appointment of two regional research advisers to support our country offices in Africa. In 2015 these new posts worked across a wide range of projects including National Eye Health System Assessments; prevalence surveys of visual impairment; and qualitative studies focusing on voices and experiences of people affected by disability. We also appointed two additional posts at the global level to strengthen our capacity in systematic literature reviews and participatory research.</p>
<p><b>Expand and strengthen evidence-generating activities and organisational learning.</b></p>	<p>We significantly strengthened evidence-generating activities within our programmes. In 2015 we supported the delivery of 24 research projects, 16 of which were completed. The findings of our research were disseminated through 14 peer-reviewed articles, 8 of which were published in 2015 and another 6 are currently under review. We presented 12 scientific papers at international academic fora, including the World Optometry Congress, the Cochrane Colloquium, the World Diabetes Congress, the ESRI User Conference and the Annual Meeting of the American Society of Tropical Medicine and Hygiene.</p> <p>Innovations have become more prominent on our agenda with the new projects, which piloted (i) disaggregation of data by disability in India, Ghana and Uganda; (ii) marketing research to understand demand for refractive error services in India and Senegal; and (iii) innovative financing of cataract services using an Impact Bond approach in Cameroon.</p> <p>Out of 13 project evaluations completed in 2015, 11 were rated as highly satisfactory or satisfactory on effectiveness, efficiency, impact and scalability.</p> <p>Internally, learning from our research and evaluations has been disseminated through 8 learning seminars, 1 reflection workshop and 9 evaluation summaries.</p>

### What we planned to do

**Ensure our various new management information systems are fully rolled out and well utilised. Embark on a new information strategy to migrate our intranet to SharePoint 2013, creating an overarching management information system and a full 'workplace portal' enabling coherent access to all our systems and information.**

**Undertake an employee survey and act on the findings.**

### What we did

We had a difficult first half of 2015 with respect to ICT infrastructure due to an underperforming hosting supplier, resulting in the need for a complete migration. By year-end, we had successfully moved our entire core infrastructure to the new supplier, on plan and budget. Opportunity was taken to upgrade our main donor database, e-procurement and financial systems. New NetScaler technology, used for Citrix, and supporting our SharePoint-based systems was introduced. Data storage, back-up, security, disaster recovery, maintenance and configuration have all been improved and made more robust.

A change of approach from upgrading country offices sequentially to doing several in parallel saw significant improvements to overseas infrastructure with nine offices receiving bandwidth upgrades, eleven country offices receiving new Lync conference phones and two offices now having complete Lync phone systems installed. Eleven offices are considered completely upgraded with thirteen others "Upgrade in progress". This activity is a pre requisite given investments in applications that allow gathering data in-country.

An astounding 96% response rate was received on this, with very strong results in terms of employee engagement and commitment to the organisation's mission. Positive results were shown for leadership and management generally, with areas of improvement needed particularly in the employment of people with disabilities, and in the processes for employee performance management. Induction was also criticised – this has already had a major refresh. We have a new team of HR specialists (embedded in the organisation) who will work with line management to take forward areas of improvement.

## Case Study 3

# The Programme Portal – a step change in Management Information Systems (MIS) and learning potential

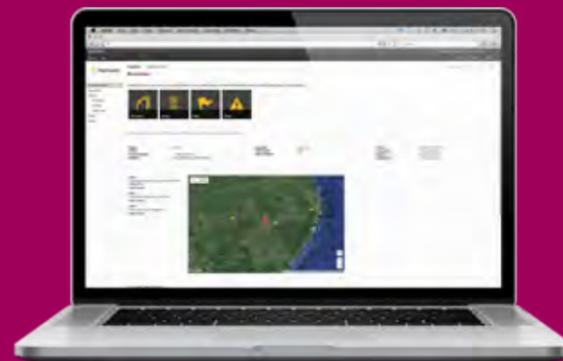
Sightsavers' management information system, the Programme Portal, was launched in January 2015. The launch of the "Portal" signified a critical step change in Sightsavers' programme oversight and learning processes. As an organisation it allowed us to shift from an annual reporting process to a quarterly reporting process. As a result, we are more responsive to challenges in our project implementation and have improved our ability to share learning across the organization.

Before the Portal, country offices reported annually via Excel. A team of up to five people based in the UK would undergo a time-consuming annual exercise of checking and collating large numbers of workbooks. Now, two people can complete the same process four weeks earlier. When it comes to the quarterly reports we can quality check and distribute the output statistics within three weeks of submission from the country offices. This is a huge improvement and allows us to ensure our projects are on-track to deliver the most for our beneficiaries.

Each project in Sightsavers has its own homepage where reports and documents are available to everyone in the organization. Country Offices run these project pages and it's their

way to communicate to the rest of the global teams. This means that everyone in the organization has quick and easy access to information. This has improved transparency, efficiency and learning at Sightsavers. Having project information and updates at the tip of our fingers helps everyone to work more collaboratively. It also reduces the number of duplicate requests for information that country offices receive. This frees them up to focus on the important job of project delivery.

In 2016, we are working on version 2 of the Portal to improve existing features and integrate our quality standards into output statistics reporting. The Portal is a positive development that supports Sightsavers' commitment to be a data driven organisation that makes evidence-based decisions.



Rex is an Ophthalmic Clinical Officer in Malawi and he tests people's eyesight and identifies eye problems in his office at Chikwawa District Hospital.



## Resources (funding our work and ensuring efficient and strategic use of resources)

Sightsavers fundraises in the UK and India, and has fundraising subsidiaries in Ireland, Italy, Norway, Sweden, the UAE and USA. Information about their registration, relationship with the UK charity and financial performance is contained within the financial statements. This section summarises the key fundraising activities undertaken in the year, including within the subsidiaries.

What we planned to do	What we did
Increase unrestricted income across a range of markets making the most of 'A Million Miracles', and ensuring our management systems enable investment to be made in the areas where we can maximise return.	Our 'A Million Miracles' campaign has now finished its second year, and we have raised enough money to fund nearly 600,000 'miracles'. The campaign was rolled out across the UK, Ireland, Scandinavia and Italy where it has been well received. We finished the year slightly ahead of target, mainly due to a record year for legacies in the UK. Unrestricted income from Major Donors increased as many were inspired by the Million Miracles proposition in concert with a UK Aid Match. Unrestricted income from trusts also rose, although this was principally down to a single large donation from a Trust fund that was winding down and paying out.  We have made good progress in our management systems, with work ongoing to create an integrated reporting system across all our countries which will be finished in mid-2016.
Build and diversify our giving from corporates, trusts and major donors.	We beat our fundraising targets in major donors and trusts with several new donors, including our first major European trust donor. Corporate donations increased, although this area fell short of target as one major corporate partnership did not take off as hoped. Significant new relationships included Virgin Unite, East End Foods, BGC partners, eBay and also Essilor in India. These new relationships included both restricted project funding and unrestricted income arising from consumer-facing commercial partnerships. It should be stressed that these partnerships do not include anywhere Sightsavers recommending particular products to consumers.
Broaden and deepen our institutional funding base.	A massive cross-organisational effort resulted in £27m of institutional funding income in 2015. New proposals submitted have resulted in funding from the EC in Uganda to support youth with disabilities to increase their opportunities for employment and increase their access to financial services; Comic Relief for an early childhood education project in Malawi; Standard Chartered Bank for eye care projects in Pakistan, Tanzania and Zambia; the World Bank to support governments to implement school health using vision screening and deworming as an entry point; and the End Fund for NTD projects in five African countries. We had some success in balancing investments across all of our objectives, but need to go further, taking the lessons we have learnt from consortium working in NTDs into our other core areas of work.

What we planned to do	What we did
Consolidate, improve and relaunch our websites and strengthen our e-commerce capabilities.	We now have one corporate website – www.sightsavers.org – and the .net website has been decommissioned. Significant improvements were made to navigation and access, together with a fully incorporated blogging platform, giving easy access to our blogs and opinion pieces.  Mandatory annual Payment Council Industry (PCI) self-assessments for all relevant Sightsavers accounts are now undertaken by appropriately qualified staff. An additional audit to discover and remove any PCI data found held on our internal systems was also completed.  A Payment Card Industry Data Security Standard Compliance assessment was carried out in Italy, resulting in the strengthening of our internal processes to protect supporter credit card data. Separate supplier audits in UK and Ireland were undertaken to ensure that PCI Compliance was being met by two of our third-party contact centres.  Online fraud detection and prevention processes have been strengthened, including the implementation of automated checks and controls over our credit card donation system.
Review our Middle East and US strategies.	We reviewed our Middle East operations, focusing on building a more sustainable base of support in the region with a commensurate cost base. Sightsavers Middle East will work more closely with the global fundraising teams in the development of global opportunities (notably with corporate supporters) as well as corporations, trusts and philanthropists in the region.  Our US review also led us to improve links with global fundraisers, and we had a significant boost with US media engagements and public fundraising with eBay. Further work is needed to decide whether we need an enhanced presence in the US, especially given our increasing relationship with institutional donors and our NTD office in New Orleans.
Improve and test our business continuity and crisis management processes.	During the year we developed a comprehensive Global Physical Security Framework that supports the resilience and physical security needs of our organisation. This includes policies, protocols, tools, guidance and training materials. All our countries have risk assessed security plans in place that link directly into the framework, to support staff working in and visiting the countries where we have programme activity.  Our business continuity mechanism has been redeveloped, implemented and successfully tested. In the event of an incident occurring that involves the Haywards Heath site, we are confident that core business functions will be restored quickly in support of both UK and international operations. Similarly, our crisis management protocol was developed and further updated to incorporate the lessons learned from our response to the events that occurred in June 2015 in Zambia (see in 'risks and challenges' section below).

In addition to the above, the SIM card was reviewed, updated and approved by Trustees in January 2015 in order to reflect changes in the organisation's approach and priorities e.g. NTDs, since its inception in 2009. Alongside this, the SIM card was re-platformed using current, more flexible software and the collection process was reviewed. The revised objectives and indicators were used in 2015 and have reinvigorated the SIM card as the central performance measurement tool within the organisation. We have found that the quality of the information collected has improved and this has led to better strategic engagement and outcome reporting.

# Risks and key challenges

## Risks

**Risk identification and management is a key process within the organisation at all levels. All major programmes have their own risk logs, and the largest ones have their own governance processes. At the organisational level we have a risk log of the top 12 risks. This is reviewed by the management team regularly, with the strategy team having a thorough discussion (going beyond more operational level questions) annually (see section below on the leadership teams and committee structures within the organisation). The Audit Committee reviews the risk log at every meeting, and the Council discusses risk at least once a year. The Council is satisfied that adequate systems are in place to monitor, manage and, where appropriate, mitigate Sightsavers' exposure to the major risks.**

We have a rigorous rule that only 12 risks can appear on the log – these should be the top 12 risks facing the organisation as a whole. Focusing the top-level management and Council on these critical risks means we are able to have far more in-depth discussions about whether these are the right ones, and what we should be doing to mitigate them. Each risk has an owner, responsible for the risk management strategy. Risks change quite often - the most recent addition was cyber security.

We do not have a specific 'reputational risk' item, as our view is that almost all of the risks carry a reputational element, and this is not a 'standalone' risk. We have been concerned that our ability to manage a media crisis is not strong enough, and have just appointed a highly experienced 'Director of News' who joins us in mid-2016.

It is a dynamic process – both in terms of considering what the top risks are and looking at strategies to mitigate them. At the time of writing this report, the risks (and summaries of mitigating strategies) are as below:

Risk	Mitigation & comments
<b>Recruitment &amp; retention of key employees and contractors</b>	<p>Sightsavers relies on specialist staff – both in terms of technical/specialist knowledge and in managing complex projects. There is downward pressure on salaries in the UK in the charity sector, but many of our staff operate in an international market – where particularly US based organisations pay far more highly. In mitigation of this risk, we have regular discussions at the management and governance levels on succession for key people, and have strengthened, where possible, the depth of talent within critical departments to become less reliant on individuals. A new, more flexible reward policy has been developed to enable us to respond to market movements (and indeed to high inflation rates overseas) while continuing to maintain salaries at appropriate levels. We remain focused on high performance to ensure that individuals do not have to 'carry' those who are not able to deliver. Our reputation as an organisation that delivers on its promises to donors and to beneficiaries is highly prized.</p>
<b>Health, safety &amp; security events leading to consequential issues or losses</b>	<p>In these days of heightened security, and with some of our programmes now being undertaken in more difficult areas, we have invested significantly in our resilience function. All our countries have agreed security plans and UK staff all receive training before travelling to programme countries. We are however mindful that the biggest area of risk to staff remains road traffic accidents, and we have been undertaking a programme of driver training and assessment. In particular more work is needed to ensure that all companies from which we hire vehicles have seat belts (given this is not a legal requirement in some areas).</p>
<b>Poor quality or strategic alignment of programmes</b>	<p>We have completed all our sector strategies and have thoroughly assessed all programmes against them to ensure strategic alignment. Our Quality Standards Assessment Tool (QSAT) has been upgraded and is now fully rolled out. We have a structure whereby the Policy and Programme Strategy directorate lead on decision-making with a co-design and sign-off process involving countries. The 'ROAR' group (Reflect, Oversight, Appraisal &amp; Review) has been instrumental in supporting a coherent approach to development of programmes as part of a global portfolio. There is also a Programme Expert Group, which includes a number of trustees, who review specific programme 'knotty issues' and look at strategic evaluations.</p>
<b>NTD grants: inability to manage consortia so as to deliver on these contracts</b>	<p>These grants are substantial (some in excess of £40m) and involve many organisations (there can be over 20, including academia, NGOs etc). All require the ability to liaise with Ministries of Health as well as partners. The central team which manages these grants has been strengthened with each grant having its own project manager. We have dedicated technical experts (including those who understand factors such as behavioural change and water and sanitation) to support the programmes. Each programme has its own governance arrangements to ensure oversight.</p>

