Making the connections
Strategic framework
2012-2018
Connecting with the world: the context of our strategy

Sightsavers has been constantly evolving since it was founded in 1950, and this strategy is the next phase of that evolution. We have always worked with partners to achieve our goals, but if we are to make the biggest impact we must also form new alliances and ensure our work dovetails with and influences that of others. Our strategy is ambitious – we intend to make a long-term and profound difference in the world. Our work is crucial in supporting the global fight against poverty. At the core of everything we do are the people at risk of losing their sight and those whose sight is impaired or lost.

Caroline Harper
Chief Executive

Front cover image:
Saidi Khamis, 5, reads a book donated by Sightsavers staff, days after his vision was restored by a successful bilateral cataract operation.
Grace Kabagenyi, who is deaf and cannot talk, pictured with her mother and sister at the family home in Masindi, Uganda.
The evidence that sight restoration alleviates poverty

Research carried out in Bangladesh, Kenya and the Philippines by The London School of Hygiene and Tropical Medicine found that blindness causes poverty, and that restoring sight improves the economic status of individuals and families. They studied people who had cataracts and compared them with people in similar situations who did not. Expenditure in households where an adult had cataracts was lower than in non-cataract cases. Cataract households were checked before and a year after surgery: results showed that the gap in expenditure across the different types of households was dramatically narrowed.
World Health Organization: key messages influencing our strategy

“The six building blocks of health systems are delivery services, health workers, information, medical products and technologies, financing, and leadership and governance. The challenges... require a more integrated response that recognises the interdependence of each part of the health system.”


Sustainable Development Goals

The Sustainable Development Goals (SDGs), also known as the Global Goals, are a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. These 17 goals, adopted at the UN General Assembly in 2015, build on the successes of the Millennium Development Goals (MDGs), which were established in 2000 to reduce specific aspects of poverty. Most importantly, the SDGs include new areas that aim to tackle inequality and exclusion of those with disabilities – areas that were not included in the original MDGs. Sightsavers worked alongside other organisations to make this happen, and the UK government has already set up its Disability Framework, which promises to “leave no one behind”.

Neglected tropical diseases: a cause and result of poverty

Neglected tropical diseases (NTDs) are a group of 17 parasitic and bacterial infections that affect more than one billion of the world’s poorest people. Some NTDs kill and others cause severe and often life-long impairment. They particularly affect women and children.

NTDs reduce economic productivity, preventing individuals from being able to work or care for themselves or their families, and limiting access to education. They are diseases of poverty, significantly affecting development and are specifically referenced in the SDGs. Research indicates that elimination is achievable for several NTDs if efforts are scaled up. The World Health Organization’s NTD roadmap outlines how this can be done. The London Declaration builds on this by encouraging the public and private sectors to collaborate and pledge their commitment to eliminating NTDs.
Our vision

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

Our mission

We are an international organisation working with partners in developing countries to eliminate avoidable blindness and promote equality of opportunity for disabled people.
Asha Mussa Abubakar, 6, plays with a bubble machine donated by Sightsavers staff at her home in Zanzibar, after a successful bilateral cataract operation.
Our Values

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

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

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

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

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

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

- **Our supporters are a key part of the solution.**
  We work together to accomplish our goals.
A student imitates a pair of glasses, during a screening exercise at the Jongowe school, Zanzibar.
Where we work:

Why these countries?

We focus on poorer countries – notably francophone Africa, which is less developed than anglophone countries. We look for countries to have partner organisations and governments that are willing to commit to strengthening and supporting their own eye health systems. We work in some countries without maintaining an office. This will be where our work focuses on our strategy for the elimination of NTDs, usually alongside a partner organisation that already maintains a base in the area.
**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.

### Ultimate aims

- **Beneficiaries:**
  - What must we achieve for our beneficiaries?
  - Demonstrate scalable cost-effective approaches to eye care which strengthen health systems.
  - Governments ensure quality eye care is universally available as an integral part of wider health systems.

