

Annual inclusion report 2018



Sightsavers



Aminata, seven, has experienced bullying and discrimination in her community. But she is thriving since being supported to attend school by an inclusive education project in Bombali district, Sierra Leone.

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Cover image:

Six-year-old Tapiwa, who developed cerebral palsy as a baby after a malaria attack, sits with her grandmother Christina. Tapiwa attends Chimpambana Community-Based Childcare Centre, one of 20 Sightsavers-supported early learning centres in the Chikwawa district of Malawi.

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A word from the Director

It's a pretty apt moment to be writing the preface for a report about disability inclusion. With the Global Disability Summit held recently in London, co-hosted by the UK and Kenyan governments and the International Disability Alliance; the election for the UN Committee on the Rights of Persons with Disabilities resulting in six women joining the committee (substantially improving the gender balance from January 2019); and the announcement of significant new funding for disability inclusion focused programmes by the UK's Department for International Development, it feels as though momentum for change is building.

It certainly feels like that within Sightsavers, as we have been involved in all three of those moments, and other areas besides, as you'll see from the report. In fact, I've mainly enjoyed reading the report as although I like to think I'm pretty up to speed on all things Sightsavers, I must admit I've learnt a fair bit about some of the work we're doing.

One thing I was already very aware of is the importance of taking forwards our work in inclusion, in partnership with the disability movement and people with disabilities themselves. I'm particularly proud of the close relationship we have developed with the International Disability Alliance, which is a partner in the influencing work we do, and will now become a key ally in the delivery of the two major new DFID-funded programmes discussed later in the report – Inclusion Works! and the Disability Inclusive Development programme (to be renamed soon).

IDA and its members represent a huge range of people with disabilities and their representative organisations. For these programmes to be delivered in a way that lives up to Sightsavers' aspirations to work in partnership, deliver sustainable impact and frame our inclusion work in a way that contributes to the realisation of the Convention of the Rights of Persons with Disabilities, it is essential that people with disabilities are involved in conceptualisation, planning, implementation, monitoring and decision-making. As a result, we have been discussing these programmes with IDA for several years, to ensure that when the moment came to apply for funding, and with luck to be successful and start to implement, we were doing so with a shared understanding of what we were trying to achieve and how we were going to work.



Children at Nsinja primary school in Malawi take part in outdoor activities led by teacher Emma Mgaso. The teachers here report how attending pre-school centres (CBCCs) helps children with disabilities adapt to primary education.

As these programmes develop, there will be hard questions to answer and tough decisions to make. That should always be the case when we undertake something as important, and as complex, as disability-inclusive development. We are, after all, seeking to impact on the education of children with disabilities, on the employment and livelihoods of young people and adults with disabilities and on the health of all. Responsibilities don't really come much more serious than that and that makes it even more critical that we have the levels of engagement, partnership and participation right.

So it is an apt time, and a positive time, to be writing this. But it is also a risky time. These two programmes, alongside others being funded by DFID in research and employment, represent a significant investment in building the evidence base of 'what works' in inclusive development. The Global Disability Summit, and the commitments made by governments, multilaterals and private and non-governmental organisations, represent further promises of investments of financial, technical, legal, policy and other resources. It is important that these are followed up and bear fruit. I have been in the development sector long enough to have seen areas of policy focus wax and wane. Momentum is critical, but it is also hard to sustain once the limelight of

initial announcements has faded. We will need to work even more closely together, as a sector, to build the evidence base, share lessons learned – both positive and negative – and demonstrate that with the right level of resources, technical ability and collaboration, disability-inclusive development is achievable in a verifiable, evidence-based way.

This is not going to be an easy journey, but two things give me a great sense of hope. Firstly, the range of excellent steps that can be taken in a short period of time, by organisations like Sightsavers, as shown in the report. Because if we can do it, there is no reason to think others can't too. And secondly, the fact that we have so many critical friends such as IDA and fellow International Disability and Development Consortium members, to work with on getting this right.

I hope you enjoy the report, both for the many stories it tells, and for the wider narrative that it is a part of – that a different, more inclusive world, is possible.



Dominic Haslam
**Director, Policy and
Programme Strategy**



Section 1

Overview and global context

In 2015, Sightsavers launched its first empowerment and inclusion strategic framework, which complements our other global strategies on eye health, education, neglected tropical diseases and research.

The purpose of this annual report is to share our work on inclusion between July 2017 and June 2018. The report is also designed to stimulate and challenge both ourselves and our partners.

Kausar Shaheen (right, wearing sunglasses) sits with her family at home in Manhiala, Pakistan, after having cataract surgery.

Our empowerment and inclusion framework focuses on the seven objectives below.

- 1** Mainstream disability inclusion in our health programmes
- 2** Develop demonstrable models of effective inclusive education
- 3** Scale up efforts to achieve diversity in the workplace
- 4** Support people with disabilities to realise their potential by determining, advocating for and claiming their rights (voice, agency and participation)
- 5** Facilitate economic independence of people with disabilities

The following two objectives are cross-cutting throughout all of our programmes.

- A** Address gender inequalities and women's empowerment
- B** Develop effective influencing interventions/approaches

Sightsavers continues to engage in the global discourse on disability-inclusive development. At the international level, many key donors and multilateral organisations are beginning to prioritise disability in their work, and we work alongside them to support the inclusive development of their policies. This includes the World Bank's Disability Inclusion and Accountability Framework and its Environment and Social Framework (known as Safeguards). Sightsavers Ireland has been working closely with Irish Aid and the government to advocate for disability inclusion within overseas development assistance, and lobbying for the development of the Irish Aid Disability Guidance Note.

We continue to work closely with the UK government's Department for International Development (DFID) as it reviews its disability framework and embeds disability-inclusive development in all its work. On 3 December 2017, the UK Secretary of State for International Development announced that DFID would host a global disability

summit in July 2018. The summit aims to transform the lives of people with disabilities by raising global attention and focus on a hugely neglected area; prompting new global and national commitments to implement the global Sustainable Development Goals (SDGs) and the UN Convention on the Rights of Persons with Disabilities; and showcasing best practice and evidence from across the world.

The 2030 Agenda for Sustainable Development continues to provide an opportunity to ensure Sightsavers' priorities are included in the wider development plans of governments in the countries in which we work, and that our issues are aligned to mainstream development priorities. We continue to support civil society and people with disabilities to contribute to the inclusive development agenda and engage with the implementation of the SDGs through support to the voluntary national review process presented at the High-Level Political Forum held in New York in July 2017.



Section 2

Progress against our strategic objectives

For the duration of the current strategic framework, Sightsavers' programming will be guided by our theory of change. We will work to mainstream disability inclusion within our existing portfolio and operations. We will also work with people with disabilities in order to support their efforts to claim and realise their rights through targeted, strategic interventions that contribute to their individual and collective empowerment.

People queue for an eye health screening in Sharsha upazila of Jessore district in Khulna division, Bangladesh.

Objective 1:

Mainstream disability inclusion in our health programmes

Our goal is to demonstrate to the health and wider development sector how inclusive health can be achieved by developing a standardised approach to mainstreaming disability inclusion in our own health programmes.

Inclusive eye health

Building our portfolio

Over the past 12 months, Sightsavers has made significant progress in expanding its global inclusive eye health portfolio. In July 2017, the UK Department for International Development approved our funding proposal for a three-year inclusive eye health programme, funded by UK aid from the UK government, across eight provinces of Bangladesh and Pakistan. At the beginning of 2018 we were also granted funds from Jersey Overseas Aid Commission to support a three-year inclusive eye health project in the Nampula province of Mozambique.

Planning is also underway to replicate Sightsavers' inclusive approach across other countries where we implement eye health programmes. Some initial work, aimed at providing greater access to eye care services to people with disabilities, has been implemented in our programmes in Sierra Leone, Tanzania, Uganda and Zambia, in close collaboration with representatives of local disabled people's organisations (DPOs).

All of this work builds on what we learnt from our first inclusive eye health pilot in Bhopal¹. In 2017, we conducted a learning review (see case study on page 12) that we have used to inform subsequent project designs. Meanwhile, the Bhopal Urban Eye Health project continues to demonstrate

inclusive practice, and over the reporting period, it has reached more than 3,700 people from marginalised communities via targeted eye screening interventions.



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Kishni Bai, who is unable to speak or hear and communicates using sign language, had surgery after being diagnosed with cataracts as part of Sightsavers' urban inclusive eye health programme in Bhopal, India.



Representatives from the district health department and disabled people's organisations carry out an accessibility audit at the eye unit of Nampula Central Hospital in Mozambique.

