Sightsavers
Annual Report
2019
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The context

The data on visual impairment below comes from the new world report on vision published by WHO in October 2019. Further data will be available towards the end of 2020 as the Global Burden of Disease group provides updates.

- At least 2.2 billion people have a vision impairment and at least 1 billion people have a vision impairment that could have been either prevented or addressed.
- 65 million people are needlessly blind or visually impaired because of cataracts.
- More than 800 million people with refractive error lack access to glasses.
- The prevalence of blindness in many low- and middle-income countries is more than eight times higher than in all high-income countries.
- More than a billion people, about 15% of the world’s population, have some form of disability.
- Rates of disability are increasing because of the ageing population and a rise in chronic health conditions, among other causes. Without action, the number of people who are blind could rise to 115 million by 2050.

Our vision

Sightsavers’ vision is of a world where no one is blind from avoidable causes and where people with visual impairments and other disabilities participate equally in society.

Our mission

We are an international organisation working with partners in low- and middle-income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

Our objectives

To advance health, always with particular emphasis on taking or promoting measures to prevent and or cure blindness.

To advance the education of people with disabilities, always with particular emphasis on blind people.

To prevent or relieve poverty among people with disabilities, always with particular emphasis on blind people.
Message from our Chair

It is a pleasure to open the annual report for the first time since taking over as chair of Sightsavers from Martin Dinham in July of last year. I need to begin by thanking Martin for everything he did for Sightsavers over the four years that he was chair – the organisation went from strength to strength under his leadership and I hope I can build on his inspiration and legacy.

It is with mixed feelings that I write this introductory message. Sightsavers had an incredibly good year once again in 2019, meeting the majority of its targets on both outputs and outcomes as well as seeing a large increase in cash income. But as I write the world is reeling from the impact of the COVID-19 pandemic – an unprecedented situation that will have a devastating and far-reaching effect on everyone across the globe. We cannot know what this will be, but we fear particularly for those countries with fragile health systems and, more generally, for economies both north and south. There will no doubt be long-term impacts too, many of which we cannot yet fathom.

Sightsavers will persevere – we have tested our systems and can operate effectively in a situation where most staff are working from home. Our staff in-country are predominantly nationals and residents and work closely with local partners and governments to keep the programmes going as far as possible. We will be guided by the local government ministries as they decide how to prioritise work. We have experience of this, albeit in a more localised way, from the Ebola outbreaks in West Africa a few years ago. As I write our income is holding up – thanks to our loyal supporters and their generosity in continuing to think about the needs of people with disabilities, life changing neglected tropical diseases (NTDs) and curable sight problems.

Last year we supported more sight-restoring operations than ever before, distributed more than 142 million treatments for NTDs and increased the number of visually impaired children in our education programmes by 62 per cent. We had a number of advocacy successes at national and global level, including the passing of the Disability Act in Pakistan. Our large contracts on NTDs and disability, funded by DFID and by philanthropists (BMGF, CIFF, ELMA Foundation and Virgin Unite) all successfully passed their inception phases and have moved into full implementation.

Our total income for 2019 was £341 million, of which almost £105 million was non-gift-in-kind income – the first time we have broken through the £100 million mark. Our reserves at the end of 2019 were sitting at £13 million, leaving us in good shape to tackle the challenges we face in 2020, together with continuing invaluable support from our donors.

It has been a great pleasure to see that the first year of my chairmanship has been so positive. I would like to thank the trustees as well as partners, staff and of course supporters. We will all need to stiffen our resolve to manage through the challenges of 2020 and ensure that Sightsavers is able to maintain as many of its activities as we can through this crisis. We hope to come through this stronger and more determined than ever.

Sir Clive Jones
Chair
COVID-19 statement

As at the date of signature of this report, the world remains in the grip of the COVID-19 pandemic. Some countries are beginning to take tentative steps out of lockdown, but huge uncertainty remains. Aside from the public health questions, the impact on economies across the world is unknown, although all commentators agree there will be a severe recession. It is unclear how deep this will be or how long it will last.

