

Annual inclusion report 2016



Sightsavers



Shamsunnahar, who is 18, works as a cashier for a self-help group in a village of the Narsingdi district of Bangladesh. After receiving training through the community rehabilitation project she feels empowered to interact with more people and has gained independence through learning to do activities by herself.

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Cover image:

Mbathio (pictured left) walks to school with her best friend Khady – both girls attend an inclusive school as part of a Sightsavers-supported pilot project in Senegal.

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Rajab was born with albinism and cataracts in both eyes and was unable to see until he had double cataract surgery in 2012 aged eight. Rajab can now help his mother at home, and he walks half a mile to school each day where he has made great progress.

A word from the Director

I am delighted to be writing the preface to our first annual inclusion report. To be honest, not because of the excellent analysis provided by the report, nor because of the range of activity from staff and partners across the organisation that it details and represents. Although both those things are true.

Instead, it is that this report represents Sightsavers' roots, a focus on those often disempowered and marginalised by mainstream development interventions and agencies. We were founded by Sir John Wilson over 60 years ago to respond to the blight of river blindness in West Africa – not only to treat or reverse blindness where possible, but also to support those for whom visual impairment was irreversible, to ensure they were included in the progress hoped for in their countries in a positive postwar era.

It is on that mission that this report focuses: providing evidence of progress made, and areas where much improvement is still required. We continue to focus on the inclusion of people with disabilities, on gender equality and on striving to ensure that whatever support we provide is provided mindful of the barriers which prevent access to and benefit by many. Increasingly, we are looking at all of our work through an inclusion lens – whether it is testing our programmes to assess whether they ensure access by people in lower wealth quintiles to eye health services, or directly ensuring access to education for children with disabilities.

The signing of the universal Sustainable Development Goals in September 2015, with their mantra to 'leave no one behind', was a key moment in the inclusion of disability within global development priorities, policies and processes. I'm really hopeful that by sharing our journey, we can raise interest in the development community; that by demonstrating, with rigour, what works and what doesn't, we can inform that debate; and that by showing the impact of inclusion, we can motivate others to strive to include not because they will be measured against targets, but because it works.

We are challenging ourselves at Sightsavers through setting new strategic indicator targets which focus on inclusion. Ultimately, our success or failure to deliver on our strategy will rest on our ability to make progress in this critical area. It's a big challenge, but this report is a great step in the right direction. I look forward to the conversation, internal and external, that it generates.



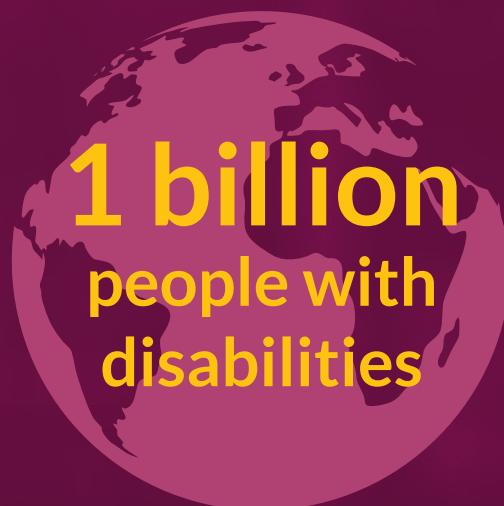
Dominic Haslam
Director, Policy and
Programme Strategy

Overview

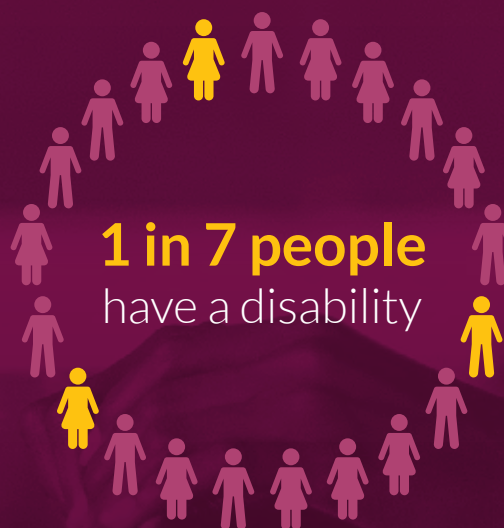
In 2015, Sightsavers adopted a new empowerment and inclusion strategic framework. This was developed in close collaboration with disability groups internationally and explains our rights-based approach to social inclusion and the progressive mainstreaming of disability throughout our programming and operations. The framework complements our other global strategies on eye health, education and research. Our approach to social inclusion is based on a theory of change that aims to realise the human rights established in the UN Convention on the Rights of People with Disabilities (UNCRPD).

The purpose of this annual report is to highlight the work on inclusion that is being carried out across the organisation and to share learning both internally and externally. This initial report will be shared primarily with existing partners and stakeholders, to garner feedback and input for future, more widely circulated reports. The annual report will be one of the mechanisms that we use to track our progress on implementing the empowerment and inclusion strategic framework. The report will cover the first year of activities under this new strategy from June 2015 to June 2016 and is structured in line with its seven objectives, two of which are cross-cutting.

Worldwide there are more than



meaning an estimated...





Mouhamed, aged 14, is now enjoying his first year at school in an inclusive class in Sierra Leone. Before the inclusive education pilot project, he stayed at home and spent most days by himself.