Participatory design

Meaningful participation is critical to our inclusive eye health work. We hosted participatory design workshops in all three countries where we have recently started inclusive eye health programmes (Mozambique, Bangladesh and Pakistan) with our eye health and inclusion partners, and co-produced a shared vision and planning documents for inclusion in eye care programmes. This process was guided by Sightsavers' inclusive eye health manual. It focuses on health system strengthening, leadership and governance, infrastructural accessibility, health staff capacity, social and behaviour change communication. It follows a twin-track approach to outreach interventions, which means in addition to facilitating inclusive outreach we also organised targeted interventions. We also made sure to incorporate strong monitoring and evaluation components: this will

allow us to appraise the quality of our interventions in each country, and to understand what works and what needs to be refined, informing all our future inclusive health programmes.

During the project design workshops, we also tested a new gender and disability self-assessment tool for healthcare providers, called the disability inclusion scorecard (DISC). DISC was originally developed by Light for the World, and we later adapted it to align with Sightsavers' inclusive eye health tool. The ongoing collaboration between Sightsavers and Light for the World demonstrates how both organisations are committed to developing more inclusive health programmes. By working together, we aim to promote learning and sharing of inclusive health resources developed in our programmes.



Look closer...

The inception phase of our Nampula Inclusive Eye Health project started in February 2018 in Mozambique. We are currently collecting baseline data disaggregated by disability using the Washington Group Short Set of questions at Nampula Central Hospital and district facilities. Once baseline data is collected we will start implementing disability inclusion and gender equity interventions, and every year we will repeat disability data collection and analysis to assess our progress. In May 2018, we also conducted another key activity – accessibility audit training with representatives of local DPOs, eye health partners and the Ministry of Gender, Children and Social Welfare. By building the capacity of ministries and DPOs to carry out accessibility audits, we aim to strengthen skills as well as increase buy-in around inclusion. The audits identified a number of infrastructural barriers, and over the coming months we will work together with our partners to transform the health facilities into more accessible and inclusive environments.

Sharing what we've learned

We continue to identify opportunities to share what we have learnt in order to contribute to disability-inclusive development. Between February and June 2018, we presented the learnings emerging from our inclusive eye health project in Bhopal at three conferences: the AMPS Conference 'Health: The Design, Planning and Politics of How and Where We Live' in Bristol, UK; the International Conference on Evidence in Global Disability and Health in Hyderabad, India; and the 14th Annual Vision 2020 Conference in Guwahati, India.



© Sightsavers 2017

Jayashree Kumar, Sightsavers' Programme Manager in India, presents lessons learned from the Bhopal inclusive eye health project at the Data for Development festival in Bristol, UK.



Bhopal learning review

At the end of our first inclusive eye health pilot in Bhopal, we conducted a learning review in October 2017 to assess how the process of developing an inclusive eye health model had gone, and what we learnt about the types of enablers and constraints that need to be considered. This provided valuable evidence on facilitating access to eye health services for more marginalised individuals and communities, and on circumstances that help or hinder inclusion.

Bhopal review: what we learnt

- Increasing awareness, understanding and commitment to inclusion among all partners, and at all organisational levels, is a necessary foundation to stimulate action. It provides a rationale and sense of purpose for the adjustments needed in order to mainstream inclusion into existing projects. Training and sensitisation to raise awareness and change attitudes on disability inclusion and gender equity are an essential part of making projects more inclusive.
- It is possible to significantly improve the accessibility of health facilities and premises for people with physical and sensory impairments through simple measures and interventions in partner hospitals. But this should not be assumed to be a straightforward task. Senior level agreement is needed to commit funds and to sanction the sometimes disruptive work. Creative solutions may be required to get around constructional barriers in existing buildings and infrastructure.
- The involvement and leadership of people with disabilities is important. Having people with disabilities playing key roles in designing and implementing inclusive development (eg conducting sensitisation training and leading accessibility audits) is a highly influential factor in breaking down stereotypes and stigma, and raising awareness of inclusion issues.



Patients waiting for surgery at Sewa Sadan Hospital in Bhopal, India.

© Sightsavers 2016/Harshali



Patients wait for vision screening at a mobile outreach camp. Sightsavers, in partnership with Sewa Sadan Eye Hospital and local partner AARAMBH and in collaboration with World Vision India, organised an inclusive eye screening camp at Anna Nagar in Bhopal for children and people with disabilities on 3 December, Gas Tragedy Day.

- Wider networks and outreach with like-minded organisations strongly increases capacity for inclusive work by reaching out to marginalised groups. It also opens doors for new constructive partnerships and collaborations with other implementers, which widens the scope for inclusive development. In the context of Bhopal, targeted outreach camps to marginalised groups was not an additional expense as holding outreach camps was part of the programme already, and therefore had no detrimental impact on existing project targets for primary level screening. Working with marginalised groups beyond those traditionally targeted for eye health also offers unique learning and development opportunities for eye health staff to develop adaptive, sensitive and creative ways of practising eye screening.
- Disability disaggregated data plays a key role. The process of collecting and analysing data (using the Washington Group questions), as well as the data itself, is important in generating a shift in attitudes and commitment needed. Data on current levels of access by people with disabilities can act as a key 'wake-up call' for staff implementing programmes, and can also be used locally in advocacy to encourage and sensitise other potential stakeholders to support inclusive health programmes.
- An inclusive project requires leadership, time and tenacity, as change doesn't always come easily. It's about building momentum and having key committed staff to inspire and support everyone on the journey to greater inclusion for all.

Neglected tropical diseases

Inclusive neglected tropical disease (NTD) programmes

We have continued to strive for inclusivity in the second year of our onchocerciasis/lymphatic filariasis (LF) programme² (funded by UK aid match from the UK government). In 2017, we chose to mirror the programme's inclusive design in a new deworming project to treat schistosomiasis and soil-transmitted helminths. The project, funded by GiveWell, began in January 2017 and covers five countries (Cameroon, Guinea, Democratic Republic of Congo, Guinea Bissau and Nigeria), all of which are already involved in the onchocerciasis/LF project, with the exception of Cameroon. As with onchocerciasis/LF, the GiveWell deworming project also uses both the Washington Group Short Set of questions on disability and Sightsavers' equity tool in treatment coverage surveys, and we hope to use this information to plan for more equitable and inclusive mass drug administration (MDA) campaigns.

In Northern Sokoto and Kebbi states in Nigeria, the population is predominantly Hausa and Muslim. In order to expand to minority ethnic and religious groups in these states, the programme is mobilising their leaders and communities to ensure they are able to select their own volunteers, to minimise their being overlooked.



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Look closer...

In Uganda, Sightsavers successfully conducted gender, equity and social inclusion training. The 66 staff involved (50 men and 16 women) were MDA supervisors at sub-county and parish level, and district onchocerciasis coordinators. The key objective of the training was to provide knowledge and skills on gender and disability inclusion. During the training, participants were encouraged to ensure the fair provision of services to people irrespective of gender, ethnicity, sexual orientation, disability or socio-economic status. The training was undertaken by a programme manager from the National Association of Women with Disability (NUWODU) – a key social inclusion partner for the programme – using training materials developed with support from the global social inclusion team. There are plans in 2018 to test the effectiveness of the training by revisiting participants after the next round of treatment, to see if their practices resulted in more inclusive treatment coverage.

As well as being designed with inclusivity in mind, both projects have also started measuring indicators for a number of cross-cutting issues, including social inclusion, as a way of demonstrating progress. Examples of social inclusion indicators to be measured include: the number of NTD indicators disaggregated by sex; the percentage of people with disabilities who are active community volunteers; and whether or not an inclusive coverage survey is in place. We aim to measure these indicators quarterly and hope to see an increase throughout the life of the project.

In 2017, we started to look at the burden of LF related morbidity. Community-directed distributors (CDDs) and other local volunteers were given training in how to ask about and identify potential cases of hydrocele and lymphoedema (two conditions related to LF) within their communities. Both conditions cause pain, and can lead to stigma, social exclusion and poverty. Once members of the community have come forward/been identified with hydrocele or lymphoedema, they are seen by a doctor who verifies if the identification is correct, or if it's another condition that presents in a similar way.

The onchocerciasis/LF project aims to not only train more surgeons to perform hydrocele operations, but also sensitise communities to reduce the stigma associated with these conditions and provide information on why they occur and how they can be managed and prevented.

© Sightsavers 2017/Ruth McDowall



Hassanah Maliki, from Lokoja, Nigeria, suffered with the pain of lymphatic filariasis, but the symptoms have significantly reduced thanks to a Sightsavers-supported disease management programme.



Dadjuma Zakari is measured against a dose pole to determine the right amount of medication, as part of a mass drug administration (MDA) in Lokoja, Nigeria. The MDA aims to reach children who aren't registered in school.