Of all the impacts of COVID-19, the one that is probably of most concern to Sightsavers at this moment is the situation across Africa. There is very little data emerging about the extent of virus cases across most African countries, and there are differing views about what will happen. Will the relatively young age of populations in Africa reduce the death toll? On the other hand, will the relatively fragile health systems be overwhelmed? A grave concern is that other health interventions are being paused (including our own), and deaths from malaria, TB etc will increase. Many programmes are currently suspended, and the uncertainty will make it difficult to plan for when programmes can restart. We remain very concerned that people with disabilities are being left behind, with health messaging and services often inaccessible, and stigma increasing.

Sightsavers has undertaken a range of activities to maximise its resilience during the pandemic.

a) A comprehensive risk log tailored to COVID-19 has been created, including mitigation strategies, which are regularly reviewed.

b) A business continuity team has been created to ensure we can function properly while offices are closed. This has worked well. The team is also planning for how we can return as lockdowns are lifted, ensuring that office environments will be COVID secure.

c) A monitoring system has been created for our programmes so we are able to monitor activities more frequently – this will be particularly useful during the recovery period and will help us report to donors.

d) A comprehensive engagement plan has been executed with all institutional and major donors. This has included ‘repurposing’ some of our DFID grants/contracts to support COVID activities in programme countries. We have found almost all our donors to be very flexible, constructive and protective of the fixed costs associated with their grants while the programmes are suspended. We have received a number of unexpected substantial one-off donations from people who have previously only given at a lower level.

e) Our voluntary fundraising has continued with an emphasis on TV advertising and digital activity. We do very little face-to-face activity (only in India) and do not rely on events or retail activities to generate funds. This has meant our income has been much less impacted than many other charities. Indeed, we have benefited from the low media costs and increased audience reach of lockdown, and the number of new supporters joining us is significantly greater than at the same time last year in all European markets. There was a small increase in direct debit cancellations at the beginning of the crisis, but this has returned to normal levels.

f) We have kept a close eye on costs, deferring some staff recruitment and furloughing a handful of staff whose workload has decreased (e.g. travel bookers). Also, with programmes suspended and international travel impossible, these costs have been kept low. We have maintained a laser focus on
liquidity, monitoring our cashflow at least weekly. We are confident that the combination of the reserves we carry (which were above target coming into the crisis), the funding that donors continue to provide, and our existing borrowing facilities will enable us to manage cashflow volatility through this period.

g) We have undertaken scenario planning, looking at a variety of financial scenarios including some with pessimistic assumptions. We are confident that Sightsavers is financially robust even under these negative scenarios, although should the more dire assumptions come to pass, difficult decisions would need to be made. Our operating model is flexible, giving us a range of options should this be necessary. We are performing monthly organisation-wide financial reforecasting, which we are using to inform understanding and decision making.

Note 2 to the consolidated financial statements details a range of activities being undertaken to maximise our financial resilience during the pandemic and to mitigate the risks to our going concern status.

After full consideration the trustees have concluded that Sightsavers has a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future and have continued to prepare the financial statements on the going concern basis.
**SIM card: Strategy map**

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

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

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**Ultimate aims**

<table>
<thead>
<tr>
<th>Ultimate aims</th>
<th>Government</th>
<th>Government</th>
<th>Visually impaired</th>
<th>People with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governments ensure quality eye care is universally available as an integral part of wider health systems.</td>
<td>Governments ensure all children with disabilities receive a quality education within the wider education system.</td>
<td>Visually impaired people are equal members of society and governments implement obligations under international conventions for people with disabilities.</td>
<td>People with disabilities actively seek eye care services.</td>
<td></td>
</tr>
</tbody>
</table>

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**Beneficiaries**

- What must we achieve for our beneficiaries?
  - Demonstrate scalable cost-effective approaches to eye care which strengthen health systems.
  - Demonstrate scalable cost-effective approaches to the development of inclusive education for children with disabilities in their local context.
  - Demonstrate effective approaches that impact positively on the inclusion and empowerment of people with disabilities.
  - Deliver integrated neglected tropical disease programmes in support of agreed global targets.

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**Capacities**

- What do we need to excel at to deliver for our beneficiaries?
  - Develop effective programme implementation partnerships.
  - Ensure high quality programmes.
  - Develop effective and joined-up advocacy.
  - Establish strong strategic networks and alliances.