Lasoi Marangwai, 40, from Koora in Kenya, takes her baby to have his eyes examined at a clinic run by Amref and Sightsavers Kenya.



Section 1: global context

During the reporting period, we have seen unprecedented change and transition in the global policy environment, which impacts the way we engage with our stakeholders at a global, national, regional and community level. Progress around inclusion and disability rights has been made in a number of important areas that facilitate our work programmatically, and at the policy and influencing level.

In September 2015, the 2030 Agenda for Sustainable Development (including the Sustainable Development Goals, or SDGs) was adopted by the United Nations General Assembly. This historic milestone is significant for Sightsavers as the 17 goals and 169 targets set out in this framework reflect our priorities on disability, disability disaggregated data, neglected tropical diseases, health, inequality and universal health coverage.

In addition to human development outcomes, the SDGs cover economic, environmental and social areas of sustainable development with a strong focus on equity and a pledge to 'leave no one behind'. The process in which the SDGs were developed involved greater participation by global civil society and enabled Sightsavers to play a central and recognised role as global co-chair of Beyond 2015, the global civil society campaign working to influence the SDG framework between 2010 and 2016. The participation of civil society and developing countries led to the inclusion of disability – which had previously been conspicuously excluded from the Millennium Development Goals – within the SDGs. This builds even more momentum in achieving the rights set out in the UNCPRD that underscores much of Sightsavers' global and country office programming.

During the reporting period Sightsavers worked closely with the UK government's Department for International Development (DFID) to support the formulation, implementation and evaluation of its Disability Framework. Launched by DFID in December 2014, the framework is an especially useful tool for our stakeholders at national level in supporting the promotion of disability rights.

Lastly, the World Intellectual Property Organisation (WIPO) treaty for copyright amendment, known as the Marrakesh Treaty, will now be brought into force, after Canada became the 20th country (the minimum number required) to accede. Sightsavers has been an active supporter of the treaty through our work with the World Blind Union to secure ratification. The Marrakesh Treaty will enable visually impaired people to gain equitable access to published materials for the first time.



Section 2: Sightsavers' strategic framework

Our empowerment and inclusion framework aims to progressively make inclusion part of everything we do in all areas of programmes and operations. The framework focuses on seven objectives:

- **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. In order to do this we are piloting different initiatives to test what works. For example, we are currently working in Bhopal, India to test what works for inclusion in eye health. Within our neglected tropical disease (NTD) programmes we are testing how to integrate inclusion principles within a new UK Aid Match onchocerciasis and lymphatic filariasis programme that covers four countries in Africa. Using the learning and experience from these and other pilot initiatives, we will finalise and scale up our disability mainstreaming approach across our portfolio.
- **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. Inclusive education is a fundamental driver of development and empowers children with disabilities to realise their rights, unlock their potential, and participate and contribute to the future of their communities. These principles are mirrored in our social inclusion strategic framework and we will use opportunities to develop programmatic linkages across these thematic areas.
- **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. We also need to ensure that our IT and communications systems are accessible.

Our social inclusion programmes are rights-based and focus on the strategic empowerment of people with disabilities. Our programmatic partners are people with disabilities and their representative organisations who we support to claim their political, social and economic rights. The framework focuses on two objectives in this area:

- **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. Within our programmes we have a particular focus on supporting and advocating for inclusive elections.

- **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 developing a new focus on financial inclusion, in order to address the discrimination many people with disabilities experience when trying to access financial services.

The framework also includes two cross-cutting objectives, applicable to all our work

- **Address gender inequalities and women's empowerment.**

We recognise that women and girls with disabilities are doubly discriminated against on the grounds of both disability and gender, and we aim to address this reality through the development of programmes that will support them to redress the balance. We aim to ensure that all health programmes are responsive to gender differences in prevalence of eye conditions and access to services.

- **Developing effective influencing interventions/approaches.**

Sightsavers has expanded its field-based advocacy team, and this expertise is now systematically part of the project design process. This will help us achieve national and local level results within the context of UNCRPD implementation, and provide greater opportunities for global and national linkages.



Amarchand lives with his wife in the Piriya slum, located in Bhopal District of India. An outreach camp conducted near his home gave Amarchand access to treatment and he was referred for a cataract operation, which restored the sight in his left eye.



Section 3: progress against our strategic objectives

Objective 1: mainstream disability inclusion in our health programmes

Priority focus: strengthen disability-inclusive eye health programmes

Using existing tools and expertise, and collaborating with new and existing partners is central to achieving this objective. Our strategic framework commits us to developing an inclusive eye health (IEH) pilot in order to generate a model approach for replication across all of our health programmes.

Progress

In January 2016 we began implementing a pilot initiative in Bhopal, India, which incorporates different activities and approaches focused on improving access to health services for people with disabilities in a way that is sustainable. This pilot project builds on a previous initiative in Bhopal, which focused on disability data disaggregation (DDD), testing the use of the Washington Group short set of questions to collect disability data from over 20,000 patients accessing health services in urban slums.

To inform our understanding of what is required to successfully and systematically mainstream inclusion across all of our health work, we have developed a theory of change which is being monitored alongside implementation and focuses on the supply, demand and policy aspects of the health system.

A key principle is participation of men and women with disabilities as this ensures that projects are informed of the particular issues impacting on service accessibility. Focus group discussions, for example, are one of the means being used to identify barriers at each of the supply, demand and policy levels regarding inclusion.