BEST framework

Last year we introduced the BEST (behaviour, environment, social inclusion/ equity, treatment) framework for NTDs. This aims to ensure that all actions needed for control and elimination of NTDs, including social inclusion and equity, are addressed while ensuring sustainability and systems strengthening. BEST can be used to help plan, fund and deliver comprehensive approaches that target the population groups most in need. It is increasingly being used to frame the inclusion discourse at conferences, in the development of toolkits and in inter-agency conversations for people working in the NTD sector.

Sightsavers played an integral role in the development of the framework and has helped to promote its use throughout the NTD community. BEST is currently the guiding framework for the 2018 NTD NGO Network (NNN) Conference,

and participants are asked to present workshops based on its four themes. BEST is also being used in the toolkit for water, sanitation and health (WASH) treatment for NTDs. This WASH-NTD toolkit contains an entire section on how social inclusion and equity relate to and should be included in WASH and NTD efforts. An excerpt from the toolkit reads:

“NTDs often affect the poorest and most marginalised groups and are both a cause and consequence of poverty, social inequality and lack of access to basic services. Targeting inclusive WASH services towards the most affected and at-risk individuals and groups should therefore be fundamental to NTD control efforts, and programmes and policies should go beyond the practical needs of affected individuals to transformative WASH interventions that can positively impact on power relations within communities and societies.”

Objective 2:

Develop demonstrable models of effective inclusive education

Sightsavers' education and social inclusion strategies are intrinsically linked. Our education strategy focuses on system strengthening with emphasis placed on the accessible, equitable, continual and sustainable education of children with disabilities.

Over the last year, we have continued to strengthen the capacity of education systems in developing countries to provide sustainable inclusive education of good quality for girls and boys with disabilities. We have done this through working directly with schools and communities, strengthening education support systems (eg systems for training teachers, for inspecting schools, and for assessing children with disabilities), and advocating for policy change, both in countries and globally.

West Africa

In Mali, Sightsavers is assisting schools to include children with visual impairments, with technical assistance being provided by the University of Birmingham in the UK, and funding from USAID. As part of our work, we have adapted a national reading test (the Early Grade Reading Assessment) so it is suitable for children with visual impairments. The adapted test has now been trialled with selected pupils, and will be rolled out later this year.

In Sierra Leone, our pan-disability education project (funded by the European Union) is now supporting more than 600 children in 45 primary and secondary schools. We have produced a handbook for teachers in the project area, identifying simple, cost-effective ways in which they can include children with disabilities in their schools. Working closely with the Ministry of Education and disabled people's organisations, we have also coordinated the development of a new national inclusive education policy, which is currently awaiting government approval.

© Sightsavers 2017/Michael Duff
Project funded by the European Commission



Teacher and inclusion champion Hassanatu Barrie assists student Hassanatu Sesay, who has a hearing impairment.

Since 2017, our education projects in Cameroon and Senegal (funded by Irish Aid) have expanded to cover new regions. A film was shown on national television highlighting the achievements of the project in Senegal, a shortened version of which can be seen on our website. In Cameroon, Sightsavers and the University of Buea have developed an inclusive education teacher training pack that will be trialled by the Ministry of Education and potentially used nationwide.

East, Central and Southern Africa

In Uganda, we have continued to work closely with the Ministry of Education, Kyambogo University and the UK's University of Sussex to strengthen the national teacher training system. As part of this we have developed a modular course in inclusive education which has now been delivered to over 100 tutors (two tutors from every primary teachers' college in Uganda). These tutors will in turn provide training for their fellow tutors and trainee teachers from June 2018. As a result, we anticipate that newly-qualified teachers across the country will be better able to include children with disabilities in their classrooms.

In Kenya, we continue to support education assessment and resource centres (EARCs) and are working with the Kenya Institute for Special Education to identify and address knowledge and skills gaps in the EARCs and in local schools. Working with a consultant from the University of Birmingham, we are also reviewing the screening and assessment tools used by EARCs to make them as effective as possible.

In Malawi, we are now supporting 20 community-based childhood care centres in two remote rural districts with funding from Comic Relief. We have provided adapted



Watch our video from Senegal here:

www.sightsavers.org/programmes/inclusive-education-senegal



© Sightsavers/Jason Mulikita

A caregiver attends to 11-year-old Maria, who has physical and learning difficulties caused by cerebral malaria. Maria attends Chimpambana Community-Based Childcare Centre in Chikwawa, Malawi.

bicycles, to ensure children with mobility challenges are able to attend the centres on a daily basis. The number of children with disabilities in the centres who are transitioning to primary schools has also increased. Local caregivers now embrace the concept of inclusive education and proudly demonstrate learning gained through training. Children with severe disabilities are also receiving support and stimulation in their homes, with assistance from health and social workers. At national level, we are working with a range of stakeholders, including the national federation of disabled people's organisations, to ensure national policies and the early childhood development curriculum are responsive to the needs of young children with disabilities and their families.

India

Our inclusive education programme operates in five states of India to ensure quality education for children who are blind or visually impaired within mainstream schools, using a system strengthening approach (and demonstrating scalable and replicable approaches). The programme focuses on improving quality of learning outcomes for children with disabilities (with a special focus on children with visual impairments) and promoting sustainability through teacher training, ICT promotion, and technical, infrastructural and community support.

Our education project in India now covers five states. Achievements in the past year included:

- rolling out a Hindi language teacher training manual across four states.
- producing digital textbooks and audiobooks for children with visual impairments and other disabilities.
- distributing (and providing training for) smartphones/tablets/digital accessible information (DAISY) systems to children with visual impairments in all five states (Rajasthan, Bihar, Jharkhand, Madhya Pradesh and Odisha).
- carrying out the first ever learning achievement survey in India of children with visual impairments.
- establishing a model state level ICT resource centre/digital library in Jharkhand.



The award ceremony at the HCL campus in Delhi National Capital Region.

Sightsavers India wins prestigious HCL Grant 2018 for education

The HCL Grant is awarded by the HCL Foundation (a not-for-profit arm of the HCL group, a diversified global IT company).

The award is a gold standard for not-for-profit organisations that bring about lasting positive impact through long-term sustainable programmes. As well as receiving financial support from the grant, Sightsavers will receive media coverage and recognition from the Indian government, the corporate sector and the wider development community.

More than 3,400 NGOs applied for the grant. Of these, 49 were shortlisted and Sightsavers was visited by four different HCL teams in the states of Rajasthan, Jharkhand, Bihar and Odisha to evaluate our work on the ground.

At the awards ceremony at the HCL campus in Delhi National Capital Region, Sightsavers received the award worth £615,000 for our extensive work on inclusive education.

Objective 3:

Scale up efforts to achieve diversity in the workplace

To ensure Sightsavers is an employer of choice for people with disabilities, we need to refine and implement disability-inclusive recruitment and retention strategies.

Social inclusion working group

Over the last year, our social inclusion working group continued to work towards greater organisational diversity.



As a result of a workshop in October 2017, we reviewed and revised our objectives for 2018 which are now as follows:

1. Raise awareness

To make sure all staff, consultants, trustees and volunteers work towards making Sightsavers an inclusive organisation. We also aim to influence attitudes towards inclusivity and diversity externally, which includes organising lunchtime seminars with guest speakers to educate and inform staff about disability inclusion issues.

2. Build capacity

To strengthen our inclusion efforts by organising training sessions and developing induction materials.

3. Encourage positive change

To promote disability inclusion within the organisation through initiatives including accessibility testing and publishing our annual inclusion report.



Nidhi Goyal, disability and gender rights activist and comedian, speaking at a social inclusion working group seminar in June 2018 to discuss the intersection of disability and women's rights.

Disability training for all staff was prioritised and we have now completed our initial sessions at Sightsavers' headquarters in Haywards Heath and in Ireland. The training is now part of the organisational induction process for all new staff. Training has also been carried out in our country offices in Pakistan, Bangladesh, Cameroon and Mali, and we will continue to roll it out to other country offices.

Our lunchtime speakers' programme was designed to inform staff about different aspects of disability inclusion. Recent speakers have included Hector Minto from Microsoft, who spoke about IT accessibility solutions, Emma Mamo from mental health charity Mind, who covered improving wellbeing and managing stress and Graeme Whippy from Channel 4, who addressed strategies to embrace organisational diversity.

In late 2017, we organised a staff survey to gauge how many employees have a disability as defined under the UK Equality Act 2010, and to understand attitudes

towards disclosing a disability in the organisation. We found that eight per cent of staff who responded met the criteria of having a disability but only five per cent of those who responded self-identified as a person with a disability. The full survey results will be analysed further and used to further the aims of the SIWG. We are keen that all staff feel comfortable to disclose disability in order to claim support where needed.