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**Learning & growth**

- Where do we need to invest in order to excel?
  - Develop organisational capabilities.
  - Establish adequate specialist/technical expertise.
  - Generate and disseminate sound research and evidence.
  - Establish effective information sharing systems.

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**Resources**

- How do we ensure we are resourced adequately?
  - Grow our income.
  - Use resources strategically and efficiently.
Strategy, objectives and activities

We are in the process of reviewing our strategy – having undertaken a ‘look back’ over the last 10 years during 2019. Last year we looked at a series of key ‘exam’ and programmatic questions, and are now undertaking ‘Programme Achievement Audits’ to feed into an overarching programme strategy. We plan to produce this in 2020, update a series of thematic strategies to complement this, and to ensure we are aligned with relevant and recent external thinking (e.g. the WHO world report on vision and the WHO Roadmap on NTDs, which was originally planned for June but has been delayed until late 2020. We expect to be in a position to publish a revised strategy in early 2021.

The current strategy is shown in our scorecard, or Strategy Implementation and Monitoring (SIM) card (see page 14). Each element has detailed sub-strategies and indicators that measure performance. We will be updating the objectives and indicators in the SIM card as part of the refresh.

There are four ultimate aims shown at the top of the SIM card, which link directly to our objects on health, education and inclusion. The first two are about governments ensuring eye health and education services (the ‘supply side’) are available to all. The third is about securing equality for people with visual impairments, and governments implementing the agreed conventions. The fourth is the ‘demand side’, covering inclusion and health objectives, and is about people with disabilities being able to seek healthcare.

We then take these aims and look at what we want to achieve for our beneficiaries over the strategic period. At present we undertake demonstration programmes in eye health, education and social inclusion. We have a separate objective to eliminate neglected tropical diseases (NTDs), which is tied to our object on advancing health.

Each of the objectives has ‘lead’ and ‘lag’ indicators, with data collected at least once a year (sometimes six-monthly). The results are set out and discussed later in this report.
Principles underpinning our portfolio

Eye health

We believe affordable health coverage should be available to all. We strive to improve local health systems (defined by the WHO building blocks of health systems) by:

- Improving the delivery of eye health services
- Training health workers
- Distributing medication
- Providing health financing
- Improving health information systems, governance and leadership.

To achieve this, we work alongside organisations such as the WHO’s Regional Office for Africa (WHO AFRO), the Africa Health Organisation, the West Africa College of Surgeons and the College of Ophthalmology of East Africa. We also strive to make sure universal eye health is included in national health policies.

In several countries, we work with ministries of health to develop and run district eye care programmes. In some of our larger programmes, we work with international non-governmental organisations (INGOs) such as The Fred Hollows Foundation, Helen Keller International and Orbis. We also work with non-governmental organisation (NGO) hospitals, particularly in South Asia.

Our district eye care programmes continue to show how we can improve eye health coverage so it is inclusive (both in terms of gender and disability) and sustainable.

Education

We believe that quality education and lifelong learning opportunities should be inclusive, equitable and available to all. In each of the countries where we work, our education programmes aim to:

- Encourage community members to get involved
- Strengthen disabled people’s organisations
- Develop education support systems
- Promote teaching and learning approaches for children and young people with disabilities that are contextually appropriate and focused on the students themselves.

We work with ministries of education, and sometimes other ministries. We also work with universities, community groups and disabled people’s organisations.
Social inclusion

Our social inclusion strategy follows the UN Convention on the Rights of Persons with Disabilities. We focus on economic empowerment and political participation, while gender and advocacy are also a key part of all our programmes.

We work closely with disabled people’s organisations (DPOs) in the countries where we work and have developed strong partnerships with International Disability Alliance (IDA), Action on Disability and Development (ADD International) and the Institute of Development Studies (IDS).