Risk	Mitigation & comments
<b>Inability to raise adequate voluntary income in mature and new markets</b>	<p>We have increased our capability in terms of analysis and reporting to enable us to compare and contrast returns in different markets and channels. We have invested in digital capability – recognising that this is an increasing part of the fundraising mix even where it is the more traditional methods (e.g. TV) that initiate contact.</p> <p>We are undertaking a major review of the recent developments in the UK around the potential introduction of a ‘Fundraising Preference Service’ and more rigorous data protection rules to be introduced under the imminent European Directive, as interpreted by the Information Commissioner’s Office. It seems inevitable that these will introduce more cost and reduce income in the UK.</p>
<b>Inability to implement sensitive programmes</b>	<p>Our reputation for delivering under complex contracts has been hard won and is precious. Our restructuring in recent years to create a directorate that focuses on design, evidence gathering and technical excellence, with another devoted to implementation has paid dividends. We have reviewed our capabilities across the board, and are now confident that we have strong teams both centrally and in our country and regional offices. This has been painful at times. Our information systems (notably the recent Programme Portal) have really helped, and we continue to invest in this area. Our recent employee survey showed we can do more to improve learning across the organisation.</p>
<b>Media crisis in core markets</b>	<p>There has been something of a firestorm in the media in the UK on both charities and ‘foreign aid’ in 2015. Whilst Sightsavers has not been directly mentioned, we are convinced this will have had a dampening effect on our income. Our Director of Strategic Communications post did not work out last year, and we have now embedded our communications work within the directorates (some in Fundraising and some in Policy and Programme Strategy), although several members of staff have responsibilities across the organisation. We are eagerly awaiting the arrival of our new Director of News, Alistair Burnett, who has many years of experience at the BBC.</p>
<b>Inability to replace or grow institutional income</b>	<p>The DFID Programme Partnership Agreement (PPA) ends at the end of 2016, and, as at the time of writing this report, we do not know what will replace the PPA programme. It is unlikely however that large, unrestricted grants will be freely available. We have designed our ‘PPA extension’ programme as a bridge to the next application, and it has SDGs and value for money at its heart. Our Irish Aid Programme grant also comes up for renewal and we have put considerable effort into our final report and evaluation. We are building relationships with DFID country offices, and looking at possible new government relations in Sweden.</p> <p>We have been building links with other large foundations (BMGF, Comic Relief, END fund) and our Irish subsidiary has been building links with the EC so that in the event of Brexit we will still have a route into EC funding.</p>

Risk	Mitigation & comments
<b>Inappropriate controls</b>	<p>The Financial Framework is the key document which sets out our controls framework. We have a co-sourced model for internal audit – KPMG working with our Head of Audit and Assurance. We have centralised partner transactions to reduce the amount of cash flowing through country offices, and have instituted a new training package on bribery, fraud and money laundering.</p>
<b>Governance level challenges, such as forced federation and strategic misalignment of boards</b>	<p>Two new trustees were appointed this year –Maryanne Diamond (who is President of the International Disability Alliance) and Barry Hoffman (who brings substantial HR expertise). A Kenyan Board was constituted in line with new local requirements, chaired by Judge Lee Muthoga. We have updated our Middle East and US governance arrangements to reflect personnel changes and improve tax issues for US donors. Increased effort has been expended in building relationships between the international board and those in India and Ireland.</p>
<b>Financial loss, disruption or damage to our reputation as a result of data loss, a failure of ICT, or in information security process controls</b>	<p>This is the most recent addition to the risk log, and a number of actions have been taken recently. A series of new policies on Information Security and e-commerce are in the process of being developed and we are well on the way to receiving basic accreditation on Cyber Essentials.</p> <p>Whilst we do not hold any data on beneficiaries, we are keenly aware of the sensitivity of donor data, and are also mindful that if any charity in the UK (not just Sightsavers) experiences a data loss this could impact on the willingness of donors to enter into direct debit arrangements which could be catastrophic.</p>
<b>Financial loss or operational constraints as a result of treasury activities, including credit loss, foreign exchange movement, liquidity or inability to transfer funds internationally</b>	<p>We have now completed the capacity building of our treasury function including weekly cash flow reporting. We have secured overdraft facilities as necessary for managing cash flow and have put in place a number of forward purchases of dollars. These are now winding down as current sterling levels make further hedges uneconomic. Our biggest concern at present is the challenge in moving funds internationally into sensitive countries where we often operate but where banks are becoming less willing to operate freely.</p> <p>We recognise that ‘Brexit’ represents a significant risk for the organisation, at least in the short term, as a ‘leave’ vote looks likely to have a significant negative impact on the value of sterling as well as introducing volatility into financial markets.</p>

Trichiasis patient Florence Namalili goes home after surgery at a trachoma outreach camp at Namusenwa district health centre



## Particular challenges in 2015

Overall 2015 was a year of great achievement and success, but there were, as always, some areas of challenge.

- A** The most difficult challenge of the year was the death of two young girls in our trachoma programme in Zambia following an MDA. We have satisfied ourselves that improved training has been put in place by the relevant Zambian Ministry, with support from the Sightsavers country office. One of the deaths was caused by inappropriate provision of tablets to a young child, and the other appears on the face of it to be an unfortunate coincidence (although the post-mortem was inconclusive). Pfizer and WHO were informed of the incident and there were visits by both senior management and a trustee to Zambia. Given that we are now supporting nearly 150 million drug treatments a year, it was perhaps inevitable that an incident of this type would happen at some point. It is no less upsetting, however, when it does happen.
- B** In June last year we lost Vasant Shendye, a Programme Manager from our North India office in a hotel fire in Uttar Pradesh (UP). He was killed along with a partner staff member and a consultant who were all undertaking a situational analysis in the district with the view to opening a new eye health programme there. We have undertaken a review of our policy on hotel standards since that time, although the fire actually started in the restaurant next door. We have since begun the programme in UP and have named it after Vasant as a fitting memorial.
- C** There have been difficulties in production of Zithromax (for trachoma programmes) this year, following a problem at Pfizer. This has been solved, but the interruption in production together with the rapid scale up required has meant a lack of supply, particularly in Ethiopia. The availability of drugs was compounded by an issue in Nigeria where a large quantity of Zithromax became stranded in Brussels due to a dispute over import duties on all drugs imported from the UK. We estimate that 4.4 million treatments were delayed to 2016 as a result. This problem has been solved for now but may recur.
- D** We were over-ambitious in our forecasts for the speed of scale up in some of our new fundraising markets.
- E** We are now generating vast quantities of data across our programmes. The challenge we now face is analysing this in a meaningful way and consolidating this into our programme planning cycles.
- F** Security and conflict impacted our ability to work in South Sudan in particular, and, whilst we have significantly improved our resilience processes, a key area of work is in capturing 'near-miss' information.

## Case Study 4

# Research – a firm footing for our programme and advocacy work

Research provides a firm footing for both our programme and advocacy work at Sightsavers. Gathering and disseminating sound research evidence is a key strategy to meet our programme aim of demonstrating scalable and cost-effective approaches that are meeting the needs of the people they are designed to serve. Research evidence is also a strong tool for advocating with governments and policy makers for improved policies and environments that allow people with disabilities equal opportunities for participation within society.

Our recently completed Voices of the Marginalised study in Tanzania, drew on community based participatory research methods to understand what people with disabilities experience in their daily lives and unpick the myriad of factors contributing to their personal circumstances. The study highlighted that daily life for people with disabilities is complex, with participants routinely experiencing stigma and discrimination, but also empowerment, with for example, the pride of living independently or being married. A collaborative approach between service providers and policy makers was identified as necessary to address the individual, interpersonal and societal needs of people with disabilities. As well as providing evidence-based direction to how Sightsavers works with people with disabilities in Tanzania in the future, the findings of this research come at a crucial time when governments are looking into how they will implement the SDGs while “leaving no one behind”, the promise made when adopting this universal and ambitious framework.

In the eye health field, we have recently completed and published a number of Evidence Gap Maps which highlight the quantity, quality and strength of research evidence in particular areas. To date we have published maps focusing on some of the leading causes of visual impairment globally: cataract, diabetic retinopathy and refractive error. The maps are visual tools which synthesise and summarise the quality and findings of systematic reviews related to each particular area. As well as providing one-stop-shops for clinicians and programme managers looking for the most up to date evidence on how to address these problems, they also guide researchers towards the questions that remain unanswered.



Training on bamboo goods production, Bangladesh

The maps completed thus far show that available research is of variable quality and tends to focus on clinical and curative aspects of diseases, such as surgical techniques, rather than how health systems can better perform to deliver services within a population. In addition to benefiting the sector more widely, this information is clearly useful to Sightsavers as we plan future research.

Although the studies highlighted are completely different in their focus and methods, they serve to highlight the multidisciplinary nature of how Sightsavers conducts research. This flexible approach, based very much around the needs of the programmes and the questions that need answering, mean we are able to generate all the evidence we need to ensure we meet our goals!

# Future outlook and plans for 2016

**The future direction of the charity will remain in line with the strategy as set out earlier – we do not anticipate any significant diversions from this.**

Our NTD programmes continue apace, with grants all in full flow. There is of course a concern as to what happens when they finish as they are not adequate to complete the task of eliminating blinding trachoma or indeed other NTDs. More money is needed. There is worry that there could be donor fatigue here, or a fallacious view that trachoma in particular has attracted enough funds. We are so close and yet so far from eliminating blinding trachoma and other NTDs. If we succeed, this will be a major legacy we can all be proud of.

We are excited by the possibility of increasing our work in social inclusion and education, and, indeed, in disability generally. The SDGs set a direction for the world which is more congruent with our mission than the MDGs were. A particular focus for us will be to expand on our work in data disaggregation as this is fundamental to any government or organisation knowing whether it is reaching people with disabilities.

On eye health there is perhaps more concern as there are fewer institutional donors who wish to fund this work. Inevitably this means we allocate more of our unrestricted income to this endeavour – and indeed the public at large find the idea of cataract operations, where someone is blind one day and sees the next, particularly compelling.

We are concerned at the environment in the UK which seems to be increasingly hostile to charities. There has been relentless negative media coverage of the sector and the increased regulation being brought in on fundraising will both increase costs and reduce income. The costs will be both direct (charities will be required to fund the regulator) and indirect – the latter is hard to calculate at the moment as we do not yet know the details of the planned new Fundraising Preference Service (FPS). There will be costs associated with incorporating this into our fundraising. We are particularly concerned about how the FPS may impact on our ability to contact our own supporters.

We are stepping up our investment in international fundraising markets (notably Italy, Scandinavia and India) partly in response to the fact that we believe the UK market will yield lower returns on investment in future.

## Our top priority objectives for 2016 are as follows:

### 1 Delivering for the beneficiaries

Deliver on targets for all significant programmes (those under contract with specific donors) including the major NTD grants and the Uniting support centre.

Develop our strategy for Uncorrected Refractive Error and action plans for Human Resources for Eye Health and Francophone Africa work.

Cement our leadership position on SDGs by developing strong, inclusive programmes, creating a solid alliance with the International Disability Alliance, increasing the number of people with disabilities in the organisation and building on our data-disaggregation expertise.

### 2 Increasing our capacities (areas where we need to excel)

Take our campaigning to the next level by delivering the Put Us in the Picture campaign in Ireland and elsewhere.

Widen and deepen our relationships with bilateral and multilateral organisations to increase our influence.

Building on our achievements to date and taking forward new opportunities arising on Tropical Data (post GTMP), Uniting, and with DFID (eg Ross Fund).

### 3 Learning and growth (areas where we need to invest to achieve excellence)

Strengthen our communications capability within the new embedded structure, bringing in a new Director of News to lead the media team and make a step-change in global activities in this area. Improve our ability to disseminate all aspects of our work to the appropriate audiences.

Strengthen programmatic links between our NTD and eye health programmes and reinforce mutual learning and innovation.

### 4 Resources (funding our work, ensuring efficient and strategic use of resources)

Increase unrestricted income against a framework of new, tighter regulation in the UK. Contribute to this by improving our digital fundraising, improving our approach to supporter communications and continuing to scale up internationally.

Increase momentum and income levels within the corporate/trust/major donors arena.

Put ourselves in the best possible position for renewal/replacement (ideally at higher financial levels) of our PPA and IA grants. This means delivering really well on all our programmes as well as making first class applications.

Expand the scope of programme oversight activities across a number of new programmes without increasing costs or resources by building on systems investment such as the programme portal and integrated management information work.

## Case Study 5

# A Million Miracles – Getting the Message Out

Launched in October 2014, Sightsavers' biggest-ever global fundraising appeal - A Million Miracles - remains on track to raise £30 million (circa. US\$50 million) to fund one million sight-restoring cataract operations in some of the world's poorest countries.

2014's live cataract operation from Malawi reaped rewards, notably a three-year partnership with Virgin Unite to support cataract projects in Tanzania and Bangladesh. Sir Richard Branson has personally supported our communications with a blog on the Virgin website, plus supportive social media activity on both his and Virgin's Twitter feeds.

Our cataract work also caught the attention of Channel 4's Unreported World producers, who made a programme about our work in Malawi. #UnreportedWorld was the fourth most popular UK Twitter hashtag during the programme, with 80,000 Twitter users seeing tweets about it. A Channel 4 video short from the programme went viral on Facebook, hitting 8.7 million views, which increased to more than 10 million after the video was also put on Upworthy.

This social media attention translated directly into donations. £25,000 came through the website following the programme, there was a six-fold increase in US Major giving year-end gifts, and a UK donor made a high six-figure legacy pledge.

The appeal's first anniversary was marked with a new fundraising and awareness campaign, which started by aiming to create empathy among supporters by putting themselves in the place of a cataract patient. UK-based volunteers were provided with cataract-simulating contact lenses so they could experience sight loss – with emotional results.

We also followed the story of Laurinda from Mozambique, tracking her incredible journey from initial screening to a sight-restoring 15-minute operation, after which she saw her baby daughter for the first time. This campaign reached 8 million people, with the Million Miracles Christmas 2015 appeal raising almost £1 million.

The total income for A Million Miracles to date is £17,346,774 which is enough to fund 578,000 operations.

Laurinda Diago delights in having her sight restored after her cataract operation. This was carried out as part of the Million Miracles project.



# Structure, governance and accountability

Sightsavers is the working name of the Royal Commonwealth Society for the Blind. Originally founded in 1950 it is now a company incorporated by Royal Charter dated 28 February 1990 as amended on 8 July 2009 (company number RC000706) and is a charity registered in England and Wales (207544) and Scotland (SC038110). It is regulated by the Charity Commission.