Accessibility audits were undertaken by the Indian National Centre for Accessible Environments at Sewa Sedan Eye Hospital and five primary vision centres within urban informal settlements to address infrastructural barriers. To enhance inclusion, outreach camps are an important strategy. While our model predominantly looked at issues of disability and gender mainstreaming, outreach camps have proven valuable to reach other marginalised groups in society – for example, camps have been run for people living with HIV/AIDS and the transgender community.

An initial list of minimum standards for IEH has been drafted and will be finalised by the end of 2018. A package of tools and guidance will also be created to support mainstreaming inclusion within health programmes and will be shared with the wider health sector. We will roll out the next phase of piloting in Q1 2017. Testing our methods in different settings will provide valuable learning to support development of standardised global approaches and achievement of this strategic objective.

Successes and challenges

A major success of this initiative has been the positive impact of the collection and analysis of disability disaggregated data; this had a transformative effect on the leadership of our partner organisations in Bhopal. Data from the initial pilot study showed that fewer people with disabilities than we had hoped were accessing our services, and that patients attending the vision centres and outreach camps were more likely to have a disability than those attending the hospital. Consequently, partners have recognised the need for universally accessible infrastructures and services, and have committed to being actively involved in the new IEH pilot.

Disability data disaggregation is an important element of inclusive programming but there are challenges which need to be addressed, including additional paperwork, increased times for registration procedures, and the need to cross-reference disability disaggregated data with other information (age, gender etc). In order to address some of these challenges we are testing ways to integrate the disability questionnaire within existing electronic health management information systems (eHMIS) in order to improve registration procedures and data analysis.

Capacity building

We have taken steps to strengthen empowerment and inclusion of people with disabilities at both partner and community level.

At the partner level:

- A training session on conducting accessibility audits was organised by Sightsavers in partnership with the Indian National Centre for Accessible Environments for staff, partners and members of disabled people's organisations (DPOs).

- Accessibility audits were conducted at hospitals and vision centres and a plan was developed with partners for making facilities universally accessible.
- An introductory training course on disability and gender inclusion was held with senior management and technical staff at the hospital. We are now adopting a participatory approach to develop a broader module on disability and gender inclusion in collaboration with people with disabilities and other NGOs working in Bhopal. Every member of staff at the hospital will be required to participate in this training (over 200 employees) and key elements of the training will be included in the standardised training delivered by Sightsavers to community health workers.

At the community level:

- We are building a stakeholders network with disability and women's rights organisations. Through this network, we aim to improve our referral system, target marginalised groups with specific health interventions, conduct participatory barrier analyses, and develop activities to raise awareness on disability and gender inclusion.

Innovation

In order to facilitate reflection and adaptation in this pilot, we are adopting an innovative 'strategy testing approach' to assess our progress in the Bhopal pilot. This methodology, developed by the Asia Foundation to monitor highly flexible programmes, involves reviewing and refining our approach at regular intervals and allows us the flexibility to adapt and innovate as the context changes.

Priority focus: develop effective and inclusive NTD programmes

Identifying entry points to ensure that people with disabilities are reached through strategic NTD activities such as mass drug administration (MDA) is the core focus of this objective. While people with disabilities are actively encouraged to participate in treatment activities and are covered by the nature of the elimination agenda of our NTD work, we haven't previously collected disability disaggregated data (DDD) which would provide evidence of who is accessing and receiving these services.

Progress

Addressing the knowledge gaps in this area through qualitative and quantitative data collection is the first step to understanding whether we're reaching the poorest and most marginalised people. A pilot initiative in Ghana has looked at current data collection tools for multiple NTDs and identified where the Washington Group short set of questions can be introduced. Key activities undertaken as part of this pilot include national level planning and consultative workshops, the development of data collection tools and training materials, training of district level staff and community drug distributors (CDDs), registration of communities and continuation and review of MDA activities.

Tools developed include a community register, Washington Group questionnaire tally sheet and a cost analysis template. District and sub-district level staff and CDDs were trained using the materials developed as the main implementers of the project and communities were re-mapped with identification of people with disabilities for more effective MDA. Following the ivermectin MDA, a review meeting was organised to receive feedback from project implementers regarding their experiences during implementation and share successes and challenges to inform the next delivery of MDA.

In the future, we plan to integrate mapping for disease management as well as disability inclusion. Mapping data will support the development of pilot interventions on disability inclusion in lymphatic filariasis programmes in Nigeria, Uganda, the Democratic Republic of Congo and Guinea Bissau. These pilot programmes will draw on the lessons learned from Ghana and Tanzania and feed into the development of tools for capturing DDD of beneficiaries.

Successes and challenges

The pilot has succeeded in getting both national and sub-national stakeholder buy-in. Alongside the pilot, a baseline survey has been carried out to assess the basic understanding of disability data disaggregation among key stakeholders, and data collection and training tools are in the process of being developed.

One of the main challenges for the Ghana NTD programme is the fluctuation of the at risk population. The population numbers differ at each treatment period and districts did not know the exact number of people they were dealing with. To overcome this, the DDD pilot helped districts to re-map/register the population, identifying people with disabilities, and this enabled more effective MDA for the distribution of ivermectin (used to treat onchocerciasis) to help ensure people with disabilities were reached by community drug distributors. The post-MDA review survey enabled CDDs to give feedback on the successes and challenges experienced. These reviews found that many participants, especially people with disabilities, felt that they had gained recognition by being included in the MDA. There were, however, challenges for CDDs, in addition to those related to comprehending and applying the functional understanding of disability. These included the increased workload and time taken to ask questions as well as sensitivities from clients about some of the questions.