Neglected tropical diseases (NTDs)

Our NTD work is in line with the current WHO roadmap on NTDs and will be updated to reflect the new roadmap to be launched in 2020:

- Integrate and coordinate NTD programmes in the countries where we work, to eliminate the diseases as part of national master plans.
- Directly fund or coordinate with other partners to fight the five NTDs that respond to preventive chemotherapy: trachoma, onchocerciasis (river blindness), lymphatic filariasis (LF), schistosomiasis and soil-transmitted helminths (STH, or intestinal worms).
- Ensure that NTD projects promote gender equity and are inclusive of people with disabilities.
- Help to develop and improve health systems, such as by ensuring surveillance systems are in place.
- Develop new NTD partnerships, especially those that cross development sectors, such as between NTDs and water, sanitation and hygiene (WASH) initiatives.
- Improve what we learn from our programmes and make sure best practices are shared, both internally and externally.
- Coordinate between all Sightsavers’ health programmes located in similar areas, to ensure they are efficient and to manage demands on and sustainable benefits to the local health system.

Our contracts and donors are becoming more complex, and we strive to ensure our plans take account of other activities by discussing with ministries and reaching out to other donors and partners to understand how their plans can fit with ours.
Where we work
Highlights of 2019

Sightsavers has achieved some fantastic milestones in the past year. You can read about these in more detail throughout the report.

Programmes

- We managed a successful transition from a series of NTD contracts closing down to starting up and implementing the new programmes Ascend and Accelerate.
- We saw successful inception and start-up of our large disability programme ‘Inclusive Futures’.

Advocacy

- We supported the WHO’s world report on vision which was launched in Geneva.
- We supported the UN in creating disability inclusion strategy.

Income

- We recorded our highest ever income in 2019: a total of £341 million, with our non-gift-in-kind income exceeding £100m for the first time.