- **Capacities:**
  - What do we need to excel at to deliver for our beneficiaries?
  - Develop effective programme implementation partnerships.
  - Governments ensure all children with disabilities receive a quality education within the wider education system.

- **Learning & growth:**
  - Where do we need to invest in order to excel?
  - Develop organisational capabilities.
  - Visual impaired people are equal members of society and governments implement obligations under international conventions for people with disabilities.

- **Resources:**
  - How do we ensure we are resourced adequately?
  - Grow our income.
  - People with disabilities actively seek eye care services.

- **Advocacy & support:**
  - Develop effective and joined-up advocacy.
  - Establish strong strategic networks and alliances.

- **Evidence & research:**
  - Generate and disseminate sound research and evidence.
  - Establish effective information sharing systems.

- **Implementation:**
  - Ensure high quality programmes.
  - Use resources strategically and efficiently.

- **Impact & evaluation:**
  - Demonstrate effective approaches that impact positively on the inclusion and empowerment of people with disabilities.
  - Deliver integrated neglected tropical disease programmes in support of agreed global targets.
We use a tool called the Balanced Scorecard to implement our strategy. We renamed it the SIM (strategy implementation and monitoring) card, because it guides our work and measures progress – like a SIM card drives a mobile phone. The SIM is made up of a strategy map (left) and a scorecard.

We monitor the scorecard using an internet based interactive dashboard, which is available on our website at dashboard.sightsavers.org.

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

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

1. Eye health
2. Education
3. Social inclusion
4. Neglected Tropical Diseases

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

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

For more information please visit www.sightsavers.org/how-we-are-run/accountability-and-transparency
Change theme one: Eye health

External drivers: what led us to decide on our aims

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

Improving access to primary health care is the best means of reaching the greatest number of people. Eye health services are not always available at primary level. Primary healthcare for all will not be available without meeting the shortfall in trained health professionals. For example, there is a shortage of at least 1.5 million health workers in Africa.

Aims: what we want to achieve

In the long term: Governments will ensure that good-quality eye care is universally available to all as an integral part of wider health systems.

Over this strategic framework period: Sightsavers will demonstrate approaches to eye health that are scalable, adaptable and cost effective, and that strengthen and support the overall health system.

Indicators: how we measure our progress

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

Lead: % of countries (where Sightsavers has an eye health project) that have contributed to identification of gaps/needs through an eye health system assessment in the past five years

Lead: % of countries (where Sightsavers has an eye health project) that have contributed to identification of gaps/needs through a prevalence survey in the past five years

Lead: % of health projects with clearly defined strategies to improve access by people with disabilities

Lead: % of health projects with clearly defined strategies to improve access by and to reach a higher number of females than males.

Definitions

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

Lag – key measure of whether we are achieving each objective.

For more information please visit www.sightsavers.org/protecting-sight
Emeresi Jasi (also known as Jess) came to a Sightsavers-supported screening at Nkumaniza in Malawi. She arrived on foot and had bruises on her arms where she had been bumping into things. For years she’d been able to see “just darkness”, and she’d never seen her infant great-granddaughter Mary.

At the screening, ophthalmic clinical officer Rex examined Jess’s eyes and diagnosed bilateral cataracts. Rex referred Jess for surgery on her right eye (the left was too badly damaged to treat) at the hospital in Chikwawa.

After surgery, Jess’s bandage was removed and Rex asked her, “Can you see me?” Jess, smiling broadly, replied, “Yes!”

Back at home, Jess has found life much easier as she’s able to get around without stumbling – she’s also been able to see her great-granddaughter’s face. Her family tell us that people in the village are flocking to the health centres now that they have seen how the operation has improved Jess’s life.
Change theme two: Education

External drivers: what led us to decide on our aims

Education is one of the keys to empowerment and lifting people out of poverty (DFID Education Policy). However, as of 2010, 61 million children of primary school age were out of school (UNESCO, 2012), and a disproportionate number of these were children with disabilities (WHO, 2011).