We have put together guidelines around the screen reader testing process for our website, and we continue to test products and provide feedback on their accessibility. We have also created accessible templates for Word documents and PowerPoint presentations.



Visit the SIWG blog here:

www.sightsavers.org/social-inclusion-working-group



Accessible design

Thinking about digital access

Accessibility was at the heart of the relaunch of Sightsavers' global website in 2017. We wanted to ensure it would be easy for visitors to find the information that interests them easily and quickly. The project saw us review our existing content, focusing on making sure it was written in clear, easily understood language, using a logical, simple and consistent design, clear fonts and colours and clean code. We took care to ensure compatibility with accessibility tools such as those used for screen magnification and dyslexia, and made provision for features including image captions and descriptions for screenreaders. Similar attention has been paid to the recent rebuild and launch of our ecommerce system.

The last 12 months have also seen many communications staff provided with both formal and informal accessibility training, and a wider group of employees trained to use accessible tools, such as Sightsavers-branded Microsoft Office templates, which build on last year's development of these tools and our content accessibility guidelines.



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Sightsavers' installation at the D&AD festival.

Sharing our work more widely

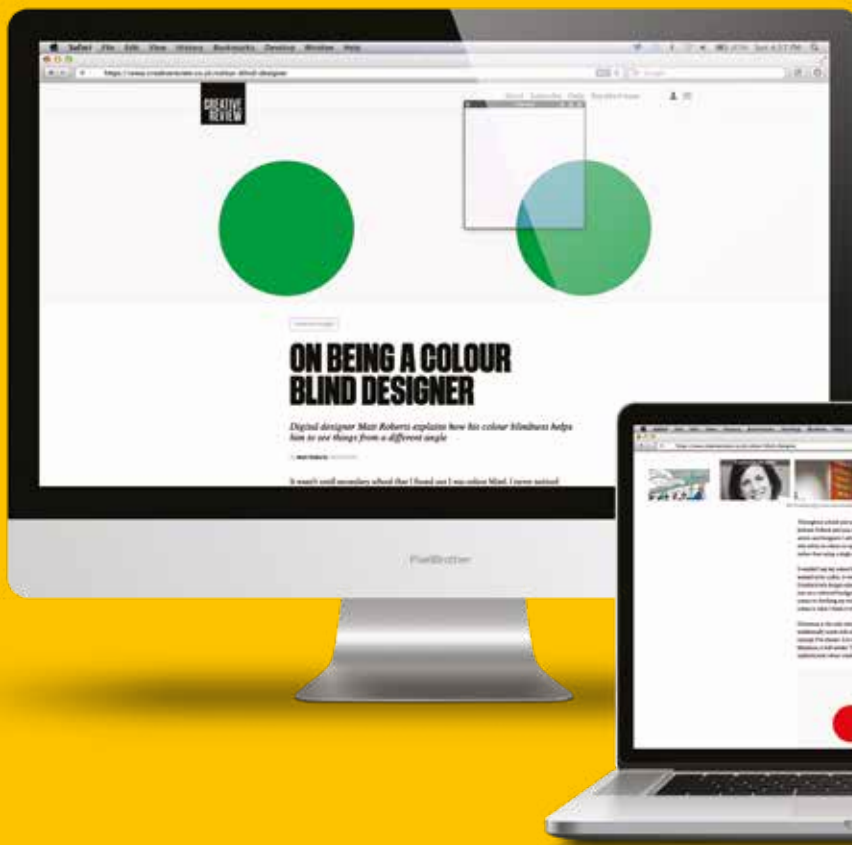
In April 2018 our online and design team demonstrated the increasing focus on inclusive design by taking part in global design and advertising charity D&AD's London-based Festival of Creativity.

This allowed us to talk about Sightsavers with an audience that was relatively unaware of our work, but also enabled us to have an influential conversation with the festival's thousands of visitors, both directly (through our interactive exhibition and D&AD's own channels), and via Perspectives, a publication created especially for the event, which included an eight-page practical guide to accessible design and communications.



Read about our installation here:

www.sightsavers.org/DandAD



Images from Matt Roberts' article on Creative Review

Colour blindness: it ain't easy seeing green

One article featured in Perspectives profiled Matt Roberts, our digital designer. In the article Matt explained how being colour blind informs his work.

As well as featuring in Perspectives publication, alongside articles on the history of braille, a timeline of inclusion and a

photo essay of Sightsavers beneficiaries, the article was also picked up by Creative Review magazine and published online to its audience of 350,000+ readers.

A combination of our presence at the D&AD Festival and the Creative Review article triggered invitations from several other institutions, media publications and events organisers interested in our work, as well as contact from specialist design houses with an interest in accessibility, such as one involved in banknote design.



Perspectives magazine.



Read Matt's article here:

www.sightsavers.org/mattroberts

Human resources

The previous year has seen us build on our commitment of becoming an employer of choice for talented candidates with disabilities. We successfully renewed our Disability Confident Employer Level 2 accreditation and are at the early stages of working towards Disability Confident Leader Level 3. Our HR Business Partners have delivered recruitment guidance sessions to managers in the UK and overseas, ensuring that all attendees are confident recruiting in line with our Level 2 commitments.

This year we have partnered with other organisations in order to increase our profile for candidates with disabilities. We use a jobs board that specialises in reaching candidates with disabilities; our vacancies have achieved hundreds of hits here over the year. Our advertised roles regularly

appear on another site used and supported by local disability charities in the UK and we are working on developing a relationship with government employment services that support job seekers with disabilities.

Sightsavers has recently become a member of the International Labour Organization's Global Business and Disability Network, a forum where we hope to gain inspiration from private sector efforts on improving working conditions and opportunities for people with disabilities globally. We have also continued to realise the benefits of our Business Disability Forum membership in the UK, including access to an online guidance module on mental health in the workplace, and attendance of a human resources workshop on disability and recruitment.



© Sightsavers 2018/Andrea Pregel

Staff members at Sightsavers' Bangladesh Country Office take part in a group exercise during disability inclusion training.

Objective 4:

Support people with disabilities to realise their potential by determining, advocating for and claiming their rights (voice, agency and participation)

This objective focuses on participation in political and other decision-making forums, because it is important that people with disabilities are represented and active in the public sphere and that they are a present and visible constituency that politicians respond to.

Sightsavers' political participation projects in Cameroon and Senegal (funded by Irish Aid) began in mid-2017 with an inception phase. This involved the collection of a set of baseline information to strengthen understanding of the current context for people with disabilities. It also allowed us to assess whether our assumptions, which guide the theory of change for both projects, were correct. Each country has carried out a situational analysis to identify the social, economic and cultural obstacles that lead to the lack of representation and effective participation for people with disabilities in the local environments, institutions and political processes. We also scoped out collaboration opportunities with other stakeholders and conducted a review of the relevant policies and legislation to understand the provision related to inclusion and disability. These reference documents will be used to advocate for policy change with key decision-makers and policymakers.

With gender as a cross-cutting priority for all of Sightsavers' social inclusion programming, the project started to collect specific data on gender. One challenge has been the reluctance from disabled people's organisations (DPOs) themselves in supporting women with disabilities to take on leadership positions. To address this, we have identified national actors (eg women's federations, feminist civil society organisations, UN programmes), and other gender specialists, with whom we will collaborate to ensure the meaningful participation of women with disabilities.

We have also collated international good practices to enrich our approach, especially in the areas of inclusive elections and inclusive local development.

New technical resources were developed and disseminated, including an information sheet on inclusive local development and a tool to measure the quality and impact of the participation of people with disabilities on public policies and the inclusivity of plans. In addition to guiding the work of Sightsavers and our partners during project implementation, these tools have been valuable aids in establishing relationships with other stakeholders³. We are at an early stage in developing new institutional partnerships with ministries we haven't traditionally worked with. These include the ministries of interior and governance/ decentralisation (in Senegal), and territorial

administration (in Cameroon). These ministries are important allies as they are responsible for the decentralisation agenda and are important for our inclusive development approach. Alliances with human rights civil society organisations and independent electoral commissions are proceeding well and will support the advocacy elements of the project.

In both Senegal and Cameroon, the first interventions carried out aimed to support the registration of people with disabilities in gaining birth certificates and electoral cards. This is critical in order to claim voting rights, as well as broader citizenship and engagement in other political processes.

Political processes exist at different levels. In the targeted regions (four in Senegal and three in Cameroon), we identified and trained community disability leaders to strengthen their representation in local decision-making processes.