Organisation

- We received Disability Confident level 3 (highest possible) in the UK.
- We received ‘Great Place to Work’ status in India.
SIM card – results of beneficiary indicators (for results of all indicators and more details please see website)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Indicator</th>
<th>Previous Result</th>
<th>Target</th>
<th>Result</th>
<th>Status</th>
<th>Trend</th>
<th>Frequency</th>
<th>Performance Notes</th>
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</thead>
<tbody>
<tr>
<td>Demonstrate scalable cost-effective approaches to eye health</td>
<td>Lag - % of countries where Sightsavers has an eye health project that demonstrate improved access to eye care services that are integrated into health systems, where this can be measured (B01D)</td>
<td>20.00</td>
<td>60.00</td>
<td>25.00</td>
<td>Below Target</td>
<td></td>
<td>Annual</td>
<td>Although the results of this indicator have improved since last year this is still disappointing. However, that is not to suggest that eye health projects supported by Sightsavers are doing badly, or that we are doing less of them. This is a challenging indicator as it looks across the national eye health system as we want to achieve systems-level impact. The primary problem here remains the accurate collection of data, most notably, the national Cataract Surgical Rate (CSR), which is the number of cataract surgeries conducted per million population, per year. This is a crude indicator as it does not tell you about the quality of services provided, nor is it based on the proportion of those that need the service that are being provided that service. However, given the difficulty in getting accurate, year-on-year figures for the CSR, it would not yet be appropriate to move to the more complex Cataract...</td>
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<td>Surgical Coverage indicator. One positive aspect to note is the number of countries where we have an eye health programme, which are actively working to improve data collection.</td>
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<td>Lead - % of countries, where Sightsavers has an eye health project that have contributed to identification of gaps/needs through an eye health system assessment (EHSA) in the last 10 years (B02B)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>57.14</td>
<td>68.75</td>
<td>57.14</td>
<td>Below Target</td>
<td>⬤</td>
<td>Annual</td>
<td>The score for this indicator is the same as last year, reflecting the reality that as long-term processes, EHSAs are only carried out infrequently. As a strategically focused indicator, this measures processes across the national system, rather than district- or project-level assessments, which are done as a matter of course in planning projects. So it should not be taken as an indicator of the evidence base used for Sightsavers projects, but as an indicator of the health system to which we contribute and should be working to support the ministry in improving. It is important that all countries where we work have this national-level perspective and our programmes should be addressing this in advocacy work.</td>
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<td>Lead - % of countries, where Sightsavers has an eye health project that has contributed to identification of gaps/needs through a prevalence survey in the last 10 years (B02C)</td>
<td>85.71</td>
<td>80.00</td>
<td>85.71</td>
<td>On Target</td>
<td></td>
<td>Annual</td>
<td>This is an indicator where we have achieved strong performance over the last two years in particular, but shows a strong trend of growth in ensuring we have a solid evidence base for our programmes.</td>
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<td>Lead - % of health projects with clearly defined strategies to improve access by people with disabilities (B02E)</td>
<td>36.11</td>
<td>30.00</td>
<td>45.45</td>
<td>On Target</td>
<td></td>
<td>Annual</td>
<td>The results shown demonstrate a continued increasing focus on ensuring our eye health programmes are designed to be accessible for people with disabilities.</td>
<td></td>
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<tr>
<td>Lead - % of health projects that reach more females than males (B02G)</td>
<td>46.88</td>
<td>51.00</td>
<td>46.43</td>
<td>Approaching Target</td>
<td></td>
<td>Annual</td>
<td>This indicator has only been collected for the past two years, following a move from measuring strategies to improve gender equity in surgery access. Therefore, although there is a slight decline in numbers, it’s clear there are plans in place to address this country by country and such changes do take time as they involve a range of cultural, political and financial barriers. In some projects, progress towards improving equity has been</td>
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<td>Demonstrate scalable approaches which promote inclusive education</td>
<td>Lag - % of countries, with education projects where government has an education policy in line with the United Nations Convention on the Rights of Persons with Disabilities (B03A)</td>
<td>30.00</td>
<td>30.00</td>
<td>37.50</td>
<td>On Target</td>
<td>✅</td>
<td>Annual</td>
<td>Results in this area show a continued trend of growth in the policy environment in which we are operating, which is partly reflective of Sightsavers’ programme implementation and influencing work, but is also due to the work of other organisations, which are much of the time working collaboratively or towards the same aims.</td>
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<td>Lead - % of education projects that are suitable for replication/ adoption by government or other service providers (B04)</td>
<td>80.00</td>
<td>85.00</td>
<td>100.00</td>
<td>On Target</td>
<td>✅</td>
<td>Annual</td>
<td>The continued trend of improving the quality of our education work and ensuring it is designed with replication in mind, alongside our strategic approach, is very positive. We will continue to work across programme and technical groups to ensure that we are doing all we can to ensure our approaches are evidence-based, positively impacting on education access and quality, and embedded at a national level.</td>
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<tr>
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<tr>
<td>Demonstrate approaches that impact positively on inclusion and empowerment of people with disabilities</td>
<td>Lag - % of countries that meet at least four of the eight criteria on our social inclusion index (B05B)</td>
<td>53.85</td>
<td>69.00</td>
<td>80.00</td>
<td>On Target</td>
<td></td>
<td>Annual</td>
<td>This is a complex indicator and measures a range of aspects of social inclusion. It is also always going to be one where we are contributing to the wider social / political / economic environment and not responsible for it. Nonetheless, reaching the 80% threshold suggests much of what we, our partners and other agencies working in the sector are doing, often working alongside government, is heading in the right direction.</td>
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<td></td>
<td>Lead - % of countries (where we run social inclusion and/or education projects) that can demonstrate effective inclusion and empowerment of people with disabilities (B06C)</td>
<td>75.00</td>
<td>80.00</td>
<td>90.00</td>
<td>On Target</td>
<td></td>
<td>Annual</td>
<td>These results show encouraging multi-annual improvement in the quality of our own programmes, throughout the planning and implementation cycle.</td>
</tr>
<tr>
<td></td>
<td>Lead - % of health, education and NTD projects with clearly defined social inclusion strategies</td>
<td>64.36</td>
<td>65.00</td>
<td>56.64</td>
<td>Approaching Target</td>
<td></td>
<td>Annual</td>
<td>This is a comprehensive indicator and as such is a good indicator overall of how clearly Sightsavers is embedding the concept of inclusion across more mainstream</td>
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<td>to include people with disabilities (B06D)</td>
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<td>programmes. This has shown a slight decline this year, which is surprising given the new NTD programmes coming online have ‘leave no one behind’ strategies attached and that inclusive eye health is broadening as a concept. Some of this may be down to more stringent criteria being used to judge positive scores for each project. Overall, the decline is slight, and we will need to review again next year to see if we go back onto the trend of gradual improvement.</td>
</tr>
</tbody>
</table>