We have a governing Council of trustees. The Council is committed to maintaining a high standard of corporate governance. Council members, all of whom are non-executive, are drawn from diverse, international backgrounds and bring a broad range of relevant experience and skills to Council discussions. Trustees are elected to the Council by other trustees for no more than two terms of four years. Recruitment of new trustees is based upon consideration of skills, mindful always of the need to reflect diversity (in terms of gender and disability in particular) and maintain a balance of individuals from different countries. Depending on the gap to be filled, this may be done via existing networks or by advertisement. All trustees attend an induction programme to familiarise themselves with their statutory responsibilities, their role within the Council, the governance framework and Sightsavers' objectives. Performance of the Council both collectively and as individual trustees is periodically assessed.

There are four committees of the Council: **audit**, which monitors and reviews audit activities, the risk and control framework, the effectiveness of our processes and the statutory accounts/

annual report; **investment**, which monitors investment performance and treasury activities; **remuneration**, which monitors remuneration policy, succession plans and key salary decisions; and **governance**, which monitors legal and registration issues in the countries where we operate and advises on the appointment of trustees and honorary officers. Committees may include specialists who are not members of the Council but who volunteer to use their expertise to assist the committees on an ongoing basis. In addition to the formal governance committees, a Programme Expert Group meets twice a year and provides advice to the executive and insight on more detailed programme matters to the Council.

There are clear distinctions between the roles of the Council and of senior management to whom day-to-day management is delegated. Matters such as policy and strategic plans are prepared by senior management for consideration and approval by the Council. There are three 'leadership teams' set up to facilitate decision making at management level. There is a 'management team' which focuses on operational matters, consisting of 14 people drawn from across the organization. This includes the Regional Directors, the CEOs of India and Ireland and senior level staff across the different directorates. There is a 'strategy team', which is smaller and includes senior Directors with a particular focus on strategic matters. This team looks further ahead and is also responsible for resource allocation recommendations. There is a 'People Team', which handles all HR matters, and an 'External Relations Team' which makes decisions around messaging and ensuring consistency of approach to external stakeholders.

The organisation is structured with five main directorates, whose leaders report into the CEO. These are

- A Policy and Programme Strategy** – which includes research, evidence, technical leadership, institutional relations, policy and advocacy;
- B Finance and Performance** – which includes all programme implementation, operations, finance, assurance and reporting. All country offices report through regional offices into this directorate;
- C NTDs** – which includes all the management of large consortia grants, and technical support to NTD programmes;
- D Individual Giving** – which is responsible for smaller supporters (the so-called 'mass market') across all our markets (although in India and Ireland this is an advisory role); and
- E Major Giving** – corporates, trusts and major donors across all markets (with the same caveat as for Individual Giving).

The CEO of India reports on a day-to-day basis into the CEO of the international organisation, although he is ultimately responsible to the India Sightsavers Board.

There is now no Director of HR or of Strategic Communications reporting at the CEO level – both functions are embedded into the organisation to ensure they are driven by organisational needs. HR operations resides within the Finance and Performance directorate with HR business partners in different parts of the organisation. There are communication hubs within Policy and Programme Strategy and Individual Giving, whilst media is part of the Policy and Advocacy group. Matrix reporting is in place to ensure other directorates receive the support they need.

This restructuring meant that a number of individuals left the organisation. We also undertook a review of a number of other areas within our UK operation, which led to the streamlining of a few, relatively senior posts. As mentioned earlier, we have recently closed our Sri Lanka operations following a successful exit operation, which meant a number of redundancies there. In total this involved restructuring costs of just over £250,000 for the year – a far higher number than normal and certainly much higher than is expected in 2016. The anticipated savings from these restructures are at least £200,000 per year.

There are seven subsidiary undertakings consolidated within the Group. These are Sightsavers (Trading) Limited, Sightsavers (Ireland), Sightsavers International (Italia) Sightsavers International Inc. (USA), Insamlingsstiftelsen Sightsavers International, Sverige (based in Sweden), Sightsavers Middle East Consultancy FZE and Stiftelsen Sightsavers International Norge (based in Norway). Further details are included in note 18 to the financial statements.

Sightsavers is a charity registered in Scotland with the Office of the Scottish Charity Regulator, registration number SC038110. In 2015 Sightsavers raised £2.2 million (2014: £1.8 million) from donors based in Scotland.

## Remuneration

Sightsavers policy on remuneration is to ensure that the reward package offered to staff is competitive with other organisations in the areas where we work (both in terms of geography and type of role) so we are able to recruit and retain staff. As stated above, inability to do this is seen as a key risk to the organisation.

We have a Remuneration Committee who recently reviewed our Reward Policy and recommended its approval to Council, which was duly given. The Remuneration Committee includes a subset of trustees including one with extensive HR experience. The policy is based around benchmarks at the median level, with flexibility as required, particularly for roles which are difficult to benchmark. A range of different data providers are used as well as direct comparisons with other INGOs (and other types of organisations where appropriate). Sightsavers has a number of roles which are unusual in the sector (in particular combining some roles at senior level that are normally done by more than one individual) which can mean some pragmatism is required in applying benchmarking. The salaries of all individuals who report to the CEO, and that of the CEO herself, are individually approved by the Remuneration Committee, as well as the overall policy.

As at December 2015 the salary of the CEO was £119,500. There is no bonus scheme or car allowance and she has the same pension rights as other UK staff.

All UK staff are paid at least the living wage including apprentices and interns. The ratio of the highest paid person to the lowest in the UK is approximately 7:1, and the ratio of highest to median is 3:1.

## Accountability

Sightsavers is a member of the INGO Accountability Charter, submitting the fourth formal report to the Charter Company Independent Review Panel (IRP) last year on the basis of performance in 2014. The report in 2014 had been deemed strong enough to allow us to submit a shortened version last year. This was well received. One recommendation was to develop a more comprehensive fundraising policy, and we have recently approved a new Fundraising and Donation Acceptance Policy which is on our website.

Sightsavers' Chief Executive is the Vice Chair of the INGO Accountability Charter company.



The full report can be accessed via the website [www.sightsavers.org](http://www.sightsavers.org)

## Review of financial outcome 2015

**Detailed financial information is reviewed by Council in each of their meetings during the year. The financial outcome for 2015 is set out in the consolidated statement of financial activities.**

### Income

In 2015 total income was £198.3 million, an increase of £10.7 million compared to 2014. 2015 income excluding gift in kind donations was £63.8 million, up £10.5 million (19.8%) from 2014. Overall income in 2015 was in line with our original financial plan for the year.

Legacy income increased year on year by £2.7 million to £10.0 million in 2015, and which is the highest ever income for legacies and well ahead of expectations, due in part to receipt of a large interim distribution from a single large legacy.

Total income from donations, excluding legacies, was £31.8 million, an increase of 1.9% from 2014. Income from individual donations increased by £0.7 million, reflecting continuing investment in voluntary fundraising, and again this was in line with plan, although we did experience mixed performance across the constituent income streams including in the UK and Ireland.

Donation income from trusts was strong and increased by £1.0 million, including one significant receipt from a longstanding trust partner paying out on their closure, but was offset by decreases in income from institutional and company donors. UK Companies performed in line with 2014 but fell short of original expectations for the year as a result of the withdrawal of planned income from a corporate supporter.

Returns from our international territories were, on the whole, positive. Considerable investment continued to flow into these territories and we saw good performance in Italy and Ireland where we grew in Euro income, though this was unfortunately offset somewhat in sterling terms as exchange rates moved against us (although with an offsetting benefit on sterling reported euro costs). Italy still showed a £0.4 million increase year on year. Elsewhere India and Scandinavia showed good growth, up £0.3 million and £0.4 million respectively, but both fell short of achieving what were clearly over ambitious plans for the year. Our longer term expectations remain positive for both of these territories. Fundraising in the Middle East remained very challenging and we saw a significant shortfall against plan of roughly £0.8 million as projected funding opportunities failed to materialise.

Significant donations were received again in 2015 from the UK government DFID Programme Partnership Agreement and Irish Aid.

Gifts in kind from Merck & Co Inc. of Mectizan® tablets to treat river blindness were £134.0 million, broadly unchanged 2014.

We saw considerable scale up within 2015 in our large NTD grants, which was in line with expectations. Incoming resources from charitable activities increased by £9.0 million to £21.9 million in 2015. The principal increase in incoming resources was £7.1 million, in aggregate, of additional funding from the UK government (DFID), covering a variety of programmes and the large neglected tropical disease projects. In addition, increased income of £2.6 million was received from The Queen Elizabeth Diamond Jubilee Trust and related foundations for Trust Trachoma initiative. Significant incoming resources were received again in 2015 from the European Commission, the Gates Foundation and via USAID.

Investment income is broadly constant between 2015 and 2014, at £0.2 million.

In 2015 other income has returned to a minimal level, where in 2014 such income was boosted by a profit of £1.7 million on the sale of our Grosvenor Hall premises.

## Expenditure

In 2015 total expenditure was £196.9 million, an increase of £11.1 million compared to 2014. These higher expenditures are principally due to increased payments on charitable eye care grants and scaling up of the NTD grant programmes.

Costs of generating funds increased by £2.7 million year on year to £17.5 million. This rise is a continuation of the strategy to invest in voluntary fundraising income and donor recruitment, with the objective of balancing and complementing the significant growth in grant income seen in recent years. Increased expenditures and investments have been made across all markets, segments and activities.

Total expenditure on charitable activities was £179.3 million in 2015 against £170.5 million in 2014, an increase of £8.9 million (5.2%). Costs ascribed to Mectizan® tablets received are broadly comparable in each year, at approximately £134.0 million. Consistent with the significant increase in incoming resources, increased expenditures on eye care health programmes accounted for the increase in charitable activity expenditure. These principally related to NTD and global programmes. Greater programme activity resulted in an approximate 50% increase in payment of grants, to partner organisations. Increased expenditures on policy and research activities of approximately £0.6 million were broadly offset by an equivalent aggregate decrease in combined education and social inclusion expenditures.

In 2015 the allocation of costs between direct costs and support costs resulted in a lower amount of costs classified as support and a commensurate higher amount treated as direct.

## Grant making policy

Sightsavers works in partnership with numerous organisations. Grants payable are made in line with the strategic objectives. We monitor all grants to partner organisations in accordance with the relevant partnership agreement. There is an annual process to review the project and partner budgets for the following year and determine what funds will be paid in the following year.



A list of principal grants is available on our website [www.sightsavers.org](http://www.sightsavers.org)

## Financial position and reserves

Reserves policy is decided by Council taking into consideration relevant Charity Commission guidance.

The reserves policy seeks to balance the objective of promptly spending income with the need to maintain the minimum level of reserves to ensure uninterrupted operations and to provide time to adjust to a change in financial circumstances and the financial impact of risk events.

A target unrestricted reserve level of £6.0 million +/- £1.5 million is assessed as striking an appropriate balance between the need to spend down income and maintaining operational integrity. This level of reserves is consistent with Sightsavers' business model and the assessed financial impact of key risks.

Sightsavers expected to run a small deficit in 2015. However, slightly lower expenditures than planned, principally on fund raising, and the positive impact of a recognised actuarial gain in the year related to the defined benefit pension scheme resulted in overall financial surplus of £2.0 million.

Total fund balances were £13.3 million at the end of 2015, comprising £11.1 million of unrestricted funds, £0.2 million of endowment funds and £2.0 million of restricted funds. Unrestricted funds comprise general reserves of £9.1 million and £2.0 million of designated funds. Of the designated funds cash held overseas of £1.5 million is available for use, and £0.5 million represents tangible fixed assets.

This level of reserves is above policy guidelines. The trustees believe this level of reserves is acceptable given the continued requirement for additional investment in fundraising and plans for ongoing programmatic expansion in 2016 and beyond. Sightsavers plans to run a small financial deficit in 2016 funded from available reserves. The reserves policy is periodically reviewed to ensure that it remains appropriate as circumstances change.

## Investments

Our investment activities are supported by UBS Wealth Management and the investment committee. This committee meets regularly with UBS to assess investment strategy and performance.

The value of assets held with our fund manager at 31 December 2015 was £5.5 million. We hold a mix of investment assets including cash, fixed income, equity, hedge

funds and real estate. The portfolio net of fees returned 3.6% in 2015 which was ahead of benchmark indices for the period. Sightsavers' level of fixed asset investments is calibrated with the targeted quantum of reserves and ongoing liquidity needs. The investment objectives are to maximise investment returns at acceptable levels of risk and in line with ethical standards consistent with our objects and values.

## Pensions

Sightsavers operates a defined contribution pension scheme, which was established in 2002, with membership made available to all UK contracted employees.

Sightsavers operates a defined benefit pension scheme for UK contracted employees. This scheme was closed to new entrants in 2002 and closed to future accruals for existing employees in August 2010. As set out in note 12 to the financial statements, under FRS 102 there was a very small surplus in the scheme of £0.1 million at the end of 2015.

As agreed with the trustees of the pension plan, Sightsavers is currently contributing at a level of £660,000 per annum. An updated full triennial actuarial valuation of the scheme is due in mid-2016, as at 31 December 2015.

## Financial outlook

The strategic direction of the organisation is defined in the strategic framework originally published in 2008, and most recently refreshed in 2014 and which is scheduled to run up to the end of 2018. Financial planning and forecasting activity takes place within the context of the overall strategic plan and objectives.

Sightsavers 2016 financial plan contemplates further modest increases to both income and expenditures, compared to the 2015 plan and 2015 outturn. We are planning for a modest financial deficit in 2016, given the capacity afforded by current reserves levels. Fundraising investment levels will be maintained in 2016 as a part of the continuing strategy to grow the base of committed givers across all fundraising markets. Institutional funding levels saw significant growth in 2015 and in 2016 we are planning for a further small increase in such funding. 2016 income is planned at £66m, overall, excluding gifts in kind.

We expect to make further modest increases to expenditures in 2016. Charitable expenditures, including programme expenditures, are planned to be in the region of £53 million, again excluding the value of gift in kind distributions. Spend is expected to be maintained or grown across the portfolio of projects, including in particular further increases in large grant funded NTD activity. Programme effectiveness is continually assessed and the portfolio mix of projects is expected to continue to see changes and improvements.