Thematic working groups for DPOs (one on inclusive elections and one on inclusive local development) were set up in Senegal and Cameroon, and strategic partners were also invited to join. In Senegal, accessibility audits of polling stations and recommendations to better include persons with disabilities in the electoral process led to the participation of DPOs in the revision of electoral dispositions.

While Senegal is quite advanced in the field of inclusive local development and decentralisation programmes, Cameroon has strong past experience in inclusive elections. In March 2018, a regional learning exchange workshop brought together staff and partners from both countries to capitalise on these different experiences and to share best practice and tools.

Elsewhere in Africa, Sightsavers collaborated with the Ugandan National Council for Disability (NCD), a national body supported by the government and charged with monitoring the extent to which people with disabilities benefit from existing legislation, policies and programmes. In 2017, Sightsavers' country office in Uganda responded to a request from the NCD to conduct a review of the inclusivity of the country's 2016 presidential election. While Uganda has strategies to increase political representation and the inclusion of women and men with disabilities, the research report, which was completed this year, raised a number of issues that affected their ability to adequately participate in the 2016 electoral process. The process for electing MPs with disabilities to the reserved places via an electoral college, for example, was found to be problematic – particularly in mobilising voters and candidates. Voter education and registration were also inadequate from an accessibility perspective. NCD will use the findings to inform its development of an advocacy strategy on inclusive electoral processes.



Programme Manager Helene gives a presentation at the political participation and inclusive local development learning exchange workshop in Cameroon.

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Jane Kayeye, a student of Sightsavers' economic empowerment programme in Masindi, Uganda, sits in her knitting class at St Kizito vocational school.

Objective 5:

Facilitate economic independence of people with disabilities

People with disabilities are disproportionately underrepresented in accessing initiatives to support economic empowerment, which is important for improving social inclusion and independence. We are embedding financial inclusion in our projects to address the discrimination many people with disabilities experience when trying to access financial services.

For Sightsavers, empowerment of the individuals and groups involved should be a critical outcome of our projects in order to sustain the impact of the intervention.

There is anecdotal evidence that people who have graduated from our Uganda training and employment programme

have gained empowerment beyond the economic sense. Many have described greater confidence and leadership skills, and many of the programme's graduates have taken on mentor roles and enjoyed greater socialisation and increased respect within their communities.

Empowerment index

We are now challenging ourselves to be able to measure empowerment meaningfully. While quantitative data on the numbers of people trained (for example) is easy to collect, the impact of that training on a person's empowerment is more difficult to measure. As we often work through groups, such as DPOs, self-help and savings groups, we are exploring tools that can be applied to these groups as well as individuals. A group-centred tool has already been tested with DPO members and a savings groups in Uganda. Baseline data has been collected and will be compared each year.

With funding from the Big Lottery Fund⁴, we are in the process of developing an empowerment index. This will collate responses from project participants across a range of self-generated indicators, collected at key points during the project cycle. This information will support project implementation but also measure the impact of the project on people's lives.

As a first step, we conducted a scoping exercise (using the internet and published literature) for tools and approaches that have been used elsewhere to measure empowerment; whether relating specifically to people with disabilities or to broader groups (women, youth, powerless or marginalised people). We wanted to learn whether existing tools could be applied and if not, whether the learnings generated were applicable for the development of a tailored tool. The exercise revealed that there is no one tool (that is documented) which is instantly applicable, but there are promising examples of relevant work and thinking from the sector. We are exploring these further to help develop a tool to be tested in Uganda.

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Edith Kagoya, Sightsavers' Project Coordinator and manager of the Connecting the Dots economic empowerment programme, addresses students and their families at the start of their vocational training in Masindi, Uganda.



Ronald, who graduated from the economic empowerment programme and is now a programme volunteer, assists a student's family member to fill in paperwork.

Evaluating our own experiences as well as learning from others is a critical part of Sightsavers' strategy. As a recipient of the Big Lottery Fund's East African Disability Fund, Sightsavers is a member of the Peer Learning Network. A two-day workshop held in Uganda in February 2018 aimed to generate a shared understanding of the current context in Uganda through the lens of disability and livelihoods, and identify priority areas for joint learning. This approach, which unites rather than divides civil society funding recipients, is an emerging trend.

As stigma and discrimination have a significant impact in the lives of people with disabilities, all Sightsavers' projects include proactive strategies to tackle this barrier to inclusion. In the Uganda project, with the support of a behaviour change and communication consultant, we worked with different stakeholders to look at the issues around stigma and discrimination towards young people with disabilities, and identified entry points to change attitudes and behaviours. A range of strategies are now being employed – including radio shows, careers fairs and family engagement sessions – as part of a multipronged approach to tackling this difficult area. In May, our Uganda project team took part in a webinar to discuss the training and employment programme as part of a series organised by the Shekulo Tov Group⁵ on the employment of people with disabilities.

People who are visually impaired have specific challenges in accessing skills and livelihoods training, and in Uganda the options available are limited. As a response, Sightsavers commissioned a scoping study designed to identify best practice from elsewhere in the world, and particularly similar development settings. This report is nearing finalisation and as a first step a team of managers and instructors from vocational training institutions will be visiting a training centre in Kenya, which has been identified as a place with valid experience to share.

In India, the difficulty in finding good trainers in livelihoods and skills for people with visual impairments has also been an issue. Economic empowerment is the core of India's national social inclusion programme, which in 2017 identified 47,703 people with disabilities in nine implementing states. One of the main strategies of the programme is to establish self-help groups (SHGs); SHG members are linked to livelihood training opportunities, government benefits and loan schemes.

There have been challenges: financial inclusion poses problems as many banks are concerned about the creditworthiness of people with disabilities. There are also challenges for SHGs in some states to access loans for group-based activities, because banks are unsure how they will recover loans if group activities fizzle out. One way we are addressing this is to showcase examples of SHGs that demonstrate positive practice.

Programmes in India work with states to strengthen inclusion within the national government's livelihood mission programme but in a few states, inclusion of people with disabilities in these poverty-focused initiatives is less of a priority. Strategies to address this focus on strengthening DPO advocacy and capacity, and organising awareness programmes for the government.



Highlight

In May 2018, the UK Department for International Development (DFID) announced an award to a Sightsavers-led consortium, to deliver a large-scale programme called Inclusion Works. The consortium, which includes the International Disability Alliance, the Institute of Development Studies, ADD International, BBC Media Action, Benetech, Youth Careers Initiative (YCI) and Development Initiatives, aims to understand how supply chains and mechanisms can be influenced, at different levels, for greater disability inclusion in the formal and informal employment sectors. Across our target countries (Bangladesh, Kenya, Uganda and Nigeria) we will focus on two or three specific industries which are yet to be finalised (eg hospitality, finance, clothing) that have contrasting characteristics and contexts. We will test different approaches and programme interventions, and understand what is required to facilitate disability inclusion in employment.

Cross-cutting objectives

Gender mainstreaming, and advocacy and influencing, have been integrated as cross-cutting objectives through all of Sightsavers' programmes and thematic areas.



Four days after receiving cataract surgery, Kausar (pictured centre) is able to return to her daily tasks, with her confidence and independence restored.

Objective A

Address gender inequalities and women's empowerment

Recognising the double discrimination of women with disabilities, Sightsavers continues to invest resources into identifying specific interventions targeting women, and to secure funding that will support women's voices and address their barriers to economic independence.

Across the thematic areas, and at local, regional and global levels, Sightsavers has established new partnerships with women's rights organisations and gender mainstreaming networks. This has a dual purpose: to capitalise on the expertise of other organisations working in the field of women's rights to better implement our programmes, and to promote disability inclusion within other development organisation structures.

In 2017, Sightsavers joined the regional gender and inclusive education working group in West Africa, alongside UNESCO, UNICEF, Save the Children, Plan and Humanity & Inclusion (HI). This group has written and disseminated a position paper about gender barriers in education, providing an evidence-based analysis and regional priorities.

In the eye health sector, Sightsavers joined the IAPB gender equity working group, which met for the first time in April 2018. The group aims to develop messaging to influence gender equitable programming in the eye health sector as well as to share information and resources that will promote gender equity in eye health. The group also intends to develop tools (eg the recent guide to gender responsive eye care launched by the Fred Hollows Foundation, to which we contributed a case study from our coordinated approach to community health (CATCH) programme⁶, funded by UK aid from the UK government.