<p>| Deliver integrated NTD programmes in support of agreed global targets | Lag - % of countries, where Sightsavers supports specific NTD disease projects that are meeting national milestones to eliminate or control these specific NTDs (B08A) | 91.67 | 90.00 | 92.59 | On Target | | Annual | Overall, the progress here is good and above target. The scope of work has increased with new countries coming online and in their inception as part of DFID’s Ascend project (e.g. Central African Republic, Chad). These new countries are not currently meeting targets as treatment has not started - the first round of mass drug administration (MDA) is due in 2020. |</p>
<table>
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<tbody>
<tr>
<td></td>
<td>Lead - % of projects which meet or exceed their MDA targets for therapeutic and geographical coverage (B07B)</td>
<td>92.31</td>
<td>95.00</td>
<td>86.67</td>
<td>Approaching Target</td>
<td></td>
<td>Annual</td>
<td>While progress has been good in the majority of countries, a number of NTD programmes have been unable to provide services because of insecurity (Cameroon and South Sudan) while others have not conducted MDA because of delays by the Ascend East project (managed by Crown Agents) to contract for delivery partners (e.g. Sudan and Zambia). Ascend West countries are now operating as an integrated disease project which has increased the disease portfolio in those countries - MDA for that project was due to start in 2020 with preparation only in 2019. Some countries in conflict (e.g. Sudan, South Sudan) are unable to meet targets. Togo failed in its trachoma dossier submission - we are supporting the production of the second dossier, which we hope will be approved in 2020. The Gambia’s trachoma elimination dossier is delayed and subject to re-drafting for presentation to the WHO in 2020.</td>
</tr>
<tr>
<td>Objective</td>
<td>Indicator</td>
<td>Previous Result</td>
<td>Target</td>
<td>Result</td>
<td>Status</td>
<td>Trend</td>
<td>Frequency</td>
<td>Performance Notes</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Lead - % of NTD projects with clearly defined strategies to improve access by people with disabilities (B07C)</td>
<td>80.00</td>
<td>80.00</td>
<td>57.69</td>
<td>Below Target</td>
<td>↓</td>
<td>Annual</td>
<td>While the majority of countries do have a strategy as part of community-directed programming for NTDs to improve access by people with disabilities, we still have a long way to go before this is the case for all projects. We have further been more demanding in the evidence to show that this programming is in place. The Ascend project in West and Central Africa has this issue as a core element of the programme and with the learning from the UK Aid Match programme covering LF, we will see a marked improvement in this area of work in 2020.</td>
</tr>
</tbody>
</table>
## Output statistics

### a) Eye health

<table>
<thead>
<tr>
<th></th>
<th>2016 totals</th>
<th>2017 totals</th>
<th>2018 totals</th>
<th>2019 totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>People examined</td>
<td>12,052,091</td>
<td>14,093,230</td>
<td>16,364,038</td>
<td>11,542,420</td>
</tr>
<tr>
<td>Operations performed (cataract, glaucoma surgery, diabetic retinopathy, trichiasis and other general eye operations)</td>
<td>344,313</td>
<td>389,490</td>
<td>425,165</td>
<td>473,373</td>
</tr>
<tr>
<td>Operations for cataracts</td>
<td>260,930</td>
<td>316,243</td>
<td>355,630</td>
<td>403,346</td>
</tr>
<tr>
<td>Spectacles dispensed</td>
<td>286,774</td>
<td>383,117</td>
<td>456,934</td>
<td>493,186</td>
</tr>
</tbody>
</table>