The overall expectation is that 2016 should see expenditures slightly above income, funded from available reserves.

## Going Concern

There is a reasonable expectation that Sightsavers has adequate resources to continue in operational existence for the foreseeable future. The trustees believe that there are no material uncertainties that call into doubt the charity's ability to continue. The financial statements have therefore been prepared on the basis that the charity is a going concern, as described in note 2 therein.

## Public benefit

We develop our strategic plans to ensure that we provide public benefit and achieve our objectives as set out in the SIM card.

The trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning activities and setting policies for the year ahead.

## Statement of trustees' responsibilities

Charity law and the terms of Sightsavers' Royal Charter require the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and the group at the end of the financial year, and of its incoming resources and application of resources for the period.

In preparing those financial statements the trustees are required to:

- select suitable accounting policies and apply them consistently.
- make judgements and estimates that are reasonable and prudent.
- state whether applicable accounting standards have been followed subject to any material departures disclosed and explained in the financial statements.
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity, and ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

# Key people and suppliers

## Patron

Her Majesty The Queen

## President

Her Royal Highness Princess Alexandra  
The Hon. Lady Ogilvy GCVO

## Vice presidents

Lady Wilson OBE  
Sir David Thompson KCMG  
Sir Nicholas Fenn GCMG  
Sir John Coles GCMG  
Sir Graham Burton KCMG

## Honorary officers

Martin Dinham, Chairman  
Lord Nigel Crisp KCB, Vice Chairman  
Michael Chilton, Treasurer

## The committees

### Audit Committee

Christopher Kinder, Chair  
Dr Robert Chappell OBE  
Michael Chilton  
Martin Kyndt (non trustee member)

### Governance Committee

Martin Dinham, Chair  
Lord Nigel Crisp KCB  
Michael Chilton  
Christopher Kinder  
Stephen King

## Members of the Council (the trustees)

Dr Uche Amazigo  
Prof Ekanem Ikpi Braide  
Caroline Casey (term ended July 2015)  
Dr Robert Chappell OBE  
Michael Chilton  
Alexandra Cole  
Lord Nigel Crisp KCB  
Howard Dalzell  
Maryanne Diamond (appointed July 2015)  
Martin Dinham  
William Gardner  
Barry Hoffman (appointed July 2015)  
Christopher Kinder  
Stephen King  
John Lafferty (term ended July 2015)  
Dr Ramachandra Pararasegaram  
Dr Manoj Parulekar

### Investment Committee

Michael Chilton, Chair  
Genny Kiff (non trustee member)  
Christopher Kinder

### Remuneration Committee

Martin Dinham, Chair  
Lord Nigel Crisp KCB  
Michael Chilton  
Barry Hoffman (appointed October 2015)  
Stephen King  
Catherine McMenamain (non trustee member, resigned December 2015)

## Strategy Team

Dr Caroline Harper CBE (Chair)  
Chief Executive

Simon Bush  
Director of Neglected Tropical Diseases

Dominic Haslam  
Director of Policy and Programme Strategy

Becki Jupp  
Director of Individual Giving

Anna Massey  
Director of Operations, Institutional Funding

Kenneth Moon  
Director of Finance and Performance

Thoko Pooley  
Strategic Director, Institutional Funding

Gareth Roberts  
Planning, Monitoring and Reporting Director

Elena Schmidt  
Director of Strategic Programme Development, Evidence and Research

## Management Team

Kenneth Moon (Chair)  
Director of Finance and Performance

Dr Caroline Harper CBE  
Chief Executive

Dominic Haslam  
Director of Policy and Programme Strategy

Becki Jupp  
Director of Individual Giving

Anna Massey  
Director of Operations, Institutional Funding

Bakary Marong  
Regional Director, West Africa

Michael Marren  
Chief Executive, Ireland

Thomas Millar  
Neglected Tropical Diseases Operations Director

RN Mohanty  
Chief Executive, India

John Muriuki  
Regional Director, East Central and Southern Africa

Sara Musa  
Regional Director, Middle East

Gareth Roberts  
Planning, Monitoring and Reporting Director

Phillip Selley  
Director of Information Systems

Michael Straney  
Director of Major Giving

## Principal addresses

**Registered address**  
35 Perrymount Road  
Haywards Heath  
West Sussex RH16 3BW

**Correspondence address**  
Bumpers Way  
Bumpers Farm  
Chippenham SN14 6NG

## Principal bankers

**HSBC plc**  
40 South Road  
Haywards Heath  
West Sussex RH16 4LU

**Standard Chartered Bank**  
1 Basinghall Avenue  
London EC2V 5DD

**Allied Irish Bank**  
7/12 Dame Street  
Dublin 2

## Investment managers

**UBS Wealth Management**  
1 Curzon St  
London W1J 5UB

## Surveyors

**Gould & Co**  
Museum House  
Museum St  
London WC1A 1JT

## Solicitors

**Bates, Wells & Braithwaite**  
Cheapside House  
138 Cheapside  
London EC2V 6BB

**McCann FitzGerald**  
Riverside One  
Sir John Rogerson's Quay  
Dublin 2

**Waugh & Co**  
3 Heath Square  
Bolton Road  
Haywards Heath  
West Sussex RH16 1BD

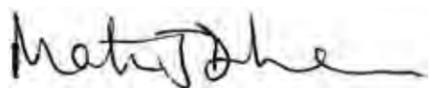
## Independent auditors

**Crowe Clark Whitehill**  
St Bride's House  
10 Salisbury Square  
London EC4Y 8EH

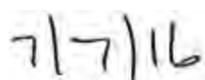
## Independent auditors

A resolution that Crowe Clark Whitehill be appointed as the independent auditor to Sightsavers will be proposed at the forthcoming annual general meeting.

Approved by the trustees and signed on their behalf on:



**Martin Dinham**  
Chairman



**Date**

Guediawaye School, Senegal



# Independent Auditor's Report to the Trustees of the Royal Commonwealth Society for the Blind

**We have audited the financial statements of the Royal Commonwealth Society for the Blind for the year ended 31 December 2015 which comprise the Consolidated Statement of Financial Activities, the Group and Charity Balance Sheets, the Consolidated Cash Flow Statement and the related notes numbered 1 to 24.**

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with section 154 of the Charities Act 2011 and section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the Charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

## Respective responsibilities of trustees and auditor

As explained more fully in the statement of trustees' responsibilities, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 151 of the Charities Act 2011 and section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

## Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the trustees' Annual Report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

## Opinion on financial statements

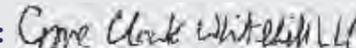
### In our opinion the financial statements:

- give a true and fair view of the state of the group's and the charity's affairs as at 31 December 2015 and of the group's incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011 and the Charities and Trustee Investment (Scotland) Act 2005 and Regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006.

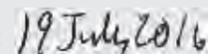
## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 or the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the information given in the trustees Annual Report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept by the parent charity; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Signature: 

**Crowe Clark Whitehill LLP**  
Statutory Auditor  
London

Date: 

Crowe Clark Whitehill LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

## Consolidated statement of financial activities Year ended 31 December 2015

Note	Unrestricted funds 2015 £'000	Restricted funds 2015 £'000	Total 2015 £'000	Unrestricted funds 2014 (restated) £'000	Restricted funds 2014 (restated) £'000	Total 2014 (restated) £'000	
<b>Income and endowments from:</b>							
Donations and legacies	3	35,369	6,375	41,744	30,932	7,516	38,448
Gifts in kind	4	493	133,974	134,467	408	133,864	134,272
Charitable activities	5	-	21,889	21,889	-	12,895	12,895
Investments	6	172	-	172	201	-	201
Other	7	31	-	31	1,762	-	1,762
<b>Total income and endowments</b>		<b>36,065</b>	<b>162,238</b>	<b>198,303</b>	<b>33,303</b>	<b>154,275</b>	<b>187,578</b>
<b>Expenditure on:</b>							
Raising funds	9	17,475	-	17,475	14,758	-	14,758
Charitable activities							
Health – eye care	8,9	12,488	24,652	37,140	11,037	17,016	28,053
Health – Mectizan® distribution	8,9	890	134,160	135,050	865	134,484	135,349
Education	8,9	1,095	1,134	2,229	1,441	888	2,329
Social inclusion	8,9	2,092	640	2,732	2,339	797	3,136
Policy and research	8,9	2,197	-	2,197	1,621	-	1,621
<b>Total charitable activities</b>	<b>8,9</b>	<b>18,762</b>	<b>160,586</b>	<b>179,348</b>	<b>17,303</b>	<b>153,185</b>	<b>170,488</b>
Other	9	41	-	41	487	-	487
<b>Total expenditure</b>		<b>36,278</b>	<b>160,586</b>	<b>196,864</b>	<b>32,548</b>	<b>153,185</b>	<b>185,733</b>
Gains on investments	16	107	-	107	232	-	232
<b>Net income / (expenditure)</b>		<b>(106)</b>	<b>1,652</b>	<b>1,546</b>	<b>987</b>	<b>1,090</b>	<b>2,077</b>
Transfer between funds	21	771	(771)	-	750	(750)	-
<b>Net income / (expenditure) before other recognised gains / (losses)</b>		<b>665</b>	<b>881</b>	<b>1,546</b>	<b>1,737</b>	<b>340</b>	<b>2,077</b>
Actuarial gains / (losses) on defined benefit pension scheme	12	482	-	482	(463)	-	(463)
<b>Net movement in funds</b>		<b>1,147</b>	<b>881</b>	<b>2,028</b>	<b>1,274</b>	<b>340</b>	<b>1,614</b>
<b>Reconciliation of funds:</b>							
Total funds brought forward		10,021	1,285	11,306	8,747	945	9,692
<b>Total funds carried forward</b>	<b>21</b>	<b>11,168</b>	<b>2,166</b>	<b>13,334</b>	<b>10,021</b>	<b>1,285</b>	<b>11,306</b>

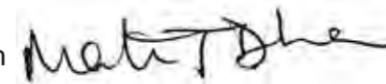
Restricted funds include endowment funds, which had a balance at 31 December 2015 of £214,000 (2014: £214,000). See note 21 for further information. All incoming and outgoing resources arise from continuing activities. All gains and losses recognised in the year are included above.

## Consolidated and Charity balance sheet 31 December 2015

Note	2015 £'000	Group 2014 (restated) £'000	2015 £'000	Charity 2014 (restated) £'000	
<b>Fixed assets</b>					
Tangible assets	15	455	626	452	621
Investments	16	5,545	5,488	5,562	5,505
<b>Total fixed assets</b>		<b>6,000</b>	<b>6,114</b>	<b>6,014</b>	<b>6,126</b>
<b>Current assets</b>					
Debtors	17	5,148	5,854	5,259	6,134
Cash at bank and in hand		11,689	12,481	9,528	10,691
<b>Total current assets</b>		<b>16,837</b>	<b>18,335</b>	<b>14,787</b>	<b>16,825</b>
<b>Liabilities</b>					
Creditors: amounts falling due within one year	18	8,843	11,531	8,211	11,266
<b>Net current assets</b>		<b>7,994</b>	<b>6,804</b>	<b>6,576</b>	<b>5,559</b>
<b>Total assets less current liabilities</b>		<b>13,994</b>	<b>12,918</b>	<b>12,590</b>	<b>11,685</b>
Creditors: amounts falling due after more than one year	18	329	466	329	466
Provision for other liabilities	19	377	412	369	400
<b>Net assets excluding pension asset / (liability)</b>		<b>13,288</b>	<b>12,040</b>	<b>11,892</b>	<b>10,819</b>
Defined benefit pension scheme asset / (liability)	12	46	(734)	46	(734)
<b>Total net assets</b>		<b>13,334</b>	<b>11,306</b>	<b>11,938</b>	<b>10,085</b>
<b>The funds of the charity:</b>					
Unrestricted funds					
Free reserve	21	9,094	8,807	7,762	7,679
Pension reserve	12, 21	46	(734)	46	(734)
<b>General</b>	<b>21</b>	<b>9,140</b>	<b>8,073</b>	<b>7,808</b>	<b>6,945</b>
Designated	21	2,028	1,948	2,028	1,948
<b>Total unrestricted funds</b>		<b>11,168</b>	<b>10,021</b>	<b>9,836</b>	<b>8,893</b>
Restricted funds	21	1,952	1,071	1,888	978
Endowment funds	21	214	214	214	214
<b>Total funds</b>		<b>13,334</b>	<b>11,306</b>	<b>11,938</b>	<b>10,085</b>

The trustees have prepared group accounts in accordance with section 138 of the Charities Act 2011. The notes on pages 69 to 102 form part of these financial statements.

These financial statements were approved by the Council on 7 July 2016 and signed on their behalf by:

Chairman 

Hon. Treasurer 

# Consolidated statement of cash flows

## Year ended 31 December 2015

	Note	2015 £'000	2014 (restated) £'000
<b>Net income / (expenditure) for the reporting period (as per the statement of financial activities)</b>		<b>2,028</b>	<b>1,614</b>
Adjustments for:			
Depreciation charges		104	189
Gains on investments	16	(107)	(232)
Investment income	6	(172)	(201)
Exchange rate loss		28	651
(Profit) on sale of fixed assets	7	(31)	(1,762)
(Decrease) in provisions		(641)	(1,645)
Decrease / (increase) in debtors		703	(795)
(Decrease) / increase in creditors		(2,556)	6,110
<b>Net cash provided by (used in) operating activities</b>		<b>(644)</b>	<b>3,929</b>
<b>Cash flows from investing activities:</b>			
Payments to acquire tangible fixed assets	15	(73)	(165)
Payments to acquire investments	16	(1,061)	(3,552)
Receipts from sale of fixed assets		31	2,371
Receipts from sale of investments		1,069	3,517
Decrease in cash held for investment	16	42	401
Investment income	6	172	201
<b>Net cash (used in) provided by investing activities</b>		<b>180</b>	<b>2,773</b>
<b>Cash flows from financing activities:</b>			
Cash inflows from new borrowing		-	750
Repayment of borrowing		(300)	(450)
<b>Net cash provided by (used in) financing activities</b>		<b>(300)</b>	<b>300</b>
<b>Net (decrease) / increase in cash and cash equivalents</b>		<b>(764)</b>	<b>7,002</b>
Cash and cash equivalents at the beginning of the year		12,481	6,130
Exchange (losses) on cash equivalents		(28)	(651)
<b>Cash and cash equivalents at the end of the year</b>		<b>11,689</b>	<b>12,481</b>
<b>Cash and cash equivalents consist of:</b>			
Cash in hand		9,044	6,339
Notice deposits (less than 3 months)		2,645	6,142
<b>Total cash and cash equivalents</b>		<b>11,689</b>	<b>12,481</b>

# Notes to the financial statements

## Year ended 31 December 2015

### 1 Charity information

The Royal Commonwealth Society for the Blind, trading as Sightsavers, is a registered charity (No. 207544 and SCO38110) which is incorporated and domiciled in the UK. The address of the registered office is 35 Perrymount Road, Haywards Heath, West Sussex, RH16 4BX UK.