Capacity building

Advocacy remains a priority activity and we will work with ministries of health to include gender and disability indicators into NTD national reporting templates. We will continue to strengthen the capacity of community drug distributors and partners to improve outreach to people with disabilities.

The introductory training on disability for MDA health workers and CDDs is a new approach and feedback received requested that training/sensitisation on disability should be embedded in all future training, even where DDD is not being collected. By providing all health workers and CDDs with disability training/sensitisation they are better equipped to make services more inclusive and to deal with specific issues around access to services.

Innovation

We have initiated efforts across a range of programmes to capture increased data on inclusion of and access to our NTD programmes. The use of the Washington Group questions is an innovative approach as it enables people with disabilities to self-report certain limitations or difficulties based on four categories of difficulty experienced; this differs from previous traditional approaches of measuring disability through the national census whereby a dichotomous/binary response limited people with disabilities to effectively record their experiences. CDDs and health workers reported that people with disabilities identified during the registration phase commented that they felt they were gaining recognition from society when being asked about the limitations they faced.

The integration of targeted, inclusive activities within NTD and MDA programmes is also an innovative approach for Sightsavers. The Ghana pilot was designed to ensure that inclusive activities would improve the impact of MDA and achieve the project objectives. The key activities that ensured success for these initiatives were the community registration process and the post-MDA feedback review.

We plan to implement the learnings of the Ghana pilot across other programmes. In South Sudan, for example, we have recently begun efforts to record the number of people with disabilities targeted for MDA and the number of treatments received. In Tanzania we will be piloting a new initiative to ensure people with disabilities are accessing trachomatous trichiasis surgeries in the district of Ruvuma.

Objective 2: develop demonstrable models of effective inclusive education

Priority focus: develop demonstrable models of effective inclusive education

Our inclusive education work focuses on the provision of quality inclusive education for children with disabilities, through accessible, equitable, continual and sustainable services. We take a systems strengthening approach to address both supply and demand challenges, through delivering interventions which:

- ✓ mobilise community members
- ✓ strengthen disabled people's organisations (DPOs)
- ✓ develop education support systems
- ✓ promote child-centred approaches to teaching and learning for children with disabilities

Progress


Since the launch of the empowerment and inclusion strategic framework (2015-2018), we have seen significant progress against this objective and during the reporting period we have launched new projects in three countries in East Africa.

In Uganda, our education work focuses on teacher development and we are working to develop the capacity of the national system of primary teachers colleges (PTCs) to provide high quality initial training for trainee teachers.

With funding from Comic Relief, we are developing the capacity of community-based childcare centres (CBCCs) in two districts of Malawi to include young children with disabilities in early childhood development and education (ECDE). This focuses on demonstrating a cost-effective, participatory model of ECDE which can be scaled up nationally by the government.

In Kenya, our work focuses on educational assessment where we are working with the nationwide network of Education Assessment and Research Centres (EARCs). We are developing their capacity to provide high quality assessments for children with disabilities and to provide outreach support for homes, schools and communities.

Funded by Irish Aid, our inclusive education programme in five countries in West Africa has improved learning opportunities for children with disabilities in mainstream schools.



Sightsavers staff attend a regional workshop in Nairobi in 2016, to roll out the social inclusion strategic framework.

Successes and challenges

In Sierra Leone, Sightsavers has been asked to coordinate the development of a new National Inclusive Education Policy, with financial support to the Ministry of Education from the UK government's Department for International Development in collaboration with the World Bank. This is a critical step to ensure the sustainability of inclusive education services in the country. In India we have developed close relationships with state governments and played a key role in the development of the education budget and associated inclusive education plan for Bihar state, ensuring the needs of children with disabilities are addressed.

In Sierra Leone, India, Kenya, Malawi and Uganda we have also seen ministries of education create specific units and appoint focal points for inclusive education as a result of aggressive advocacy carried out by disabled people's organisations and civil society organisation alliances. We hope that these successes can support the scaling up of the pilot programmes at the national level in future.

Implementing the new education projects in Kenya, Uganda and Malawi has proven challenging. Each project addresses technically complex components of national education systems and means we are working in new ways across the different contexts. Learning from these interventions will be documented to inform future approaches.

Capacity building

To support inclusion across our education programmes, we have taken steps to build the capacity of Sightsavers staff and partners through the appointment of an inclusive education specialist for India, and new education-focused programme officers in our Kenya, Uganda and Malawi country offices.

In May 2016 we held a regional social inclusion training workshop in Kenya which had a strong inclusive education component and was attended by programme staff and country directors from across the East Africa region.

We have partnered with a wide range of education actors including universities, teacher training institutes, academics, UNICEF and specialist schools in order to strengthen commitment to inclusion across the education community.