### b) Neglected tropical diseases

<table>
<thead>
<tr>
<th></th>
<th>2016 totals</th>
<th>2017 totals</th>
<th>2018 totals</th>
<th>2019 totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>People treated for trachoma</td>
<td>24,690,187</td>
<td>27,604,538</td>
<td>17,663,974</td>
<td>28,538,035</td>
</tr>
<tr>
<td>People treated for river blindness</td>
<td>46,918,726</td>
<td>48,155,576</td>
<td>40,272,072</td>
<td>42,744,697</td>
</tr>
<tr>
<td>People treated for lymphatic filariasis</td>
<td>60,113,188</td>
<td>56,561,328</td>
<td>45,187,264</td>
<td>50,085,660</td>
</tr>
<tr>
<td>People treated for soil-transmitted helminths</td>
<td>16,728,965</td>
<td>11,873,445</td>
<td>3,913,216</td>
<td>5,890,582</td>
</tr>
<tr>
<td>People treated for schistosomiasis</td>
<td>5,773,756</td>
<td>13,039,523</td>
<td>6,521,477</td>
<td>15,332,416</td>
</tr>
<tr>
<td>Total NTD treatments</td>
<td>154,224,822</td>
<td>157,234,410</td>
<td>113,558,003</td>
<td>142,591,390</td>
</tr>
</tbody>
</table>

### c) Education and inclusion

<table>
<thead>
<tr>
<th></th>
<th>2016 totals</th>
<th>2017 totals</th>
<th>2018 totals</th>
<th>2019 totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who are blind, have low vision or other disabilities being supported in school</td>
<td>5,162</td>
<td>7,752</td>
<td>8,362</td>
<td>13,535</td>
</tr>
<tr>
<td>People who are blind, have low vision or other disabilities who received training (eg daily living skills, mobility and orienteering, vocational training or rights and entitlements training)</td>
<td>13,124</td>
<td>13,359</td>
<td>22,716</td>
<td>20,927</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------</td>
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<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>d) Human resource development</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health workers trained to gain initial professional qualification (includes ophthalmologists, cataract surgeons, ophthalmic clinical officers/ophthalmic nurses, optometrists, low vision specialists and technicians)</td>
<td>67</td>
<td>39</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>Professionals supported on eye health short courses</td>
<td>54,040</td>
<td>72,781</td>
<td>64,440</td>
<td>82,816</td>
</tr>
<tr>
<td>Professionals supported on education or inclusion short courses</td>
<td>6,161</td>
<td>60,479</td>
<td>30,486</td>
<td>94,533</td>
</tr>
<tr>
<td><strong>e) Volunteers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of village-level volunteers trained (NB: includes community distribution of treatment, primary eye care, education and inclusion courses)</td>
<td>259,670</td>
<td>267,972</td>
<td>248,885</td>
<td>269,241</td>
</tr>
</tbody>
</table>

*statistics from prior years may have changed from previous reporting due to updated information
a) Eye Health

For many years the majority of eye health examinations undertaken by Sightsavers has been conducted under the Lady Health Workers (LHW) project in Pakistan. In 2019, this project underwent a strategic redesign and began reporting only examinations conducted by trained community-based medical professionals that are attached to rural health centres. This process has strengthened our data in Pakistan and facilitated an audit trail back to individual health facilities. Based on this change to the methodology, the project registered a drop of 4.9 million, which was expected, and accounts for the entire decline in this indicator from the 2018 figure.

Performance year on year has increased in Sierra Leone (55,112, +151 per cent) due to the continued improvement in eye care service delivery in the communities, strengthening the referral system through the National Eye Health Programme in collaboration with local partners. In Liberia there was a large increase (37,446, +148 per cent), as we have introduced, for the first time in the country, social mobilisation activities targeting school-aged children.

India saw major increases in the number of examinations. Notable increases were in West Bengal rural eye health (100,714, +93 per cent) and Odisha rural eye health (37,559, +103 per cent), where we provide support to 59 Governmental Community Health Centres.

The number of cataract surgeries supported increased by 13 per cent from 2018, taking the total to more than 400,000. Over 90 per cent of cataract operations were conducted in South Asia, with Uttar Pradesh the largest contributor. In Africa, 26,131 surgeries were performed, which is a 5 per cent reduction on 2018 surgical output. This reduction has been caused entirely by the ending of the CATCH programme, with almost 5,000 fewer cataract surgeries being conducted in East Africa than in 2018.

The number of non-surgical eye health treatments delivered in 2019 increased by 15 per cent. This rise was driven by an increase in treatments administered (covering treatments for minor conditions like conjunctivitis) primarily in Pakistan and Bangladesh.