Mid-term reviews and evaluations provide a critical learning opportunity to help understand what works and what the challenges are for individual projects across the portfolio. The picture emerging from eye health project reviews undertaken in 2017 and 2018 shows that generally women and girls are not as likely to receive treatment as men and boys, despite higher prevalence of eye conditions among women and despite more even access to screening. Such findings can result in the adjustment of targets in order to focus efforts to ensure women and girls receive treatment in proportion to the problem. These interventions include the introduction of all-women cadres, such as the female staff known as 'Lady Health Workers' in Pakistan, and local monitoring groups, which in some project areas in Tanzania appear effective at encouraging women to attend screening and treatment services.

Sightsavers has sharpened its approach to evaluating projects from an inclusion perspective, particularly in respect of gender. This affects the content and process of evaluating and learning in significant ways: for instance, making gender a distinct 'line of enquiry'; moving towards a more participatory approach where possible and encouraging donors to endorse and fund this; and making a deliberate effort to ensure the right conditions exist for women to be heard during reviews.

Inclusion training for representatives from 51 schools in Sierra Leone and Mali is planned, and will include a session on gender. This will help teachers identifying specific activities supporting the education of girls with disabilities in the areas of security, socialisation and academic learning.

The Big Lottery Fund has contributed funds towards gender mainstreaming in Sightsavers' project to promote economic opportunities for youth with disabilities in rural Uganda. The first stage, supported by a women's DPO, NUWODU, is a gender analysis of the DPOs we work with. In addition to flagging any gender-related gaps in DPO programming, the participatory process is designed to create awareness and momentum among the leadership of the DPOs. Based on this, NUWODU will then work with the DPOs to carry out a gender assessment of the obstacles experienced by young women in accessing livelihood programmes. The assessments will be carried out in 2018 and the findings of both will feed into strategies that can be applied to the existing programme to increase the enrolment and retention of young women, who are at particular risk of dropping out.

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Community-directed distributors and health workers (left-right) Tumba Garba, Inno Tukur and Umaima Sani in Sirijalo, Kware Local Government Area, Nigeria.

In 2017, it was clear that the India social inclusion programme was not reaching as many women as men. For every 1000 men, we reached only 580 women. Our assumption is that when asked to identify people with disabilities, households are less likely to provide information on women with disabilities, who are effectively 'hidden'. Our strategy to address this is to focus on working with DPO leaders, including female DPO leaders, to strengthen their awareness and action in order to come up with specific actions to target more women. We are exploring the formation of more women-only self-help groups, which might appeal to families concerned about mixed-sex groups. A gender and disability study was conducted and will be published shortly that will inform future gender-responsive operations.

The Nigerian NTD programmes are also actively trying to involve female volunteers from other health interventions in the states such as traditional birth attendance, in mass drug administration (MDA) activities. During community sensitisation, the involvement of female volunteers is advocated for, especially in the northern, Islamic-majority parts of the country. This strategy has resulted in an increase in female community-directed distributors (CDDs) trained in Sokoto and Kebbi states. Further to this, faith-based women's groups are involved in MDA activities, and they encourage more women to participate.

In Guinea, women are being encouraged to be more active as community mobilisers and CDDs and in Cameroon, women's groups will play a central role in the promotion of hygiene and environmental improvement during the GiveWell deworming project.



Look closer...

Eye health programmes provide an opportunity to test and refine gender-responsive strategies to increase the number of women receiving eye health treatments, particularly cataract surgeries.

In **Mozambique**, for example, we mainstreamed gender in our new inclusive eye health project. We are redesigning standard eye health activities, such as community mobilisation and inpatient examinations, to be more equitable for women: this has included developing fast-track procedures for older, pregnant or lactating women, and the creation of breastfeeding corners within health facilities. We are also planning specific interventions, such as behaviour change strategies, targeted screening camps and gender equity training for health staff and community health workers, to mitigate the barriers faced by women and girls. We have developed a partnership with the local organisation of women with disabilities, to involve them at all stages of design and implementation and address particular issues related to the intersection of disability and gender. Many countries where we work have high levels of gender inequality and this has increased the challenges we have faced, as barriers to accessing health care are multi-faceted.

Another example is in our District Comprehensive Eye Care project in Khyber Pakhtunkhwa province, Pakistan, funded by Seeing is Believing, Standard Chartered Bank's global community investment programme.

The findings of a rapid assessment of avoidable blindness (RAAB) conducted in 2017 found the prevalence of blindness to be 6.5 per cent in women over the age of 50, compared to 2 per cent in men. Despite this, the proportion of those accessing cataract surgeries was significantly lower for women (75 per cent) than for men (94 per cent). To address this imbalance, gender-focused patient satisfaction surveys have been introduced, and the number of female eye health workers has increased. As the project continues, training of more female health staff (known as Lady Health Workers) and paramedics who can screen and refer women to hospitals will be undertaken, and female mid-level eye care staff will be trained in partnership with the Pakistan government. A need to address the uneven distribution of female eye care professionals between urban and rural areas has also been identified. Partnerships with women's organisations and civil society organisations in programme districts will help raise awareness and disseminate information about free cataract surgical services, and larger audiences will be reached by messages on radio and TV networks.

It is expected that these strategies will progressively increase the ratio of women accessing cataract services over the course of the projects.



Gender research – girls' education

In our education programmes, gender has been prioritised over the past year. A desk review was conducted to assess the obstacles faced by girls with disabilities in education in West Africa. Based on key learning and recommendations, a questionnaire was then designed to capture specific obstacles faced by girls in Mali who are blind or have low vision, as part of our USAID funded education project. The questionnaire was rolled out in six pilot primary schools to 31 girls by COFAM, a women's DPO.

The results demonstrated the positive impact of the environment in those six schools. All six offered a framework in which the girls with disabilities answering the questionnaire felt secure thanks to the fact that the school and its staff provide a protective environment. It also gave an opportunity for the girls to make friends and be socially included. The results showed that the girls' parents had been supportive at home through reducing domestic work, enabling them to focus on homework. In the classroom, the majority of girls answering the questionnaire testified to their levels of progress, and a high level of trust between them and their teachers. But there are some obstacles that hinder their enrolment. The main obstacles are violence (from other children in the schoolyard, and punishments from teachers) and their marginalisation in games.



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A student at an inclusive school in Bamako, Mali.

Following consultations with the girls, the project has adopted some strategies, such as identification and provision of learning materials, provision of assistive devices like glasses, reproduction of school manuals in braille, additional support by itinerant teachers (including tutoring and home visits), and learning activities (games, reading competitions etc) that will nurture greater participation in the classroom.

Our education projects in Sierra Leone, Cameroon and Senegal (funded by Irish Aid) have gender-focused research built in to their design, at the beginning, middle and end of the projects. In 2017, peer researchers collected data, and findings are starting to inform the upcoming interventions.



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Marie Simone Boro, a teacher who works with visually impaired children in Bamako, Mali.

Objective B

Developing effective influencing interventions/approaches

Sightsavers' policy influencing work has continued to grow over the past year, with a strong focus on ensuring the rights of people with disabilities are upheld in line with the UN Convention on the Rights of Persons with Disabilities.

There has been significant progress over the last 12 months, partly as a result of the joined-up approach Sightsavers has developed for influencing policy change at local, national and international levels. Examples of effective policy influencing work include the development of National Disability Planning Guidelines by the government of Uganda, the ratification of the Marrakesh Treaty on accessible literature in Nigeria and the development of new legislation on disability in Pakistan. Our social inclusion advocacy is also a priority at the local level: in Madhya Pradesh, India, for instance, our influencing work led to the state government approving a 50 per cent concession on bus fares for people with disabilities. At the international level, we welcomed the commitment by the Commonwealth Heads of Government to "address the stigma around disability in all its forms and manifestations, as well as around mental health, ensuring that no one is left behind, and [encouraging] all member countries to ratify and implement the United Nations Convention on the Rights of Persons with Disabilities." (CHOGM Communique 2018)

UK government and the Global Disability Summit

We continue to work closely with the UK Department for International Development (DFID) as it reviews its disability framework and embeds disability-inclusive development in all its work. On 3 December 2017, the UK Secretary of State for International Development announced that DFID would

host a global disability summit in July 2018. We have had a close partnership with DFID on the development of the summit, including through policy support and working at national level to ensure governments would make ambitious commitments to realise the rights of people with disabilities. We also met with more than 60 members of parliament and peers, and the frontbench teams of the political parties, in order to brief them on the summit and the focus that was needed on inclusive development.

Sightsavers' Put Us in the Picture campaign, launched in 2013, is another important vehicle through which we keep disability-inclusive development on the global agenda. Our campaign supporters are calling for attendees of the summit to #MakeItCount, and we'll keep up the pressure for concrete commitments to be made as a result of the event. In January 2018, we launched a dedicated campaign microsite with a new visual identity to recognise the growing profile of the campaign. The microsite helps us recruit new campaign supporters, keep current supporters updated on key events and achievements, and share stories of inclusion and empowerment from people we work with in our programmes around the world.