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

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

Aims: what we want to achieve

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

Over this strategic framework period: Sightsavers will demonstrate approaches to delivering high-quality education for children with disabilities, including children with visual impairments which are scalable, cost effective and contextually appropriate.

Indicators: how we measure our progress

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

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

For more information please visit www.sightsavers.org/disability/education
Case study

Aminata was born blind, as were her parents and three of her siblings. She used to spend her days sitting at home while her parents went out begging to support the family, and it was expected that she would also go out to beg once she was older.

But a Sightsavers-supported inclusive education pilot project in Dakar, Senegal, has meant Aminata can go to school, and with an education her future is now full of opportunity. Each morning, she packs her blue braille board into a bag and is escorted safely to school, where she joins her friends in the classroom. When the other children raise their chalkboards in the air for the teacher to check their work, Aminata does the same with her braille board. Here, she’s no different, and that has given her a huge sense of confidence and self-worth.

“I want to keep going to school. I want to be a teacher when I grow up and teach French. French is my favourite subject,” she says.

“Aminata is much happier now that she goes to school,” says her mother. “I hear her singing, and she brings things home from school, such as sticks to practise counting with. I want her to stay in school and learn a lot of things, so when she is older she can get a job and help to support her family.”
Change theme three: Social inclusion

External drivers: what led us to decide on our aims

Men and women with disabilities are among the poorest and most marginalised people in society and are often stigmatised within their communities. Their exclusion is reinforced by lack of access to education, health and other services, which negatively affects their capabilities. Legal frameworks are often insufficient in addressing disability rights and where rights legislation does exist, poor implementation is often the norm. This needs to be addressed so people of all ages with disabilities are able to demand and enjoy their human rights, which are embedded in the United Nations Convention on the Rights of Persons with Disabilities and reinforced in the Sustainable Development Goals.

Solidarity and unity are important as a way to challenge discrimination, and it is Disabled People’s Organisations (DPO) and Blind People’s Organisations (BPOs) that need to lead the way in claiming the rights of their members nationally and globally.

Aims: what we want to achieve

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

Over this strategic framework period: Sightsavers will demonstrate effective approaches that positively affect the inclusion and empowerment of people with disabilities.

Indicators: how we measure our progress

Lead: % of countries (where we run social inclusion and/or education projects) that can demonstrate effective inclusion and empowerment of people with disabilities

Lag: % of countries that meet at least four of the eight criteria on our social inclusion index

Lead: % of health, education and NTD projects with clearly defined social inclusion strategies to include people with disabilities

For more information please visit www.sightsavers.org/disability
“My disability came as a result of polio,” Rajab says. “On a day-to-day basis it affects me a lot – when it’s muddy I can’t afford to move around much, I can’t jump, I can’t go anywhere in a hurry.”

“When I finished school, I sat there for something like three years,” he continues. “I was just at home. I tried to find work but didn’t have papers [qualifications] – there was nothing I could do.”

Rajab heard about a youth employment programme (co-funded by Sightsavers and the EU) called Connecting the Dots, which offered a year’s study at a vocational institute. He applied and gained a computer qualification. “I wanted just to go and get skills in editing, sending photos via email to other people... Now I can sell [images] on memory or on CD. I can give them to a person [in] soft copy or hard copy. I love it; this is a work that is not tiresome.”

Rajab didn’t stop at just gaining skills for himself – he became one of the programme’s most vocal ambassadors. He’s joined his brother’s business taking and processing photos, but also works voluntarily to advocate for the rights of people with disabilities in Kiryandongo district where he lives.

Rajab is excited about what the future holds, for him and for people with disabilities in his community, thanks to the employment project. “It has changed the community so much, because it has made them know that these people are useful.”

For more information about Connecting the Dots visit www.sightsavers.org/connecting-the-dots
Change theme four: Neglected tropical diseases

External drivers: what led us to decide on our aims

Neglected tropical diseases (NTDs) have a devastating impact on human health and the socioeconomic development of many impoverished communities. Despite being treatable and preventable, diseases such as trachoma and onchocerciasis continue to affect more than a billion people worldwide. Evidence shows that control of these diseases significantly reduces illness, social exclusion and death.