Objective 3: scale up efforts to achieve diversity in the workplace

Priority focus: ensure Sightsavers is an employer of choice for people with disabilities

Given our clear theory of change that empowering people and supporting the creation of opportunities for them leads to greater and more sustainable impact, it is critical that Sightsavers itself creates opportunities for people with disabilities to contribute effectively to our mission. Strengthening and promoting diversity in the workplace is central to this objective. We will strengthen our efforts to recruit and retain more people with disabilities and put in place measures to ensure they are able to develop and progress their careers equally.

Progress

During the last 12 months we have made some progress towards our goal of being an employer of choice for people with disabilities. Key achievements to date include increased targeted recruitment advertising, updated human resource (HR) policies and procedures and a social inclusion working group set up in 2016 (of which the HR Operations Manager and HR Business Partner are members) with representatives from across the organisation to spearhead inclusion efforts. We launched an online global induction tool through our eLearning platform, which is fully accessible.

Our biennial employee survey took place in November 2015. We achieved an extremely high response rate of 98 per cent. Positive responses to the statement: 'Sightsavers makes the right amount of effort to recruit people with disabilities' were lower than the 2013 survey with 32.7 per cent agreeing, against 45.1 per cent in 2013. This demonstrates an area of current weakness and this challenge will be a priority for the organisational working group. But it also potentially demonstrates that a wider number of staff members understand that we have a direct role to play as an organisation in the inclusion process, and this is a positive development. We know there is work to do in this area, and the fact of that being acknowledged more widely across the organisation than programme or inclusion specialists can also be viewed as a key step in making progress.

Successes and challenges

During the reporting period, there have been some changes to our internal HR structure and team composition. This has resulted in some delays in implementing inclusion initiatives. We have a new HR Operations Manager starting in December 2016, and social inclusion and recruitment will be a key focus of this role.

Capacity building

In order to strengthen our organisational capacity for inclusion, we have been refining and developing the tools and frameworks necessary to ensure diversity in the workplace:

- HR business partners have worked closely with the senior management team to update HR policies and make these available to employees via the intranet site. This has included an update of our global diversity and equality policy which was updated in January 2016.
- We have started to target diversity-focused job boards online where all UK-based roles are advertised. We will be able to monitor if this diversifies our candidate pool.
- Members of the HR team have attended conferences and networking events promoting equality and diversity. These have included an event to celebrate diversity achievement from organisations worldwide, working in a variety of sectors, and an event attended by the Parliamentary Under Secretary of State for Disabled People, Justin Tomlinson MP.
- HR business partners have established a strong working relationship with occupational health for supporting staff with disabilities.

Objective 4: support people with disabilities to realise their potential through determining, advocating for and claiming their rights (voice, agency and participation)

Priority focus: promote political participation through inclusive elections

Political participation is a broad concept that spans engagement and influence in various decision-making processes and spaces. The representational challenges experienced by men and women with disabilities mean that disability issues are frequently overlooked and through this objective we aim to redress the balance.

Progress

The more explicit focus on political participation under this strategic objective has resulted in reorienting of existing projects in West Africa. In Mali we have undertaken capacity building initiatives for people with disabilities, focusing on human rights. A review of the participation of people with disabilities in local development planning and budgeting processes is also being undertaken in Cameroon and Senegal.

The frequency of electoral processes, whether at national level or lower levels of democracy, provides a significant opportunity for promoting disability rights by encouraging people with disabilities to engage as members of the electorate (of which they are often excluded) or as political candidates.

We know that people with disabilities are currently inadequately represented in decision-making structures around the world. Two new projects focusing on political participation have been designed in West Africa (Cameroon and Senegal) and will start in 2017. While the overarching objective of these projects is greater political engagement by men and women with disabilities, both countries have elections within the project timeframe that will be important milestones.

Our strategy is explicit in its requirement to ensure projects are designed gender-responsively, but we also hope to develop a targeted pilot initiative focusing on women's political engagement and are exploring options for this.

Successes and challenges

Political participation is a challenging theme to work on in some contexts, not least because of the tensions that can render such interventions potentially insecure or create conflict with a government. For that reason, we aim to make sure our work is apolitical and that country offices, implementing partners and stakeholders are aware of potential biases that could create reputational risks.

Sightsavers has some previous experience from implementing successful disability-inclusive political participation and leadership processes in Cameroon, Bangladesh, India and Sierra Leone and will draw on this learning when developing and implementing new initiatives across our programme portfolio.

Capacity building

While Sightsavers has been involved in political processes in the past, this remains an area in which we need to develop our experience and knowledge. As a starting point, we have prioritised both building the evidence base, and seizing opportunities to grow our experience.

Our research team is currently undertaking a systematic review of inclusive elections (to be completed Q3 2016) which looks at laws and policies to support political participation of people with disabilities; and barriers, enablers, and approaches/interventions employed in sub-Saharan Africa to support the participation of people with disabilities in national, district and local elections. Learning from this research will be integral to build internal capacity in this thematic area and will be used to inform future project design. We will support the development of tools to support staff and partners to develop projects on political participation and inclusive elections.

We are gradually extending our engagement, making connections with new potential partners and enhancing the knowledge base on inclusive elections that will inform future programming and advocacy. We are confident that as an organisation we will be able to build our expertise and an enhanced evidence base over the next 2-5 years.

Objective 5: facilitate economic independence of people with disabilities

Priority focus: promote inclusion in financial services for people with disabilities

Economic empowerment (particularly skills training and livelihood initiatives) has formed a large part of Sightsavers' past social inclusion work and is a main priority of men and women with disabilities. It is a very broad area, encompassing social protection, vocational training initiatives, mentoring, skills training, joint and individual business planning and set up, and financial inclusion. But the area is under-researched, leaving a weak evidence base of what works to facilitate economic empowerment.