Visit the campaign microsite here:

www.putusinthepicture.org

Calling for an #EqualUN

2018 has already been a busy year for disability and development, not only in the UK but also on the global stage. Through our #EqualUN campaign we have been calling for the inclusion of women on UN treaty bodies, particularly the UN disability committee (which monitors implementation of the Convention on the Rights of Persons with Disabilities), which previously had a gender balance of 17 men and only one woman. In June, elections were held for nine positions on the committee, and six women were elected. This was a remarkable success, made even better by the fact that Sightsavers' Global Advocacy Adviser for Social Inclusion, Gertrude Oforiwa Fefoame, was one of the successful female candidates (following her nomination for the committee by the government of Ghana).

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Gertrude Oforiwa Fefoame, speaking at a reception during the UN Commission on the Status of Women in New York in March 2018.

2030 Agenda for Sustainable Development

The voluntary national review process (VNR) by which countries report on their progress towards achieving the Sustainable Development Goals (SDGs) is a good opportunity for us to begin building partnerships and strengthening collaboration for the implementation of the SDGs, and we have worked in nine countries on VNRs to date. In Bangladesh, we helped to set up the Disability Alliance for the SDGs and worked with the government to include a chapter on disability in its VNR report, which was presented at the High-Level Political Forum in July 2017. In Senegal, we have helped to establish the coordination of civil society engagement with the country's 2018 VNR and have ensured the inclusion of DPOs in the process. We also continue to work closely with our international partners to build a participatory environment at the global level, especially with IDA and Together 2030 – this work has ensured a strong voice for people with disabilities and DPOs in wider civil society advocacy.

World Bank

We have a positive and constructive working relationship with the World Bank and have been involved in its development of a disability inclusion and accountability framework, which will help over time to move the Bank towards the inclusion of people with disabilities in Bank-funded projects. We have submitted policy inputs and attended consultation meetings as part of this engagement. Over the past three years we have also worked with the World Bank in the development of its environment and social framework (known as Safeguards) that helps protect people and the environment in the investment projects financed by the Bank.



Inclusion in health provision

The development of more accessible healthcare is an important priority for Sightsavers. We aim to integrate disability-inclusive policy across our influencing work, and in our consultations with the World Health Organization on its World Report on Vision and Second Declaration of Primary Health Care, we have made the case for disability data disaggregation and inclusive health services. We also submitted a response to a consultation on the right to best attainable health for people with disabilities held by the UN Special Rapporteur on disabilities.

Influencing in Ireland

Over the past twelve months, Sightsavers Ireland has engaged with Irish Aid and the government more broadly to advocate for the prioritisation of people with disabilities in Ireland's overseas development assistance and diplomacy. We have lobbied for the development of the Irish Aid Disability Guidance Note, the ratification of the UN Convention on the Rights of Persons with Disabilities, and the mobilisation of support for people with disabilities in Ireland's development policy, programmes and diplomacy.

Sightsavers Ireland also continued to Chair the Dóchas Disability and International Development Working Group, a collaborative sectoral group tasked with advocating for disability-inclusive development policy, and promoting learning. Sightsavers led the development of a written submission to the Joint Committee on Foreign Affairs, Trade and Defence public consultation, as part of its review of the Irish Aid programme. The submission called for the mainstreaming of people with disabilities in Ireland's aid programme; the importance of data disaggregation; and the need to remain committed to the most vulnerable people.

Highlights

Further supporting our work with the World Bank frameworks, we hosted an event at the 2018 Spring Meetings in Washington DC, which were attended by the Executive Director's office for the UK.

Dr Joseph Oye, Country Director of Sightsavers Cameroon, spoke to policymakers and Irish Aid representatives about the challenges facing people with disabilities in Cameroon and West Africa, and the policy approaches to recognising the scale of disability and strengthening systems to support their full participation in society.

In April 2018, we launched a new project in India, funded by the European Union. This project will support DPOs in five states to advocate for the inclusive implementation of the 2030 Agenda for Sustainable Development. We will also be working at the national level to integrate disability into the wider civil society engagement on sustainable development, and with the European Disability Forum to build a partnership between Indian and European DPOs.



Section 3

Applying the strategy – learning and evidence building

As part of our evidence-based approach to programming, we are continually working to strengthen and grow the evidence base to inform project activities and increase our knowledge.



Student Dionguo sits in class on his second day at an inclusive school in Bamako, Mali.

Measuring equity in RAABs

Rapid assessments of avoidable blindness (RAABs) have been the accepted survey tool for planning and evaluating eye care programmes since the methodology was designed in 2008, and they are used regularly within Sightsavers. The standardised tool was designed to identify the prevalence and causes of visual impairment as well as to measure access to cataract surgical services by community members. RAABs have been used over 300 times in more than 80 countries, making them the single greatest source of data on visual impairment globally.⁷

Despite their usefulness for eye health programmes, to date RAABs have only provided results disaggregated by sex, and in some cases age. No questions about an individual's personal characteristics that may be driving their health status or ability to access health care have been included. This omission means that it is not possible to know how different people access health care, and whether any changes need to be made to programmes to promote their ability to access it equitably.

Sustainable Development Goal 3.8 calls for universal health access; and with the overarching SDGs goal to 'leave no one behind', indicators of health coverage need to be reviewed to ensure they are fit for purpose to monitor and achieve these goals. Indicators such as those generated by RAABs will need to be disaggregated by characteristics of disadvantage. Although such indicators may be specific to some countries, universal characteristics such as age, sex, disability, wealth and location should be used globally.⁸

Since 2016, Sightsavers has been integrating questions on wealth and disability into RAABs, both for the benefit of the data and to test the approach of disaggregating RAAB results by these characteristics. Despite some initial challenges we now have a growing repository – from India in 2016, Tanzania and Pakistan in 2017 and Mozambique in 2018 – of results disaggregated by wealth and disability. Now we can not only better design our eye care programmes with the needs of these marginalised groups in mind, but also analyse the data gathered to evaluate how those programmes impact people's access to services and, ultimately, their eye health.

Community-based participatory research (CBPR)

In the last year, our community-based participatory research (CBPR) projects in East and West Africa have been informing interventions within our education and social inclusion work. CBPR is an inclusive methodology involving shared decision-making and ownership. Members of the community, including people with disabilities, are involved in planning, gathering and analysing evidence and sharing what is discovered. Findings from interviews with children and young people with disabilities, as well as parents and teachers, shed light on issues that affect how projects are run.

Approaching research this way supports people with disabilities of all ages, alongside their communities, to realise their potential through voice, agency and participation. Findings in primary schools in Kenya, Senegal and Sierra Leone, and early years settings in rural Malawi, have fed into the education projects there. Research into economic empowerment for young people with disabilities is also shaping current work in Uganda.

Uganda peer research

A major learning curve this year has been to empower young people with disabilities to lead on the analysis of data they collected as peer researchers. Together with 24 Ugandan peer researchers, Sightsavers asked the question: What are the lived experiences of young people with disabilities in relation to one model of economic empowerment for the training of youth with disabilities'?



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The groups give feedback on their findings from the interview analysis in the Uganda economic empowerment project.

The peer researchers interviewed young people with disabilities who had undertaken economic empowerment training with support from Sightsavers. They also analysed the interviews, looking for emerging themes. This was challenging to make work as the group analysis needed to be inclusive of a range of disabilities. Those with visual impairments analysed the original audio recordings and those with hearing impairments worked together

with transcripts in a larger group with an interpreter, for example. This worked well, as did working with colour-coded Post-it notes around tables, without too much movement in the space to take into account all physical needs. We will take these approaches forward in future group analysis workshops, and the peer researchers can be proud of their systematic analysis of interviews, and their contribution to making the space work for everyone.

© Sightsavers 2018/Margo Greenwood



Peer researchers working on the Uganda economic empowerment programme analyse interviews to look for emerging themes.



Peer researchers discussing the experiences of disability stigma and discrimination reported by young people who participated in economic empowerment training.

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Disability disaggregated data (DDD)

Collecting disability disaggregated data has generated a number of interesting findings about our programmes. In India, the value of using the Washington Group Short Set of questions (WGSS) for more accurate data was clearly demonstrated: 16.7 per cent of respondents identified as people with disabilities. Even excluding the sight domain – which we would expect to be high in our programmes – the prevalence was nearly 9 per cent. This compared to just 0.6 per cent of people who responded ‘yes’ to the national census question: ‘Are you disabled?’ In Malawi, data collected alongside our equity tool indicated the majority of patients were in the second wealthiest quintile (28 per cent), with the minority falling into the poorest (11 per cent). This shows that individuals who were attending the TT camps are relatively richer than the general population in Malawi. This highlights that the outreach services may not always be reaching the poorest and most excluded people. Although the numbers were small, the data also indicated that people in the lower wealth quintiles were more likely to report being ‘disabled’ than wealthier people.