### 2 Accounting policies

#### Basis of accounting

The financial statements have been prepared under the historical cost convention, modified by the inclusion of investments at market value, and in accordance with applicable United Kingdom accounting standards. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015. The accounting policies have been applied consistently throughout the current and previous year.

The financial statements have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair' view. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard

applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The trustees report includes a review of financial performance and the charity's reserves position (pages 55-59). Sightsavers has adequate financial resources and is well placed to manage the business risks. The planning process, including financial projections, has taken into consideration the current economic climate and its potential impact on the various sources of income and planned expenditure. There is a reasonable expectation that Sightsavers has adequate resources to continue in operational existence for the foreseeable future. The trustees believe that there are no material uncertainties that call into doubt the charity's ability to continue. The financial statements have therefore been prepared on the basis that the charity is a going concern.

Sightsavers meets the definition of a public benefit entity under FRS 102.

## Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP (FRS 102) the restatement of comparative items was required. In accordance with the requirements of FRS 102 a reconciliation of opening balances and surplus is provided. The transition date was 1 January 2014.

	At 1 Jan 2014 £'000	At 31 Dec 2014 £'000
<b>Reconciliation of reserves</b>		
Reserves (as previously stated)	9,796	11,218
Adjustments:		
1. Rent payable	-	(20)
2. Foreign exchange forwards	(104)	158
3. Pension accounting	-	-
4. Employee benefit accrual	-	(50)
<b>Reserves (as restated)</b>	<b>9,692</b>	<b>11,306</b>

	2014 £'000
<b>Reconciliation of surplus for period</b>	
Surplus (as previously stated)	1,422
Adjustments:	
1. Rent payable	(20)
2. Foreign exchange forwards	262
3. Pension accounting	-
4. Employee benefit accrual	(50)
<b>Surplus (as restated)</b>	<b>1,614</b>

### 1. Rent payable

FRS 102 requires that a lessee shall recognise lease payments under operating leases as an expense over the lease term on a straight-line basis. This differs from the previous GAAP where these were recognised to the lease break point. As a result of a rent free period at the start of the lease, this has resulted in an increase in the lease costs accrual at 31 December 2014.

### 2. Foreign exchange forwards

Under Charities SORP (FRS 102), a foreign exchange forward is classified as a financial instrument. As a result, any foreign exchange forwards held by Sightsavers must be initially recognised and then subsequently measured at fair value. Fair value is determined by comparison of the contracted exchange rate and the exchange rate ruling at the date of valuation. Under the previous Charities SORP, these were not required to be recognised in the accounts.

### 3. Pension accounting

Although the tables above show a nil adjustment relating to accounting for pensions, there is an adjustment of £233,000 on the face of the SOFA between the net income / (expenditure) and the net movement in funds. Under the previous Charities SORP the net finance charge in the net incoming resources includes the interest income and the current service cost. Under FRS 102, the interest income is calculated using the discount rate applied to the pension liabilities rather than the expected return on the assets. This results in an increase in the net finance charge. However, as the total assets and liabilities of the scheme remain the same, this is offset by a reduction in the actuarial loss.

### 4. Employee benefit accrual

Charities SORP (FRS 102) explicitly requires that a liability for paid annual leave is recognised in the accounts. An accrual is therefore included at 31 December 2014, with the value showing in the SOFA.

### Basis of consolidation

The financial statements consolidate the results of the charity and its subsidiary undertakings on a line by line basis. No separate SOFA has been presented for the charity alone which is consistent with previous years. The net result for the charity (which includes all its branches) is a surplus of £1,074,000 with comprises income of £55,099,000, expenditure of £54,132,000 and a gain on investment of £107,000 (2014 surplus of £1,931,000). Sightsavers has the following subsidiary undertakings for which group accounts have been prepared. These all undertake fundraising activity in their different jurisdictions:

Sightsavers (Trading) Limited is a UK registered company (No: 2464229). Control is established by virtue of the charity owning 100% of the issued share capital of the organisation.

Sightsavers International Inc is registered in the USA, incorporated under the laws of the District of Delaware (federal ID: 31-1740776). The charity has the right to appoint all directors of the organisation and there is a management contract between the organisations.

Sightsavers (Ireland) is registered in Ireland (company number: 377692, charity number: CHY15437). The charity appoints two directors to the Board of the organisation and there is a management contract in place between the organisations.

Sightsavers International Italia (Onlus No: 97653640017) is registered in Italy as an Onlus non-profit, non-stock corporation. The majority of the Board of the entity are trustees or senior management of the charity. The charity and subsidiary are managed on a unified basis.

Sightsavers Middle East Consultancy FZE is registered at the Dubai Silicon Oasis (No: DSO-FZE-310). The charity owns 100% of the issued share capital of the organisation.

Insamlingsstiftelsen Sightsavers International (Sverige) was registered in Sweden in May 2013 (company number: 802477-8188, charity number: 90 03 63-3). The charity, as founder, has the right to appoint the Board in the governing document.

Stiftelsen Sightsavers International Norge was registered in Norway in June 2013 (No: 912 388 573). The charity, as founder, has the right to appoint the Board in the governing document.

## Fund accounting

General funds are unrestricted funds available for use at the discretion of the trustees to further the general objectives of Sightsavers that have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the trustees for particular purposes. The use of each designated fund is set out in note 21.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for particular purposes. Details of restricted funds are set out in note 21.

Endowment funds comprise monies that must be held indefinitely as capital. Related income is credited to general funds and applied for general purposes unless under the terms of the endowment such income must be used for specific purposes in which case it is credited to restricted funds.

## Income

Income is recognised when Sightsavers is entitled to the income, any performance conditions attached to the income have been met, it is probable that the income will be received and the amount can be measured reliably.

Performance related conditions: Some funding agreements specify the services to be performed by the charity for receiving the funds. Where this is the case the charity becomes entitled to the funds as it earns the right to consideration by its performance. When cash is received in advance of entitlement, income is deferred and included in creditors. Where entitlement occurs before cash being received, the income is accrued.

The following specific policies apply to categories of income:

- Legacies: these are recognised at the earlier of estate accounts being finalised and Sightsavers being notified that a payment will be made.
- Gifts in kind in the form of Mectizan® tablets: these are included in the SOFA at the donor's wholesale price at the date the tablets are recorded as being received overseas for use. These amounts will vary each year based on the donor's distribution plans.
- Other gifts in kind are included at the value to the charity and are recognised as income when utilised.

## Expenditure

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. All expenditure is inclusive of irrecoverable VAT where applicable. Expenditure is classified into the following categories:

- Costs of raising funds are those incurred in seeking voluntary and grant income, trading activities and investment management. They do not include the costs of disseminating information in support of charitable activities.
- Expenditure on charitable activities is reported as an analysis between the different thematic aims of the organisation i.e. health, education and social inclusion. The amount spent on policy and research activities is also reported.

Amounts payable to partners for overseas projects are charged when an obligation exists and are described as grants payable in note 9. These payments are made under standard partner agreements, which include an agreed project budget, in response to payment requests made by the partner. These requests are reviewed and approved on an individual basis and the obligation to pay exists once the payment request has been approved.

Employee benefits include all costs incurred by the charity in exchange for the services of its employees. Expenditure is recognised for all employee benefits resulting from their service to the charity during the reporting period. A liability is recognised for the cost of all benefits to which employees are entitled at the reporting date that have yet to be paid.

Redundancy costs (termination benefits) are recognised as an immediate cost and charged to the SOFA on a demonstrable commitment to termination, with provision for future redundancy costs measured at a best estimate of the expenditure that would be required to settle the obligation at the reporting date.

Expenditure includes gifts in kind which are valued and recognised on the same basis as gifts in kind shown as income.

## Allocation of support costs

Support costs include the central and regional office functions such as general management, payroll administration, budgeting, forecasting and accounting, information technology, human resources and facilities management. These are allocated across the categories of expenditure outlined above. The basis of the cost allocation is explained in note 9.

## Operating leases

Rentals payable under operating leases are charged to the SOFA on a straight line basis over the most likely term of the lease.

## Finance leases

Leases are accounted for as finance leases when substantially all the risk and rewards relating to the leased property transfer to Sightsavers. The asset is recognised as a tangible fixed asset. Rentals payable are apportioned between:

- a charge for the acquisition of the interest in the property (recognised as a liability in the balance sheet at the start of the lease, matched with a tangible fixed asset). The liability is written down as the rent becomes payable; and
- a finance charge (charged to the SOFA as the rent becomes payable).

Fixed assets recognised under finance leases are accounted for using the policies applied generally to tangible fixed assets.

## Tangible fixed assets

Individual tangible fixed assets costing £1,500 or more are capitalised at cost. Depreciation is provided on all tangible fixed assets, excluding freehold land, at rates calculated to write off the cost or valuation of each asset on a straight line basis over their expected useful economic lives as follows:

Freehold buildings	2% to 4%
Computer equipment	33%
Motor vehicles held overseas	100%
Fittings and office equipment	25%
Leasehold improvements	To the date of the next lease break point

## Investments

Investments are initially measured at cost and subsequently at market value at the balance sheet date. The SOFA includes the net gains and losses arising from disposals and revaluations throughout the year.

## Debtors

Debtors are measured in the accounts at their recoverable amount.

## Creditors

Creditors are measured in the accounts at their settlement amount.

## Forward exchange contracts

Sightsavers has entered into forward exchange contracts during the year to hedge forward currency exposure on future programme expenditure. Forward currency exchanges made under these contracts are recorded at the specified rate at the time of the transaction.

At the end of each reporting period, each contract is revalued based on the rate of exchange ruling at the balance sheet date. An asset or liability is recorded and the gain or loss is reported in the SOFA.

## Financial instruments

Sightsavers only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

Investments held as part of an investment portfolio are held at fair value at the balance sheet date, with gains and losses being recognised in the SOFA. Investments in subsidiary undertakings are held at cost less impairment.

## Provisions

Provisions are recognised when the charity has a present legal or constructive obligation as a result of past events; it is probable that an outflow of resources will be required to settle the obligation; and the amount can be estimated reliably.

Provisions are measured at the present value of the expenditure expected to be required to settle the obligation. The increase in the provision due to passage of time is recognised as a finance cost.

## Pension

Sightsavers operates a defined benefit pension scheme for its eligible UK contracted employees. This scheme was closed to new members in September 2002 and to future accruals in August 2010. The pension costs and the pension provision for the defined benefit scheme are calculated on the basis of actuarial advice and are charged to the SOFA in accordance with the requirements of FRS 102.

Sightsavers also operates a defined contribution scheme for eligible UK contracted employees. Pension costs for the defined contribution scheme are charged to the accounts as they are accrued.

A pensions reserve has been created within unrestricted funds in compliance with paragraph 10.93 of the Charities SORP (FRS 102). Details of the pension schemes are disclosed in note 12.

For staff based overseas, Sightsavers contributes to both locally managed provident fund schemes and a centrally managed end of service benefit scheme based on the number of years' service completed, in line with local employment laws. Any benefit accrued but not paid at the year end is recorded as a liability.

All costs are allocated between activities and between restricted and unrestricted funds on the basis of the time spent.

## Foreign exchange

Assets and liabilities denominated in foreign currencies have been translated at the rate of exchange ruling at the balance sheet date. Exchange differences are recognised within net income / (expenditure).

Income and expenditure transactions incurred in a foreign currency have been translated during the course of the year at the rate of exchange ruling at the date of the transaction and are disclosed in the SOFA.

## Functional / Presentation currency

The functional currency of Sightsavers and its subsidiaries is considered to be in pound sterling because that is the currency of the primary economic environment in which the charity operates. The consolidated financial statements are also presented in pound sterling and rounded to thousands.

## Estimation uncertainty

The key sources of estimation uncertainty that have an effect on the amounts recognised in the financial statements are described in the accounting policies and are summarised below:

Residuary legacies – The charity recognises residuary legacies once it is probable that the legacy will be received, which requires an estimation of the amount receivable, although the level of uncertainty in such estimates is generally not high.

Performance related grants – The charity recognises income from performance related grants in line with the expenditure incurred which includes an element of estimation as disclosed in note 21.

Pension liabilities – The charity recognises its liability to its defined benefit pension scheme which involves a number of estimations as disclosed in note 12.

Provisions for liabilities – The charity has provided for its possible liabilities in relation to its leasehold property and employees which have been estimated as disclosed in note 19.

### 3 Donations and legacies

	2015 £'000	2014 (restated) £'000
Individuals		
UK	16,343	16,515
Ireland	2,526	2,679
Italy	1,803	1,367
India	466	371
Other	653	181
<b>Total from individuals</b>	<b>21,791</b>	<b>21,113</b>
Legacies	9,952	7,262
Government, NGO and institutional donors	5,793	6,361
Companies	1,703	2,077
Trusts	2,244	1,254
Community service and other organisations	261	381
	<b>41,744</b>	<b>38,448</b>

#### Donations, excluding legacies, above £100,000 included within the above:

	2015 £'000	2014 £'000
Government, NGO and institutional donors:		
DFID Programme Partnership Arrangement	3,739	3,739
Irish Aid	1,085	1,221
States of Jersey	250	182
The END Fund	185	-
Conrad N. Hilton Foundation	154	135
DFID FT matched giving	110	381
IZUMI Foundation	86	104
Imperial College London	-	232
Fred Hollows Foundation	-	137
Companies:		
Standard Chartered Seeing is Believing	334	792
Kumba International	393	378
Dubai Duty Free	102	-
Trusts		
MB Trust	820	25

As at 31 December 2015, in addition to legacy income that has been included in the accounts, Sightsavers is expected to benefit from a number of legacies from estates for which the administration had yet to be finalised. Sightsavers future income from these legacies is estimated at £8,300,000 (2014: estimated at £7,356,000). In addition Sightsavers is the future beneficiary of legacy assets transferred to and held in trust, with an estimated value of £2,000,000.