Progress

During the reporting period we carried out an evidence review which supplemented a systematic review (carried out with 3ie: International Initiative for Impact Evaluation) looking at the impact of interventions designed to improve the labour market situation for adults with physical and/or sensory disabilities in low and middle income countries. This evidence review focused on papers discounted by the systematic review to see what additional evidence could be gathered. We also commissioned a meta-analysis, under our iReflect series, which looked at evaluations of Sightsavers' economic empowerment work between 2005 and 2014.

These reviews emphasise the need to establish, extend and deepen the process of shared learning. Where possible, we are embedding research, and increasingly participatory action research, within new projects to ensure learning is captured and that it contributes to ongoing implementation, and (more globally) to addressing the scarcity of robust evidence available.

Sightsavers is in the process of augmenting the social inclusion strategic framework with a range of tools to support project design and implementation. This toolkit already includes an information sheet on financial inclusion and disability. A similar tool focusing on economic empowerment will draw on what we have learned so far and provide more strategic guidance on project design in this field.

Successes and challenges

We successfully received funding from the European Union to scale up our youth economic empowerment project in Uganda. The four-year 'Connecting the dots' project successfully demonstrated disability inclusion in vocational training institutions. Phase one of this project ended in July 2015 and phase two (beginning in October 2016) builds on the success of the first phase and the learning elicited from the mid-term review. As part of the new project we will be expanding to new districts, strengthening the advocacy components and engaging more systematically in financial inclusion.

Capacity building

Over the last 12 months we have focused on building our organisational capacity in economic empowerment by:

- networking and brokering partnerships.
- integrating aspects of financial inclusion in new projects.
- designing research that will strengthen the ability of staff and partners to engage more strategically.

As part of our efforts to strengthen our engagement in disability-inclusive financial inclusion, we are working with experts in the field and finding out more about the specific groups and organisations working on disability inclusion. In November 2015, the Centre for Financial Inclusion organised Financial Inclusion week. Sightsavers participated in this initiative by hosting two events: one in Pakistan, focused on employment opportunities, and another in Zambia, focused more specifically on financial inclusion (in collaboration with Standard Chartered Bank, five blind people's organisations and four disabled people's organisations).

Innovation

We are currently seeking funding to support a piece of innovative research that will bring together expertise from the financial sector and social scientists, to understand more specifically the challenges and opportunities around the inclusion of men and women with disabilities in the financial services sector.



Manju was not aware of the facilities or schemes provided by the government for people with disabilities until the URMUL Trust visited her village Katriyasar to raise awareness. She got in touch with them and set up a self-help group in the village, facilitated the formation of two more groups in the community and joined the district level Disabled People's Organisation in Bikaner.

Cross-cutting objectives

Objective A: address gender inequalities and women's empowerment

Priority focus: develop pilot interventions targeted toward realising the rights of women and girls with disabilities. Embed gender analysis in each programme development plan

The new empowerment and inclusion strategic framework has reinvigorated Sightsavers' commitment to gender equity by emphasising it as a cross-cutting issue for the organisation.

Progress

It is well recognised that gender mainstreaming in programmes is more effective when considered at the design stage. In order to support country and global teams to design gender-responsive projects, a range of tools and systems that strengthen the requirement for gender mainstreaming have been developed or refined. These include the Project Development Process (PDP) templates for concept notes and proposals. We have developed a gender checklist and fact sheet to provide additional support.

We revised eye health and social inclusion indicators for our organisational strategy, implementation and monitoring (SIM) card, which measures our progress to achieve our organisational strategy. This will allow us to measure the percentage of projects that have strategies to address more women than men (reflecting evidence that prevalence of blindness is higher in females).

The NTD sector has also started to place greater emphasis on gender. The role that gender plays in the delivery of mass drug administration (MDA) needs to be systematically understood in each context. Recently, for example, the sex of community drug distributors (CDDs) in reaching all family members has come under scrutiny. It is clear that greater gender analysis of post-surveillance surveys needs to be conducted to test assumptions and refine implementation plans accordingly.

A gap in knowledge is being addressed within the education sector using research that has been designed and will take place later in 2016. This participatory research will be undertaken by boys and girls with and without disabilities to assess the different experiences and issues affecting them. The outcome will strengthen the gender-responsiveness of current and new education projects.

Successes and challenges

Learning needs assessments conducted in advance of gender training workshops have shown that confidence levels among staff in the organisation to deliver gender-responsive programmes are limited.

It has been observed that context-specific gender inequalities do arise in our programmes and require interventions. In India, a gender assessment of DPOs is planned which will provide some evidence and recommendations that can be rolled out within our India programmes but should also have lessons for other DPO-supported programmes.

In the UK Aid Match onchocerciasis and lymphatic filariasis programme, and Seeing is Believing projects, gender mainstreaming and disability inclusion have been strengthened through integrating improved gender analysis and developing strategic partnerships.

Capacity building

To respond to the gender equity and mainstreaming commitments reflected in the empowerment and inclusion, eye health and education strategies, a process of capacity building has been prioritised and training sessions have been organised at our global head office in Haywards Heath. Training on gender equity has also been opportunistically integrated into other events and training sessions, for example the bi-annual programme meeting and the social inclusion workshops held for regional staff in East and West Africa.