Any attempt to tackle NTDs must also include water, sanitation and hygiene (WASH) programmes, as well as education for local communities about the importance of hygiene and sanitation.

Sightsavers is leading consortia on a number of major grants covering a range of NTDs, supported by donors such as DFID and The Queen Elizabeth Diamond Jubilee Trust. We work closely with groups such as The International Coalition for Trachoma Control (ICTC).

In 2014, we became the joint-host organisation for the Uniting to Combat NTDs support centre with the Task Force for Global Health. Uniting to Combat NTDs is a group of private and public-sector organisations and NGDOs working together to achieve the WHO’s NTD roadmap. The support centre provides coordination, communication, reporting and advocacy support for the Uniting to Combat NTDs partnership.

For more information please visit www.sightsavers.org/protecting-sight/ntds
Aims: what we want to achieve

In the long term: Our focus is on five preventive chemotherapy (PCT) diseases. By 2025, we aim to work with our partners to eliminate trachoma, onchocerciasis and lymphatic filariasis in the countries in which we operate, and control soil-transmitted helminths and schistosomiasis (bilharzia).

To ensure sustained elimination of NTDs, we are also striving to support WASH and behaviour change programmes in these areas.

Over this strategic framework period: Sightsavers’ objective is to play a leading role in delivering its NTD goals. We aim to provide technical, fundraising and managerial support to the NTD portfolio, while working in a more integrated manner. We plan to focus on emerging areas such as the Coordinated Approach to Eye Health (CATCH), health systems strengthening, social inclusion and morbidity management, school health, mHealth and behaviour change.

Indicators: how we measure our progress

Lead: % of projects that meet or exceed their mass drug administration (MDA) targets for therapeutic and geographical coverage

Lead: % of NTD projects with clearly defined strategies to improve access by people with disabilities

Lag: % of countries (where Sightsavers supports specific NTD disease projects) that are meeting national milestones to eliminate or control these specific NTDs

Footnote
Control programmes reduce the incidence, prevalence, morbidity and/or mortality of disease as a result of deliberate efforts. Continued interventions may be required to maintain this reduction. Elimination programmes reduce the incidence of a disease cause by a specific pathogen to zero in a defined geographical area, with minimal risk of reintroduction. Continued actions to prevent re-establishment of transmission may be required.

Coordination is not about providing medicines at the same time, but rather developing an implementation plan that ensures people receive the tablets they need, alongside non-drug-based interventions to ensure elimination is sustained.

Integration means putting in place systems that help to sustain healthy behaviour once drug distribution goals have been achieved.
The Global Trachoma Mapping Project (GTMP), which ended on 31 December 2015, was the largest infectious disease mapping exercise in history. In total, 1,627 districts in 29 countries were mapped in a three-year period, and Sightsavers brought together dozens of partners – academic institutions, NGOs and Ministries of Health – to make this idea a reality.

During the surveys, 2.6 million people were examined for active trachoma and trichiasis. As well as patient details, information regarding household location (via GPS) and access to water and sanitation were also collected.

The GTMP-dedicated team worked with health ministries and NGO partners to develop sampling protocols, plans and budgets; provided training materials, processes and expert resources to support ‘training of trainers’ and ‘training of grader and recorder’ workshops; and processed, cleaned and provided technical oversight (supported by WHO) during the mapping and collection of more than 60 million data items. The GTMP team also developed automated systems to support the Ministries of Health to review and approve their data and results.

Although the GTMP project has come to an end, the systems and partnerships live on and will continue to support trachoma baseline mapping, impact surveys and surveillance surveys in the form of the new Tropical Data service, which aims to expand to other NTDs over the coming years.
An eye examination takes place for the Global Trachoma Mapping Project in Ethiopia.
We work with partners in developing countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

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