### 4 Gifts in kind

In 2015, Sightsavers International Inc. secured gift in kind donations valued at £133,974,000 (2014: £133,864,000) from Merck Inc. in the form of Mectizan® tablets, which have been shipped to Uganda, Cameroon, Liberia, Togo, Nigeria, Benin, Ghana, Cote d'Ivoire and Guinea Bissau.

Sightsavers is responsible for the co-ordination of Mectizan® tablet distribution to those people at risk of developing river blindness. The gift in kind donations received approximately reflects the value of tablets distributed through the Sightsavers coordination work. Sightsavers works in collaboration with a small number of other agencies to ensure the responsibilities for co-ordination are most effectively undertaken.

During the year, Sightsavers utilised 23,563,000 airmiles (2014: 20,549,000) for the purpose of 367 related flights (2014: 303), which were donated by Emirates. These have been valued at £151,000 (2014: £158,000) based on the lowest economy fare available at the time of travel.

Google grants is a unique gift in kind donation programme that awards free Adwords advertising to selected charitable organisations. It supports organisations that share Google's philosophy of community service to help the world in areas such as science and technology, education, global public health, the environment, youth advocacy and the arts. During the year Sightsavers secured donations valued at £228,000 (2014: £250,000).

During the year Sightsavers secured donations valued at £114,000 (2014: nil) for 115,547 ready made reading glasses and sunglasses from Vision Spring, which have been shipped to Sudan, Uganda, Kenya, Malawi, Mozambique and Pakistan.

During the year Sightsavers benefited from the contribution of unpaid volunteers. The activities carried out by these volunteers, predominantly interactions with schools and community groups, have not been included in the accounts in accordance with the SORP, due to the absence of any reliable measurement basis.

### 5 Income from charitable activities

	2015 £'000	2014 £'000
Children's Investment Fund Foundation (CIFF)	49	517
DFID Aid Match	831	-
DFID Global Trachoma Mapping Project	2,256	2,984
DFID Nigeria NTD	3,680	2,011
DFID SAFE	6,328	977
European Commission	718	1,509
The Gates Foundation	603	-
The Queen Elizabeth Diamond Jubilee Trust	6,649	4,088
USAID (through HKI, JSI and RTI)	775	809
	<b>21,889</b>	<b>12,895</b>

Further information on each of these income sources is provided in Note 21.

## 6 Investment income

	2015 £'000	2014 £'000
Dividends from investments	123	159
Bank deposit interest	49	42
	<b>172</b>	<b>201</b>

## 7 Other income

	2015 £'000	2014 £'000
Profit on disposal of fixed assets	31	1,762
	<b>31</b>	<b>1,762</b>

The 2014 profit on disposal of fixed assets includes the sale of Grosvenor Hall, which was Sightsavers' head office. Further details can be found in note 15.

## 8 Charitable activities

	Health - eye care £'000	Health - Mectizan® £'000	Education £'000	Social inclusion £'000	Policy and research £'000	2015 £'000	2014 (restated) £'000
Kenya	1,114	-	13	-	-	1,127	1,152
Malawi	880	-	38	32	-	950	766
Mozambique	675	-	-	-	-	675	599
Sudan	744	-	-	-	-	744	597
South Sudan	361	-	-	-	-	361	278
Tanzania	848	-	6	81	-	935	821
Uganda	830	107	14	153	-	1,104	1,044
Zambia	1,127	-	71	-	-	1,198	501
Zimbabwe	357	-	-	-	-	357	295
East, Central & Southern Africa (ECSA) regional office	229	-	-	-	-	229	1,088
<b>Sub total ECSA</b>	<b>7,165</b>	<b>107</b>	<b>142</b>	<b>266</b>	<b>-</b>	<b>7,680</b>	<b>7,141</b>
Benin	32	50	-	-	-	82	32
Burkina Faso	93	37	-	-	-	130	106
Cameroon	947	402	104	102	-	1,555	1,423
Cote d'Ivoire	382	31	-	-	-	413	106
Gambia	87	-	-	-	-	87	111
Ghana	253	-	-	60	-	313	408
Guinea	170	16	-	-	10	196	122
Guinea Bissau	201	11	-	-	-	212	177
Liberia	373	8	35	-	-	416	256
Mali	655	48	107	65	-	875	868
Nigeria	4,313	17	42	5	-	4,377	2,847
Senegal	462	-	154	87	-	703	798
Sierra Leone	420	16	22	97	-	555	492
Togo	56	38	-	-	-	94	97
Post Health for Peace Initiative	9	-	-	-	-	9	52
West Africa (WA) regional office	59	58	44	44	-	205	266
<b>Sub total WA</b>	<b>8,512</b>	<b>732</b>	<b>508</b>	<b>460</b>	<b>10</b>	<b>10,222</b>	<b>8,161</b>
India	1,997	-	106	341	-	2,444	2,099
India Regional Office	353	-	29	71	-	453	409
<b>Sub total India</b>	<b>2,350</b>	<b>-</b>	<b>135</b>	<b>412</b>	<b>-</b>	<b>2,897</b>	<b>2,508</b>

	Health - eye care £'000	Health - Mectizan® £'000	Education £'000	Social inclusion £'000	Policy and research £'000	2015 £'000	2014 (restated) £'000
Bangladesh	1,035	-	11	248	-	1,294	1,646
Pakistan	795	-	350	226	-	1,371	1,300
Sri Lanka	201	-	-	68	-	269	253
South Asia Regional Office	-	-	-	-	-	-	28
<b>Sub total South Asia</b>	<b>2,031</b>	<b>-</b>	<b>361</b>	<b>542</b>	<b>-</b>	<b>2,934</b>	<b>3,227</b>
Caribbean	426	-	-	-	-	426	829
<b>Sub total Caribbean</b>	<b>426</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>426</b>	<b>829</b>
Global programmes	11,199	-	-	-	-	11,199	5,510
Gifts in kind	235	133,974	-	-	-	134,209	134,005
Central support functions	1,122	153	573	468	237	2,553	3,245
Programme technical support	2,779	84	470	345	862	4,540	4,068
Advocacy and policy support	1,321	-	40	239	1,088	2,688	1,794
<b>Direct charitable expenditure</b>	<b>37,140</b>	<b>135,050</b>	<b>2,229</b>	<b>2,732</b>	<b>2,197</b>	<b>179,348</b>	<b>170,488</b>

Our income from our charitable activities arises from activities across our programme portfolio, which is described in the section "Our portfolio" on page 12 of the Annual Report. The principal programme categories and types of activities undertaken are as follows:

- 1. Eye Health** – our programmes cover various service interventions, with cataract being a particular focus, and we focus on various aspects of eye health system strengthening programmes.
- 2. Neglected Tropical Diseases (NTDs)** – the Global Trachoma Mapping project was completed at the end of 2015, and we continue with three large grants – the Department for International Development (DFID) SAFE (trachoma in Ethiopia, Zambia, Tanzania, Chad and possibly South Sudan); the Queen Elizabeth Diamond Jubilee Trachoma Initiative (in Kenya, Mozambique, Uganda, Malawi, Tanzania and one state of Nigeria); and the UNITED programme (integrated NTDs in Nigeria, funded by DFID).
- 3. Education** – examples of our education programmes include developing teaching and college systems and access thereto and the development of community based education centres.
- 4. Social Inclusion** – our programmes look to improve economic empowerment and political participation, with a particular focus on gender and advocacy.
- 5. Policy and research** activities provide a consistent underpinning in support of our programme activities.

Expenditures on Eye Health and NTDs combine to represent expenditure on the charitable activity of Health – Eye Care.

## 9 Total expenditure

	Grants payable £'000	Direct costs £'000	Gifts in kind £'000	Allocation of support costs £'000	Total 2015 £'000	Total 2014 (restated) £'000
Raising funds	-	14,721	259	2,495	17,475	14,758
Charitable activities						
Health - eye care	21,840	13,411	235	1,654	37,140	28,053
Health – Mectizan® distribution	134	711	133,974	231	135,050	135,349
Education	489	1,209	-	531	2,229	2,329
Social inclusion	1,012	1,250	-	470	2,732	3,136
Policy and research	89	1,847	-	261	2,197	1,621
Other	-	41	-	-	41	487
<b>Total resources expended 2015</b>	<b>23,564</b>	<b>33,190</b>	<b>134,468</b>	<b>5,642</b>	<b>196,864</b>	<b>n/a</b>
<b>Total resources expended 2014</b>	<b>15,537</b>	<b>28,871</b>	<b>134,272</b>	<b>7,053</b>	<b>n/a</b>	<b>185,733</b>

During the year Sightsavers made grants to partner organisations carrying out work in support of the mission. These are considered to be part of the costs of activities in furtherance of the aims of Sightsavers because much of the charity's programme activity is carried out through grants to local organisations that support long term, sustainable benefits for people affected by blindness, visual impairment and disability. This includes capacity building and partnership development. The work of these local organisations is closely monitored by Sightsavers.

Direct costs include costs of £10,671,000 which are directly attributable to generating funds (2014: £8,133,000), costs associated with the direct operation of the overseas programmes, including the procurement of equipment for use in the programmes of £1,744,000 (2014: £1,642,000), informing and creating awareness amongst the public and governance of Sightsavers. Staff costs included in direct costs is £10,233,000 (2014: £9,172,000).



A list of principal grants is available on our website  
[www.sightsavers.org](http://www.sightsavers.org)

The support costs and the basis of their allocation were as follows:

	2015 £'000	2014 (restated) £'000
Directorate	359	357
Governance	918	942
Financial management	358	393
Information communication technology	807	1,323
Human resources	721	618
Global procurement	6	112
Planning, performance and reporting	236	502
Programme support	2,237	2,806
	<b>5,642</b>	<b>7,053</b>

Support costs are defined as costs which cannot be directly identified with a single activity of the organisation, such as head office finance, human resources, facilities etc and are primarily identified by cost centre. All costs associated with Sightsavers' overseas offices, such as finance or rent etc are included as direct costs as these are directly related to the implementation of Sightsavers' programmes.

In 2015 the allocation of costs between direct costs and support costs resulted in a lower amount of costs classified as support and a commensurate higher amount treated as direct. The support costs were allocated across the expenditure categories based on an estimate of the time spent. This estimate is updated annually.

## 10 Net income / expenditure

	2015 £'000	2015 £'000	2014 (restated) £'000	2014 (restated) £'000
<b>Stated after charging:</b>				
Depreciation		244		316
Fees paid to Crowe Clark Whitehill:				
UK charity audit	72		73	
Pension scheme audit	5		-	
Taxation advisory services	-		1	
USAID audit	9		9	
		86		83
Fees paid to other audit firms:				
International office audits	111		91	
EC project verification	10		17	
		121		108
Investment managers' fees		37		36
Solicitors' fees		167		119
Surveyors' fees		-		8
Operating lease charges		550		272

## 11 Staff costs

	2015 £'000	2014 (restated) £'000
Wages and salaries	10,393	9,666
Social security costs	981	898
Employers contribution to defined contribution pension scheme	701	683
Operating costs of defined benefit pension scheme	37	189
End of service benefit	314	313
Other employee benefits	335	331
	<b>12,761</b>	<b>12,080</b>

The average number of employees during the year was as follows:

	2015 No.	2014 No.
Directorate	7	6
Finance and performance	63	65
Global fundraising	47	51
NTDs	13	15
Policy and programme strategies	46	39
Strategic communications team	15	13
International programmes	231	213
	<b>422</b>	<b>402</b>

The total employee remuneration of the Chief Executive and direct reports was £676,078 (2014: £656,768).

For staff paid £60,000 or greater per annum, the number of employees with emoluments in the following ranges were:

Range:	No. employees	
	2015	2014
£60,000 – £69,999	11	10
£70,000 – £79,999	8	5
£80,000 – £89,999	2	2
£90,000 – £99,999	nil	1
£100,000 – £109,999	2	3
£110,000 – £119,999	2	1
£120,000 – £129,999	1	nil

Principally as a result of a one-off reorganisation within our UK operation certain redundancy and termination payments were made and provided for during the year to employees for compensation for loss of employment totalling £259,267 (2014: £101,453), and of which £62,549 also related to the closure of the Sri Lanka office in 2015, which was fully outstanding at the year end (2014: £nil).

## 12 Pension costs

Sightsavers operates a defined contribution pension scheme for UK staff. The assets of the scheme are held separately from those of the charity in an independently administered fund. Sightsavers contributes twice the level of an employee's contribution up to a maximum of 10% of pensionable pay. Contributions payable by Sightsavers were £635,731 in 2015 (2014: £601,284) of which £54,120 was outstanding at the balance sheet date (2014: £53,889). The disclosure in note 11 also includes the costs of contributions to overseas pension schemes.

Sightsavers operates a defined benefit pension scheme in the UK. This is a separate trustee administered fund holding the pension scheme assets to meet long term pension liabilities. The scheme was closed to new members on 30 September 2002 and closed to future accrual on 31 August 2010, although active members at that date continue to have their benefits linked to future salary increases. A full actuarial valuation was carried out 31 December 2012 and updated to 31 December 2015 by a qualified actuary, independent of the scheme's sponsoring employer. The major assumptions used by the actuary are shown below.

The most recent valuation as at 31 December 2012 showed a deficit of £3,295,000. Sightsavers agreed with the trustees that it will aim to eliminate the deficit over a period of 6 years from 1 January 2013 by the payment of contributions of £624,000 per annum until 31 December 2018. However, following the sale of a freehold property in Haywards Heath, Sightsavers made a single lump sum payment in May 2014 in respect of all remaining monthly deficit contributions due for the period up to 30 June 2016. The regular contributions of £624,000 p.a. were due to resume in July 2016. However, Sightsavers agreed to resume contributions at the rate of £55,000 per month effective from 1 July 2015, payable until 31 December 2018.