The design of new gender-responsive projects and provision of technical support is currently being provided by Sightsavers' Global Technical Lead for Social Inclusion. In-house capacity will be further enhanced with the identification of a gender consultant to provide support with project implementation and capacity building.

At the global level, Sightsavers participated in and supported the planning of an International Agency for the Prevention of Blindness (IAPB) learning event on eye health for women and girls, held in Cambodia in November 2015. This event initiated greater focus within the IAPB on what needs to happen to mainstream gender within eye health systems strengthening approaches.

Globally, Sightsavers is increasingly engaged in raising the issues of women with disabilities through various forums and by establishing closer relationships with other like-minded organisations. In 2015 we participated in a side event at the Commission on the Status of Women (CSW) and developed a series of blogs on our website during CSW 2016; we also successfully contributed to the Association of Women in Development (AWID) 2016 conference; and we are a member of the Gender and Development Network (GADN) gender and disability group.



Dayyaba, a community drug distributor in the Sokoto state of Nigeria, feels proud to be helping women in her village access treatment.

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Objective B: develop effective influencing interventions/approaches

Priority focus: greater joined-up national and global UNCRPD advocacy efforts

The primary focus of this objective is to assess knowledge levels of people with disabilities, partners and key stakeholders of the UNCRPD and national disability legislation. We will seek to raise awareness of the UNCRPD with partners and deliver advocacy training to promote proactive engagement of all stakeholders.

Through our programmes, we aim to provide practical solutions to challenges faced by people with disabilities – from employment opportunities to accessible voting – and to build the advocacy capacity of disabled people's organisations (DPOs) to challenge the policy environment.

Progress

Since the launch of the empowerment and inclusion strategic framework we have been able to capitalise on the following activities:

- Building advocacy more systematically into programme systems and developing tools to measure progress against advocacy within programmes.
- Better accountability for advocacy, with the new SIM (strategy, implementation and monitoring) card indicator helping us to identify our successes in advocacy, our advocacy plans and the challenges we're experiencing.

- Linking country and international advocacy priorities through increased regional level advocacy specialist capacity supporting country offices. This has increased our ability to engage in advocacy through linking programme advocacy objectives to the WHO Action Plan on Avoidable Blindness and the Sustainable Development Goals (SDGs).
- In our national advocacy work, we have used the new SDG agenda to promote greater alignment between national development planning and the UNCRPD, especially in our advocacy for people with disabilities to be consulted and involved in government-led development processes.

Successes and challenges

We have made great progress to date:

- Sightsavers was very involved in the development and adoption of the first global sustainable development framework, in order to ensure the inclusion of people with disabilities – an objective we believe to have been achieved to a significant degree. Leading up to this, we established a strong strategic partnership with the International Disability Alliance, now a key ally in our inclusion work.
- The growth of national civil society movements to push for the implementation of the 2030 Agenda, and collaborative work with other agencies in the International Disability and Development Consortium to ensure the inclusion of disabled people's organisations (DPOs) within national level planning processes. Examples include Uganda, Cameroon, Sierra Leone and Bangladesh.

- Further evidence of our global influence was shown when Gertrude Oforiwa Fefoame, Sightsavers' Global Advocacy Advisor, was nominated by Ghana for a place on the UNCRPD Committee
- Having worked with partners to influence the development of DFID's Disability Framework, we have been engaging a number of DFID country offices to identify areas where we can support DFID to implement the Framework at country level, including increasing engagement with Disabled People's Organisations, sharing evidence and identifying shared partners and issues to address.

Some challenges remain, however, including:

- Domesticating the international 2030 Agenda – ensuring that key elements of inclusion are not lost as the agenda is translated into national policy development.
- Sharing information and knowledge across borders – to this end we have been instrumental in setting up Together 2030, a civil society initiative aimed at generating and sharing knowledge on implementation and accountability of the 2030 Agenda.

Capacity building

During the reporting period, several initiatives at the national level have involved strengthening capacity of our partners and wider civil society:

- In Cameroon, in collaboration with the African Development Interchange Network, we set up the Cameroon National Post-2015 Common Work and Collaboration Platform. This platform enables civil society organisations, including DPOs, to engage with the government's national implementation planning. We also organised an SDG Awareness Conference with the Ministry of External Affairs to improve understanding of the 2030 Agenda among government ministries, civil society organisations and other key stakeholders.
- In Sierra Leone, in partnership with CAFOD, we initiated and hosted a forum within the Sierra Leone Association of NGOs to engage with the government of Sierra Leone on its national implementation planning. This meeting led to the formation of the Sierra Leone Coalition 2030, as a forum to engage with the Ministry of Foreign Affairs and the Ministry of Financial and Economic Affairs. We are looking to develop this work, which expands the civil society space, to host technical working groups to ensure that civil society organisations, including DPOs, are able to constructively engage.
- Our strategic partner in Pakistan, the National Forum of Women with Disability, has been working in collaboration with international and regional stakeholders and has a strong engagement with grassroots-level disability groups.



Section 4: learning and evidence building

The empowerment and inclusion strategy sets out a clear plan of what we aim to achieve within the time period of the framework (2015-2018). We will concentrate our efforts on the priority focus areas outlined under each strategic objective and the mechanisms required to embed inclusion across all aspects of programme delivery.