In early 2018, facilitated by the Global Partnership for Sustainable Development Data (GPSDD), an Inclusive Data Charter was developed by a task team consisting of representatives from governments, UN agencies and civil society organisations, including Sightsavers. The aim of the Inclusive Data Charter is to mobilise political support to improve the quality, quantity, financing and availability of inclusive and disaggregated data, as well as the capacity and capability to produce and use it.

In July 2018, Sightsavers formally signed the charter and has developed an action plan which outlines what we are doing now and what we will do in the future in terms of our work around data disaggregation.

Our experiences so far have informed how we intend to collect disability disaggregated data in future. In 2018, for the first time, we will be piloting incorporating the WGSS in to our routine monitoring and evaluation tools and processes in the following programmes:

- Nampula Inclusive Eye Health Programme, where we are collecting disability data using the WGSS at the central hospital and at four outreach facilities. We are collecting this data at baseline initially (and annually thereafter). The data is being collected to determine how people with disabilities are accessing services, specifically cataract surgeries, and compare this to people without disabilities. Baseline data collection for this pilot will begin in June 2018.
- The Right to Health: Breaking down barriers to eye health in South Asia, funded by UK aid from the UK government, in Pakistan and Bangladesh. The objective in this programme is to collect disability data in order to understand if and how people with disabilities are accessing and using our services at the same rate as people without disabilities (which means both entry point and service uptake, eg cataract surgeries). Baseline data collecting for this programme will begin in August 2018.

In both these programmes we will be integrating data collection and analysis into our routine monitoring and evaluation process, such as the start-up and inception process and the baseline data collection process. Data will be analysed through PowerBI, an innovative data visualisation tool introduced in 2017. A learning review is built in to both programmes to assess how useful, effective and efficient it is to collect disability data as part of routine programme monitoring and evaluation activities. We hope doing this will inform our programmes to be more inclusive of people with disabilities and allow us to address any accessibility, awareness or equality issues that we identify.

Equity tools and coverage surveys

Over the last few years, equity and inclusion has become a critical part of our programme monitoring – we are currently working to better define and quantify equity, and have tested a number of tools for measuring it. When viewed through an intersectional lens, a complex picture of equity emerges. Social factors – including refugee status, educational enrolment, age, gender, disability and socioeconomic status – can greatly affect access to health care. When these factors are not considered in programme planning and implementation, equity is unlikely to be achieved. Compounding this, repeated exclusion of individuals from control programmes places them at higher risk of infection and transmission of NTDs.

A rights-based approach to health care and global progress towards equity demand that vulnerable individuals and groups are treated. But there is also the question of whether failing to reach these people could compromise programme effectiveness in

breaking transmission cycles – or whether the (often unintentional) practices of exclusion in NTD programmes could compound social inequity.

In late 2016/early 2017, our NTD team were carrying out coverage surveys in four different countries: Uganda, Nigeria, the Democratic Republic of Congo and Guinea Bissau. The surveys were carried out to determine the percentage of the population reached by our mass drug administration programme for onchocerciasis and lymphatic filariasis. But they also gave an opportunity for our research team to test measures for equity of coverage: specifically, socio-economic equity (using the equity tool) and disability equity (using the Washington Group Short Set of questions). Following the completion of the coverage surveys, the data was then analysed in mid-late 2017.

Although the survey design and sample size calculations were in line with World Health Organization recommendations for coverage surveys, upon analysis we found that the data was not fully compatible with the equity data analysis we needed to conduct in order to draw meaningful conclusions. The equity data provided a high-level flag of potential equity issues. This means that follow-up research is required to verify and understand the reasons leading to exclusion, and to design appropriate programmatic improvements.

Overall, significant adjustments will need to be made to the design of coverage surveys if they are to be used to also measure equity among different socio-economic groups and people with disability using the equity tool and Washington Group Short Set of questions.



Section 4

Looking ahead

Sightsavers has ambition but we also have to balance that drive to improve with pragmatism. Over the coming year we aim to build on the achievements captured in this report, and continue working towards promoting long-lasting impact.

Mohammad Abdul Karim leaves hospital with his wife after his cataract surgery at Jessore hospital in Bangladesh.

The ambition we have as an organisation to meet the objectives of the social inclusion strategic framework continues to grow. Our efforts to progress disability inclusion within our programmes are gaining momentum with the award of some highly strategic funding grants (for example, for Inclusion Works, a four-country economic empowerment programme, funded by the UK Department for International Development). This programme not only challenges us to tackle the huge problem of employment and retention experienced by women and men with disabilities in the four countries where we will work, but also enables us to use what we learn in ways that will have a global impact.

We have also received funding from the UK government to lead a six-year inclusive development consortium programme, to find ways of supporting 100,000 people with disabilities to access health services; enable 10,000 children with disabilities to go to school; and help up to 45,000 people with disabilities increase their incomes. This new funding provides a huge opportunity to develop, test and share new approaches to achieve inclusion.

Our inclusive eye health projects in Bangladesh and Pakistan, funded by UK aid from the UK government, will start in earnest this summer. As a result of the learning we generate from our inclusive eye health programmes we hope to validate and finalise our inclusive eye health toolkit, a toolkit we think has the potential to promote more disability-inclusive programming elsewhere in the health sector.

In other programming areas, we will be scaling up project implementation, having spent a lot of time generating greater evidence and understanding of the contexts in which we work. With a strong evidence base, it is easier to measure progress and impact, and easier to ensure that projects are designed robustly. Our political participation programmes in Senegal and Cameroon are now fully underway and we are applying the learning generated in the inception phase. Given the frequency of elections and their strategic importance in drawing attention to the voices of people with disabilities, we plan to ensure thorough documentation of these West African models in order to apply the lessons we have learned in the design and implementation of these programmes in other African settings. We will continue to seek out new partnerships and collaborations in order to maximise our impact and reduce the duplication of efforts.

Collaboration and participation in consortia is increasingly a reality in the development sphere. While working with other organisations is not without its challenges, the benefits of coordination and mutual learning will lead to greater impact and ultimately reduce the competition that currently pits agencies against one another in the scramble for funding. Sightsavers is confident that this way of working is the new reality and we will continue to reflect on the process, the mechanisms and the results of this development, through our new and existing consortia, in order to ensure we are fit for purpose.

But collaboration is not only donor-driven, and we continue to engage in other networks that we see as strategic for strengthening Sightsavers' programming capacity.

Another focus for the next 12 months is to continue to prioritise our organisational diversity at Sightsavers, particularly in becoming an employer of choice for people with disabilities. Capacity building of staff is a priority and we will ensure that new and existing staff are able to access training and other resources to facilitate learning. By ensuring Sightsavers is an open and inclusive working environment, our reputation as an employer will grow and people with and without disabilities will aspire to work with us.

References

1. See Annual Inclusion report 2017 www.sightsavers.org/reports/2017/10/annual-inclusion-report-2017 [BACK]
2. A four-country programme working in Democratic Republic of Congo, Guinea Bissau, Nigeria, Uganda [BACK]
3. In Cameroon and Senegal these include UNDP, UNOWAS, UN Women and women's rights organisations [BACK]
4. Funded by the National Lottery through Big Lottery Fund [BACK]
5. Shekulo Tov promotes the inclusion in society of people with psychiatric disabilities. As part of their work they also offer monthly free of charge webinars on inclusive employment of people with disabilities. The main goal of the webinars is to share knowledge and information from around the world about good practices, innovations, local legislation, local policies, local services and new trends that aims to promote the integration of people with disabilities in the labour market, whether by supported employment or sheltered workshops. [BACK]
6. www.hollows.org/Upload/FHF/Media/au/Images/2017-Guide-to-eye-health-for-women-and-girls.pdf [BACK]
7. www.raabdata.info [BACK]
8. World Health Organization, World Bank. Tracking universal health coverage: 2017 Global Monitoring Report www.who.int/healthinfo/universal_health_coverage/report/2017/en/ [BACK]



Atugonza (centre) was previously a participant of Sightsavers' economic empowerment programme in Uganda, studying computing. He now works as a councillor for disability in Kimengo sub-county and is the youth representative for people with disabilities in Masindi district.

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

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Bumpers Way
Bumpers Farm
Chippenham
SN14 6NG
UK

+44 (0)1444 446 600

info@sightsavers.org

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