### Present values of defined benefit obligation, fair value of assets and defined benefit asset (liability)

	2015 £'000	2014 £'000	2013 £'000
Fair value of plan assets	12,794	12,742	10,400
Present value of defined benefit obligation	(12,748)	(13,476)	(12,160)
<b>Surplus (deficit) in plan</b>	<b>46</b>	<b>(734)</b>	<b>(1,760)</b>
Unrecognised surplus	-	-	-
<b>Defined benefit asset (liability) to be recognised</b>	<b>46</b>	<b>(734)</b>	<b>(1,760)</b>

## Reconciliation of opening and closing balances of the defined benefit obligation

	2015 £'000	2014 £'000
Defined benefit obligation at start of period	13,476	12,160
Expenses	12	111
Interest expense	464	535
Actuarial losses (gains)	(736)	1,333
Benefits paid and expenses	(468)	(663)
<b>Defined benefit obligation at end of period</b>	<b>12,748</b>	<b>13,476</b>

## Reconciliation of opening and closing balances of the fair value of plan assets

	2015 £'000	2014 £'000
Fair value of plan assets at start of period	12,742	10,400
Interest income	444	490
Actuarial gains (losses)	(254)	870
Contributions by the employer	330	1,645
Benefits paid and expenses	(468)	(663)
<b>Fair value of plan assets at end of period</b>	<b>12,794</b>	<b>12,742</b>

The actuarial return on the plan assets over the period ending 31 December 2015 was £190,000 (2014: £1,360,000).

## Defined benefit costs recognised in net income / (expenditure)

	2015 £'000	2014 £'000
Expenses	12	111
Net interest cost	20	45
<b>Defined benefit cost recognised in expenditure</b>	<b>32</b>	<b>156</b>

## Defined benefit costs recognised in other recognised (losses) gains

	2015 £'000	2014 £'000
Return on plan assets (excluding amounts included in net interest cost) – (loss)/gain	(254)	870
Effects of changes in the demographic and financial assumptions underlying the present value of the plan liabilities – gain/(loss)	736	(1,333)
	<b>482</b>	<b>(463)</b>

The assets of the scheme are held with Legal & General, M&G and Standard Life. The managed funds are invested in a diversified portfolio of investments comprising 57% growth assets, 22.5% gilts, 20% corporate bonds and 0.5% cash.

The fair value of assets and present value of liabilities of the scheme at 31 December 2015, along with the expected percentage rates of return on the scheme assets are as follows:

	%	2015 £'000	%	2014 £'000	%	2013 £'000
Growth assets	7.20	7,265	8.40	6,918	8.40	6,228
Gilts	2.40	2,878	3.60	2,922	3.60	1,941
Corporate bonds	3.40	2,605	4.40	2,624	4.40	2,213
Cash	2.90	46	4.00	278	4.00	18
<b>Total assets</b>		<b>12,794</b>		<b>12,742</b>		<b>10,400</b>

None of the fair values of the assets shown above include any direct investments in the employer's own financial instruments or any property occupied by, or other assets used by, the employer.

As required for the preparation of statutory accounts and in accordance with the requirements of FRS 102 the actuarial valuation was updated by JLT Benefit Solutions Limited at 31 December 2015. The major assumptions they used for the purpose of calculating the deficiency were:

	2015	2014	2013
Discount rate	3.80%	3.50%	4.50%
Inflation (RPI)	3.20%	3.10%	3.50%
Inflation (CPI)	2.20%	2.10%	2.70%
Salary increases	2.50%	2.40%	3.00%
Allowance for revaluation of deferred pensions of CPI or 5% p.a. if less	2.20%	2.10%	2.70%
Allowance for pension in payment increases of RPI or 5% p.a. if less	3.10%	3.00%	3.40%
Allowance for pension in payment increases of CPI or 3% p.a. if less	2.20%	2.10%	2.70%

The mortality assumptions adopted at 31 December 2015 imply the following life expectancies at age 65:

	2015 Years	2014 Years
Member aged 65 (current life expectancy) - male	22.1	22.2
Member aged 45 (life expectancy at 65) - male	23.8	24.0
Member aged 65 (current life expectancy) - female	24.1	24.5
Member aged 45 (life expectancy at 65) - female	26.0	26.4

### 13 Trustees' expenses

	No. of trustees	2015 £'000	No. of trustees	2014 £'000
Reimbursed to trustees:				
UK related	15	10	15	7
Programme visits	8	6	8	9

No emoluments have been paid to the trustees (2014: £nil). Trustees can be reimbursed for their travel and subsistence expenses in attending meetings. Additionally, trustees may occasionally visit Sightsavers' partners and programmes overseas, with costs of such trips being met by the charity. Trustees are encouraged to visit at least one international programme in every four year term served.

### 14 Related party transactions

The International Agency for the Prevention of Blindness (IAPB) is identified as a related party and was paid £217,307 in 2015 (2014: £85,547). In 2015, this payment was made primarily in support of their human resources for eye health programme in Africa and also includes Sightsavers' membership fee to IAPB; no balance was outstanding at the end of the year (2014: £nil). During 2015, £108,497 (2014: £100,343) was paid by Sightsavers which is recognised as a gift in kind to the IAPB. Sightsavers received grant funding of £296,780 in 2015 (2014: £581,752) from Standard Chartered Bank's 'Seeing Is Believing' programme which is co-managed by the IAPB.

#### The following are also trustees of the IAPB:

Dr Robert Chappell – Trustee of Sightsavers; and  
Dr Caroline Harper – Chief Executive of Sightsavers.

Dr Caroline Harper is a board member of the INGO Accountability Charter. The Charter was paid £5,479 in 2015 (2014: £5,744) for membership fees. No balance was outstanding at the end of the year (2014: £nil). Dr Harper is also on the Board of trustees of the International Civil Society Centre; the Centre was paid £15,287 in 2015 (2014: £14,201) for workshop and support payments.

Stephen King, trustee of Sightsavers, is President of the Daisy Consortium, to whom Sightsavers paid £2,297 in 2015 for annual membership fees (2014: £1,960).

The related party transactions and intercompany balances of the Charity with subsidiary and related undertakings are:

	Grants from Sightsavers UK £'000	2015 Intercompany balances at 31 December £'000	Grants from Sightsavers UK £'000	2014 Intercompany balances at 31 December £'000
Sightsavers Ireland	-	(8)	-	(634)
Sightsavers Italia	-	-	370	133
Sightsavers International Inc	43	313	137	237
Insamlingsstiftelsen Sightsavers International (Sverige)	879	(3)	748	117
Stiftelsen Sightsavers International Norge	57	5	47	(44)
Sightsavers Middle East Consultancy FZE	386	42	213	47
Sightsavers International Danmark (Fond)	-	26	-	26
Sightsavers (Trading)	-	13	-	22

## 15 Tangible fixed assets

	Freehold property £'000	Leasehold property £'000	Computer equipment £'000	Office fixtures and fittings £'000	Motor vehicles £'000	Total £'000
<b>Cost or valuation</b>						
At 1 January 2015	59	747	397	305	841	2,349
Additions	-	-	-	-	73	73
Disposals	-	-	(280)	(39)	(96)	(415)
<b>At 31 December 2015</b>	<b>59</b>	<b>747</b>	<b>117</b>	<b>266</b>	<b>818</b>	<b>2,007</b>
<b>Depreciation</b>						
At 1 January 2015	59	148	370	305	841	1,723
Charge for the year	-	158	13	-	73	244
Disposals	-	-	(280)	(39)	(96)	(415)
<b>At 31 December 2015</b>	<b>59</b>	<b>306</b>	<b>103</b>	<b>266</b>	<b>818</b>	<b>1,552</b>
<b>Net book value</b>						
<b>At 31 December 2015</b>	<b>-</b>	<b>441</b>	<b>14</b>	<b>-</b>	<b>-</b>	<b>455</b>
<b>At 1 January 2015</b>	<b>-</b>	<b>599</b>	<b>27</b>	<b>-</b>	<b>-</b>	<b>626</b>

Sightsavers' head office relocated in 2014 to 35 Perrymount Road, Haywards Heath, a leasehold property. The balance held in leasehold property above includes the capitalised finance lease cost associated with leasehold improvements and associated fixtures and fittings and a provision for future dilapidations costs to remove leasehold improvements at the end of the lease, in line with the conditions of the lease agreement.

All assets are held for charitable purposes. Group figures include computer equipment of £3,000 (2014: £5,000) held with a related party in Ireland (Sightsavers Ireland).

## 16 Investments

	2015 £'000	Group 2014 £'000	2015 £'000	Charity 2014 £'000
Market value at 1 January	5,293	5,025	5,310	5,025
Disposals at opening market value	(1,041)	(3,504)	(1,041)	(3,504)
Acquisitions at cost	1,061	3,552	1,061	3,569
Net unrealised gains on revaluation at 31 December *	79	220	79	220
	<b>5,392</b>	<b>5,293</b>	<b>5,409</b>	<b>5,310</b>
Cash held in portfolio at 31 December	153	195	153	195
<b>Market value at 31 December</b>	<b>5,545</b>	<b>5,488</b>	<b>5,562</b>	<b>5,505</b>
<b>Historical cost at 31 December</b>	<b>5,315</b>	<b>5,051</b>	<b>5,315</b>	<b>5,051</b>
Listed investments at market value	5,392	5,270	5,392	5,270
Unlisted investments at trustees valuation	-	23	17	40
	<b>5,392</b>	<b>5,293</b>	<b>5,409</b>	<b>5,310</b>

\* In addition to the 2015 unrealised gains shown above, there were realised gains of £27,695 in the year (2014: realised gains of £11,936) which combine to provide the total net gains as shown in the statement of financial activities on page 66.

Of the UK amounts the holdings with a market value greater than 5% of the total portfolio value were:

	%	2015 £'000	2014 £'000
Key Multi Manager Hedge Fund Diversified	15.9	860	584
Charity Property Fund	8.3	446	417
Ishares II Plc FTSE	7.8	422	429
UBS ETF PLC MSCI UK	7.5	407	313
M&G Investment Fund Corporate Bond	5.9	318	327
Ishares Corporate GBP Bond Fund	5.8	311	322

## Subsidiary undertakings

These group accounts include the activities, assets and liabilities of the charity's subsidiaries. These are as follows:

	Assets £000's	Liabilities £000's	Net assets £000's	Capital £000's	Income £000's	Expenditure £000's	Surplus/ (deficit) £000's
<b>2015</b>							
Sightsavers Ireland	1,092	126	966	-	4,058	4,129	(71)
Sightsavers Italia	691	351	340	-	1,803	1,599	204
Sightsavers International Inc	432	322	110	-	1,039	984	55
Insamlingsstiftelsen Sightsavers International (Sverige)	119	121	(2)	-	1,473	1,475	(2)
Stiftelsen Sightsavers International Norge	42	37	5	11	69	79	(10)
Sightsavers Middle East Consultancy FZE	53	10	43	18	291	286	5
Sightsavers Trading	17	17	-	-	6	6	-
	Assets £000's	Liabilities £000's	Net assets £000's	Capital £000's	Income £000's	Expenditure £000's	Surplus/ (deficit) £000's
<b>2014</b>							
Sightsavers Ireland	1,324	287	1,037	-	4,319	4,278	41
Sightsavers Italia	413	277	136	-	1,750	1,885	(135)
Sightsavers International Inc	619	564	55	-	521	627	(106)
Insamlingsstiftelsen Sightsavers International (Sverige)	118	118	-	-	899	896	3
Stiftelsen Sightsavers International Norge	46	31	15	11	47	43	4
Sightsavers Middle East Consultancy FZE	45	7	38	18	291	291	-
Sightsavers Trading	26	26	-	-	19	5	14

Patient Zewnlanche Namubali waits to have surgery for trachoma at Mayuge district health centre. She was screened, diagnosed and treated at an outreach screening led by Sightsavers and funded by the Queen Elizabeth Diamond Jubilee Trust.



## 17 Debtors

	2015 £'000	Group 2014 (restated) £'000	2015 £'000	Charity 2014 (restated) £'000
Amounts owed by group and associated undertakings	-	-	399	582
Prepayments and accrued income	4,565	4,993	3,924	4,766
Other debtors	583	861	936	786
	<b>5,148</b>	<b>5,854</b>	<b>5,259</b>	<b>6,134</b>

Amounts owed by group and associated undertakings were: Sightsavers (Trading) of £13,000 (2014: £22,000), Sightsavers International Italia of £nil (2014: £133,000), Sightsavers Middle East £42,000 (2014: £47,000), Sightsavers Inc of £313,000 (2014: £237,000), Sightsavers Sweden of £nil (2014: £117,000), Sightsavers Denmark of £26,000 (2014: £26,000) and Sightsavers Norway of £5,000 (2014: £nil).

The Charity is committed to purchasing a total of USD \$4.99 million (2014 \$6.55 million) under forward contract at 31 December 2015, and to sell a commensurate amount of GBP at USD / GBP rates between 1.5375 and 1.5652, as part of its operational foreign exchange risk management strategy. The fair value of these forward purchases is held within Other Debtors. See notes 20 and 24 for further details.

## 18 Creditors

### Amounts falling due within one year

	2015 £'000	Group 2014 (restated) £'000	2015 £'000	Charity 2014 (restated) £'000
Bank loans and overdrafts	1	312	1	312
Amounts owed to group and associated undertakings	-	-	11	678
Payments received on account for contracts or performance related grants	1,870	6,069	1,827	5,921
Accruals and deferred income	5,078	3,595	4,815	2,350
Taxation and social security	315	313	295	288
Other creditors	1,579	1,242	1,262	1,717
	<b>8,843</b>	<b>11,531</b>	<b>8,211</b>	<b>11,266</b>

Amounts owed to group and associated undertakings were: Sightsavers (Ireland) of £8,000 (2014: £634,000), Sightsavers Sweden of £3,000 (2014: £nil) and Sightsavers Norway of £nil (2014: £44,000).

The charity has a high level of restricted cash balances and associated liabilities due to a number of grants with performance related conditions. When cash is received in advance on such grants, income is deferred until the performance conditions have been met.