To understand how we're progressing against delivery of the strategy we will implement robust monitoring and accountability systems to measure achievement and generate new knowledge and evidence.

Organisational learning and evidence

At the global level we will monitor our impact through the organisational SIM card. Aligned with the strategic framework, our strategic objective for social inclusion focuses on 'demonstrating effective approaches that impact positively on the inclusion and empowerment of people with disabilities'. Data reported against this objective showed overachievement of set targets for the baseline year. Under our strategic objectives for eye health and NTDs we have developed indicators which provide evidence of the proportion of our programmes that have strategies to increase access by people with disabilities, and women and girls. These targets are on track for the last reporting period. Work will be carried out in 2016 to ensure future inclusion targets remain ambitious and meaningful to achieving our strategic ultimate aims.

Internally, to increase our organisational knowledge on inclusion, we have introduced disability inclusion workshops, which were held in India (March 2016) and Kenya (May 2016). During 2016 we also plan to hold disability inclusion workshops in the UK. Gender mainstreaming workshops have taken place at Sightsavers' global programme meeting (June 2015) and across our India, ECSA and West Africa regions.

Programme learning and evidence

To understand how many men and women benefit from our activities we disaggregate key performance indicator data by sex. In 2015, 65 out of 68 key performance indicators (96 per cent) were disaggregated by sex.

During the reporting period Sightsavers trained 7,000 men with disabilities and 4,700 women with disabilities on their rights and entitlements. This activity aimed to empower men and women with disabilities to engage in areas such as voting and access to government benefits. The results demonstrate that of the people trained, 60 per cent were men and 40 per cent were women. This highlights a key area for improvement that we will work to address in future activities.



Lotus, a member of the Connecting the Dots youth employment project in Uganda, welding in the metalwork classroom.

We have worked to improve targeting of people with disabilities and women in our NTD programmes. Evidence shows that the prevalence of trachoma infection is higher in women, and as a result, a higher proportion of women require trichiasis surgery than men. We have adapted our case finding approaches in recent years which has led to an increase in the proportion of women undergoing trichiasis surgeries. In 2014, 57 per cent of global trichiasis surgeries were carried out on women; by 2015 this had increased to 64 per cent. Given the data shows that approximately 66 per cent of the global need for trichiasis surgery is for women, we are making good progress in this area.

Through our disability data disaggregation project in Bhopal we have identified a number of barriers that can prevent people from providing and collecting data on disability. A key learning highlighted the importance of adapting the Washington Group disability criteria to the local context in order for data collection to be successful. Understanding the contextual and cultural factors that lead to stigma and discrimination is crucial to helping change attitudes of health staff towards people with disabilities.

In general, delivery of health programmes does not take into account disability accessibility. As a result, we are starting from scratch and ensuring that the basics are achieved within our NTD programmes, such as identifying people with disabilities during registration, and collecting data on the number of people with disabilities who are actually receiving treatment.

Learning through partnerships

We are focusing on bringing our disability and inclusion expertise to our other areas of programme expertise to show how inclusion can be achieved. To ensure that we are at the cutting edge of inclusion thinking, we have developed a key strategic alliance with the International Disability Alliance, and we are board members of the International Disability and Development Consortium. We are also developing a range of strategic bilateral relationships with INGOs working in areas outside disability, to ensure that our learning is as practicable and adaptable as possible.



Section 5: looking ahead

Over the next year, Sightsavers will continue to engage in processes supporting the implementation of the SDG framework, and we have identified two key challenges: target setting/reporting, and financing systems. Both of these will remain a focus of our work. Our role is to support governments to implement the ambitious SDG agenda, particularly within the context of our global priorities in health, education and social inclusion. We are also working to ensure that, where feasible, indicators to measure progress against the SDGs are disaggregated by disability.

In terms of the intersectionality of gender and disability, the recent UNCRPD committee elections demonstrated how far we have to go, given that they resulted in no new women elected to the committee, while several came to the end of their tenure. This resulted in a committee that includes only one woman out of 20 members and further highlights the challenges of promoting gender equality within existing systems. Unless more women, with or without disabilities, are in the public sphere, and are supported by their governments, there is a real risk that gender differences in terms of experiences and access will continue, to the detriment of the disability community. This is an area we will be focusing on through our empowerment and women's rights work.

Globally, a lot remains to be done to realise equitable rights for people with disabilities. Within Sightsavers we have laid the groundwork for our own progress and we are committed to supporting change, but we remain at the early stages in terms of strengthening our internal capacity. There is more work to do internally to prioritise specific gender and inclusion related activities and externally to use our experiences and commitment to influence our partners and other stakeholders to do the same.

We will continue to put significant effort into ensuring that all of our areas of programme implementation (eye health, education, political and economic empowerment, and neglected tropical diseases) are exemplars for the progressive realisation of the rights of persons with disabilities under the UNCRPD and relevant articles. We will ensure that progress, and challenges, continue to be transparently shared in ways which enable other agencies to contribute towards these aims, with this annual report being a key part of the process.



Dr Bilghis, Coordinator of the National Trachoma Control Programme for the Ministry of Health in Sudan, led the teams that examined 72,000 people in Sudan as part of the Global Trachoma Mapping Project.

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

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