### Amounts falling due after more than one year

	2015 £'000	Group 2014 (restated) £'000	2015 £'000	Charity 2014 (restated) £'000
Other creditors	329	466	329	466
Provisions for other liabilities	377	412	369	400
	<b>706</b>	<b>878</b>	<b>698</b>	<b>866</b>

### Movement on deferred income during the year:

	2015 £'000	Group 2014 (restated) £'000	2015 £'000	Charity 2014 (restated) £'000
Balance brought forward	7,372	1,575	6,860	1,575
Released to income	(15,113)	(6,771)	(14,644)	(6,713)
Received in year	11,694	12,568	11,694	11,998
<b>Balance carried forward</b>	<b>3,953</b>	<b>7,372</b>	<b>3,910</b>	<b>6,860</b>

The balance carried forward on deferred income is split between payments received on account for contracts or performance related grants and an element from accruals and deferred income. This element comprises funding received in advance for 2016 projects.

## 19 Provision for other liabilities

The charity had the following provisions during the year:

Group	Dilapidations provisions £'000	End of contract / service benefit £'000	Employee benefit accrual £'000	Total 2015 £'000	Total 2014 (restated) £'000
At 1 January 2015	50	311	51	412	402
Additions	-	233	53	286	299
Utilised	-	(266)	-	(266)	(246)
Reversals	-	-	(51)	(51)	(43)
Foreign exchange translation adjustment	-	(4)	-	(4)	-
<b>At 31 December 2015</b>	<b>50</b>	<b>274</b>	<b>53</b>	<b>377</b>	<b>n/a</b>
<b>At 31 December 2014 (restated)</b>	<b>50</b>	<b>311</b>	<b>51</b>	<b>n/a</b>	<b>412</b>

Charity	Dilapidations provisions £'000	End of contract / service benefit £'000	Employee benefit accrual £'000	Total 2015 £'000	Total 2014 (restated) £'000
At 1 January 2015	50	302	48	400	397
Additions	-	236	51	287	292
Utilised	-	(265)	-	(265)	(246)
Reversals	-	-	(48)	(48)	(42)
Foreign exchange translation adjustment	-	(5)	-	(5)	(1)
<b>At 31 December 2015</b>	<b>50</b>	<b>268</b>	<b>51</b>	<b>369</b>	<b>n/a</b>
<b>At 31 December 2014 (restated)</b>	<b>50</b>	<b>302</b>	<b>48</b>	<b>n/a</b>	<b>400</b>

### Dilapidations provision

As part of the charity's property leasing arrangements there is an obligation to repair damages which incur during the life of the lease, such as wear and tear. The cost is charged to the SOFA as the obligation arises. The provision is expected to be utilised before 2028, the year the leases terminate.

### End of contract / service benefit

The charity provides certain international employees with an end of contract / service benefit. The charity does not set aside assets to fund the payments and pays the benefits out of cash resources. The amounts provided are paid out as and when required and are ongoing whilst the employee remains in employment.

## Employee benefit accrual

The charity recognises a provision for annual leave accrued by employees as a result of services rendered in the current period, and which employees are entitled to carry forward and use within the next 12 months. The provision is measured at the salary cost payable for the period of absence.

## 20 Financial instruments

The Charity has certain financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at amortised cost. Certain other financial instruments are held at fair value, with gains and losses being recognised within income and expenditure.

The charity has the following financial instruments:

	2015 £'000	Group 2014 £'000	2015 £'000	Charity 2014 £'000
<b>Financial assets measured at amortised cost:</b>				
Cash at bank and in hand	11,689	12,481	9,528	10,691
Amounts owed by group undertakings	-	-	712	535
Other receivables	691	861	649	833
	<b>12,380</b>	<b>13,342</b>	<b>10,889</b>	<b>12,059</b>
<b>Financial liabilities measured at amortised cost</b>				
Bank loans and overdrafts	1	312	1	312
Finance leases	329	466	329	466
Accruals	2,682	2,654	2,403	2,440
Amounts owed to group undertakings	-	-	-	678
Other creditors	1,373	1,293	1,196	1,089
	<b>4,385</b>	<b>4,725</b>	<b>3,929</b>	<b>4,985</b>
<b>Financial assets measured at fair value, through profit and loss</b>				
Investments	5,545	5,488	5,563	5,505
Forward foreign exchange contracts	70	158	70	158
	<b>5,615</b>	<b>5,646</b>	<b>5,633</b>	<b>5,663</b>

## 21 Statement of funds

	Balance at 1 Jan 2015 (restated) £'000	Income £'000	Expenditure £'000	Investment gains/ (losses) £'000	Transfers £'000	Balance at 31 Dec 2015 £'000
<b>General reserve:</b>						
Free reserve	8,807	36,065	(36,576)	107	691	9,094
Pension reserve	(734)	-	298	482	-	46
<b>Designated funds:</b>						
Future overseas expenditure	883	-	-	-	589	1,472
Fixed assets fund	626	-	-	-	(171)	455
Financial Times appeal	439	-	-	-	(338)	101
<b>Total unrestricted funds</b>	<b>10,021</b>	<b>36,065</b>	<b>(36,278)</b>	<b>589</b>	<b>771</b>	<b>11,168</b>
<b>Restricted funds:</b>						
<b>Donations and legacies:</b>						
Kumba International	35	394	(237)	-	-	192
Standard Chartered Bank						
Seeing is Believing	86	334	(673)	-	304	51
Dubai Duty Free	-	102	(102)	-	-	-
Irish Aid	-	1,085	(1,020)	-	(65)	-
States of Jersey	-	250	(244)	-	-	6
Conrad N. Hilton Foundation	15	154	(142)	-	(27)	-
The END Fund	-	185	(174)	-	(10)	1
Izumi Foundation	20	86	(98)	-	(8)	-
Other	515	3,785	(3,698)	-	(120)	482
<b>Sub total</b>	<b>671</b>	<b>6,375</b>	<b>(6,388)</b>	<b>-</b>	<b>74</b>	<b>732</b>
Gifts in Kind	-	133,974	(133,974)	-	-	-
<b>Income from charitable activities:</b>						
DFID Nigeria NTD	400	3,680	(3,323)	-	(126)	631
DFID Global Trachoma Mapping Project	-	2,256	(2,152)	-	(104)	-
DFID SAFE	-	6,328	(5,577)	-	(170)	581
DFID Aid Match	-	831	(831)	-	-	-
USAID	-	775	(692)	-	(75)	8
The Queen Elizabeth Diamond Jubilee Trust	-	6,649	(6,433)	-	(216)	-
The Gates Foundation	-	603	(549)	-	(54)	-
Children's Investment Fund Foundation	-	49	(44)	-	(5)	-
EC EACO	-	29	-	-	(29)	-
EC CCB	-	284	(270)	-	(14)	-
EC AHC	-	67	(10)	-	(57)	-
EC Bangladesh	-	162	(151)	-	(11)	-
EC Uganda	-	111	(104)	-	(7)	-
EC ZIEP	-	(29)	-	-	29	-
EC Sierra Leone	-	94	(88)	-	(6)	-
<b>Sub total</b>	<b>400</b>	<b>21,889</b>	<b>(20,224)</b>	<b>-</b>	<b>(845)</b>	<b>1,220</b>
<b>Total restricted funds</b>	<b>1,071</b>	<b>162,238</b>	<b>(160,586)</b>	<b>-</b>	<b>(771)</b>	<b>1,952</b>
<b>Endowment funds:</b>						
Mountjoy Trust	214	-	-	-	-	214
<b>Total endowment funds</b>	<b>214</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>214</b>
<b>Total funds</b>	<b>11,306</b>	<b>198,303</b>	<b>(196,864)</b>	<b>589</b>	<b>-</b>	<b>13,334</b>

## Designated funds

The balance on future overseas expenditure represents cash held in overseas bank accounts at the balance sheet date. These balances will be drawn down within one to two months of the year end.

The balance on the fixed asset fund represents the net book value of tangible fixed assets at the balance sheet date. These are operational assets required for the day-to-day operations of the charity.

The balance on the Financial Times Appeal designated funds represents funding raised through the FT appeal in 2011 and 2012 which is being spent on a number of Seeing is Believing projects. The expectation is that the funds will all be utilised by the end of 2016.

**The principal grant contracts which Sightsavers has classified as restricted funds in 2015, the majority of which are recognised as income from charitable activities, are:**

Donor Name	Countries affected	Formal contract name
Irish Aid	Cameroon, Guinea, Liberia, Mali, Senegal and Sierra Leone	Strengthening Sightsavers reach and impact in West Africa
States of Jersey	Liberia, Benin, Cameroon and Tanzania	Jersey Overseas Aid Commission
Conrad N. Hilton Foundation	Mali	Reducing the TT backlog in Mali
The END Fund	Guinea Bissau, South Sudan, Sudan, Ivory Coast and Tanzania	The END Fund
Izumi Foundation	Mali	Elimination of Blinding Trachoma in Mali 2014 and 2015
Department for International Development	Nigeria	Integrated Programme Approach to Control a range of NTDs in Nigeria
Department for International Development	Global	Global Trachoma Mapping Project

## Restricted funds

The transfer to unrestricted funds of £771,000 relates mainly to funds received as part of restricted funding agreements that are provided for Sightsavers indirect costs, principally under our grant contracts with DFID and the Trust Trachoma grant.

## Endowment funds

The Mountjoy Trust is invested and the interest earned is expended specifically for the benefit of the visually deprived, either blind or near blind, in accordance with the terms of the bequest.

Donor Name	Countries affected	Formal contract name
Department for International Development	Chad, Ethiopia, South Sudan, Tanzania and Zambia	Trachoma SAFE Implementation
Department for International Development	Kenya, Uganda, Malawi, Zambia and Mozambique	UK Aidmatch
USAID / RTI International	Chad and Zimbabwe	Trachoma Mapping
USAID / Helen Keller International	Cameroon	Support to Control of Neglected Tropical Disease Control Program (NTD Envision) in North West, South West and West regions of Cameroon
USAID / JSI Research & Training Institute, Inc	Bangladesh	Strengthen National Capacities on Paediatric Ophthalmology for Quality Child Eye Health in Bangladesh
The Queen Elizabeth Diamond Jubilee Trust	Kenya, Malawi, Mozambique, Nigeria and Uganda	The Queen Elizabeth Diamond Jubilee Trust Trachoma Initiative in Africa
The Gates Foundation	Global	Bill & Melinda Gates Foundation
Children's Investment Fund Foundation	Nigeria	Nigeria Disease Mapping
European Commission	Kenya, Uganda and Tanzania	Promoting quality ophthalmology in East Africa (EACO)
European Commission	Caribbean	Delivering V2020 in the Caribbean (CCB)
European Commission	Malawi, Mozambique and Zimbabwe	Advancing Healthy Communities – Affordable, Accessible and Quality Eye Care in Malawi, Mozambique and Zimbabwe (AHC)
European Commission	Bangladesh	Barrier Free Inclusive Society for Persons with Disabilities
European Commission	Uganda	Connecting the Dots: Investing in Youth with Disabilities for Enhanced Access to Employment in 4 Districts of Rural Uganda
European Commission	Zambia	Zambia Inclusive Education Programme (ZIEP)
European Commission	Sierra Leone	Strengthening national health systems and increasing access to health services for persons with disabilities in 3 regions of Sierra Leone

## 22 Analysis of net assets between funds

	Tangible fixed assets £'000	Investments £'000	Cash £'000	Other net assets £'000	Pension liability £'000	Net assets £'000
<b>2015</b>						
Unrestricted funds:						
General	-	5,331	4,006	(243)	46	9,140
Designated	455	-	1,573	-	-	2,028
Restricted funds	-	-	6,110	(4,158)	-	1,952
Endowment funds	-	214	-	-	-	214
	<b>455</b>	<b>5,545</b>	<b>11,689</b>	<b>(4,401)</b>	<b>46</b>	<b>13,334</b>

	Tangible fixed assets £'000	Investments £'000	Cash £'000	Other net assets £'000	Pension liability £'000	Net assets £'000
<b>2014 (restated)</b>						
Unrestricted funds:						
General	-	5,274	3,700	(167)	(734)	8,073
Designated	626	-	1,322	-	-	1,948
Restricted funds	-	-	7,459	(6,388)	-	1,071
Endowment funds	-	214	-	-	-	214
	<b>626</b>	<b>5,488</b>	<b>12,481</b>	<b>(6,555)</b>	<b>(734)</b>	<b>11,306</b>

## 23 Leasing commitments

### Finance lease obligations

Sightsavers is committed to making future minimum lease payments under finance leases of £532,000 (2014: £704,000). The obligation to make these payments falls due as follows:

	2015 £'000	2014 (restated) £'000
<b>Land and buildings</b>		
Within 1 year	129	129
Within 2-5 years	270	399
	<b>399</b>	<b>528</b>
<b>Fixtures and fittings</b>		
Within 1 year	43	43
Within 2-5 years	90	133
	<b>133</b>	<b>176</b>
<b>Total</b>	<b>532</b>	<b>704</b>

## Operating lease obligations

Sightsavers is committed to making future minimum lease payments under non-cancellable operating leases of £1,926,000 (2014: £2,340,000). The obligation to make these payments falls due as follows:

	2015 £'000	2014 (restated) £'000
<b>Land and buildings</b>		
Within 1 year	504	526
Within 2-5 years	952	1,174
After 5 years	463	631
	<b>1,919</b>	<b>2,331</b>
<b>Other</b>		
Within 1 year	3	2
Within 2-5 years	4	7
	<b>7</b>	<b>9</b>
<b>Total</b>	<b>1,926</b>	<b>2,340</b>

## 24 Forward exchange contracts

Sightsavers entered into three forward exchange contracts during the year to hedge forward currency exposure on future programme expenditure. These contracts, to purchase US Dollars (USD) using Sterling (GBP), are each for up to 12 months in duration, at USD / GBP rates between 1.5375 and 1.5652. At 31 December 2015 a combined purchase value of USD 4.99 million remained on these contracts representing around 33% of forecast USD correlated overseas charitable expenditure for 2016. At 31 December 2015, the USD / GBP exchange rate was 1.4980.

At 31 December 2015 the carrying amount in the balance sheet of these contracts was a gain of £69,802 (2014: restated gain of £157,979). This movement on the fair value forms part of the free reserves in note 21.

Simon Lodenev laughs with his mother Asinyen Ekai in front of their home in Turkana, Northern Kenya. The new school year has brought lessons in face washing for children.



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