Spectacle distribution increased by 8 per cent, reaching close to half a million pairs in 2019, with India responsible for 95 per cent of all those distributed. Also notable are the number of pairs of spectacles distributed in West Africa, where Sierra Leone distributed 10,780 pairs (+63 per cent) and Liberia 4,445 (+92 per cent).

b) NTDs

Our treatment delivery has increased by 26 per cent from 2018. This reflects an expansion of activities under the Ascend and GiveWell programmes, with treatments increasing year on year for all diseases. However, overall performance is projected to be lower than the original plans for each disease due to significant delivery challenges. For example, in Nigeria’s Benue state, the Mectizan® for the 2019 treatment round for river blindness was not received in time. Some drugs were obtained from leftover supplies from neighbouring states to treat five local government areas (LGAs) of the 23 endemic LGAs. Benue received their Mectizan® in January 2020 and treatment for the other LGAs will be conducted in Q1 2020.

Trichiasis surgery totals have decreased slightly compared to 2018. Our DFID SAFE/ Queen Elizabeth Diamond Jubilee Trust programmes have now come to an end, but their work is continuing, in applicable countries, through our Accelerate programme, and in Chad and Nigeria through the DFID-funded Ascend programme. This was on target due to a concerted
effort for delivery in the latter half of the year, notably in Nigeria. However, a delay in the training of surgeons and the procurement of necessary consumables impacted the provision of surgeries in Benin, Cameroon and Senegal.

c) Education

India is responsible for 78 per cent of annual performance in this indicator, with an increase from 6,402 children in 2018 to 10,607 in 2019 (+60 per cent). In Jharkhand, the programme expanded into two additional districts beyond the initial plan, reaching 4,393 more children in 2019 than 2018.

In Sierra Leone, existing partnerships in Bombali District and community ownership led to an increase in enrolment and retention of children with disabilities across the project pilot schools. In 2019 we enrolled 826 children into mainstream schools, and we continued to see progress with a large number of children reaching their learning goals.

d) Social inclusion

The majority of adults with disabilities receiving training are in India, with a small amount of vocational training also taking place in Uganda, Cameroon and Senegal.

e) Human resource development

Newly qualified professional eye health workers include: three new ophthalmologists (two in Mali and one in Sierra Leone); two cataract surgeons and one ophthalmic clinical officer in Tanzania; and six ophthalmic nurses (three in Liberia and three in Zambia).

The number of professionals supported on education or inclusion short courses has increased by 210 per cent from 2018. The Inclusive Education Project in Bihar represents 66 per cent of the total for this indicator, with 60,023 people trained. The project almost tripled the number of classroom teachers and assistants receiving training. Our implementation partner, a government body, was very supportive and helped in identifying the large number of teachers.

In Odisha state, under their inclusive education programme, the entire cost of the district- and block-level training was met by the state government. This allowed the training to be scaled up and helped us exceed the targets for this indicator. In Odisha we planned to reach 5,000 classroom teachers and assistants, but in the end we were able to train 25,014 (+550%).
## Progress towards planned objectives

### Delivering for our beneficiaries

<table>
<thead>
<tr>
<th>What we planned to do</th>
<th>What we did</th>
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<tbody>
<tr>
<td><strong>Ensure the major contracts (Accelerate, Ascend, DID and Inclusion Works) all pass smoothly through the inception phase to start-up, meeting their agreed milestones.</strong> This will need to include expanded capacity within the various teams and countries.</td>
<td>Ascend and Accelerate, with total combined project budgets of £172 million, work in 19 African countries. We also have trachoma work in Pakistan and the Pacific islands as part of the Commonwealth Summit Fund. Completing inception planning activities for both these programmes was a massive undertaking. During 2019, Accelerate moved from inception into implementation with comprehensive plans for the upcoming period approved by the donors and the international team in place based in the UK and 12 other countries. Ascend is a consortium programme with partners including Liverpool School of Tropical Medicine, Mott MacDonald and the Schistosomiasis Control Initiative Foundation. This added a further layer to the planning process as we learned from each other and established the frameworks to collaborate effectively together. 150 inception deliverables were developed and submitted to DFID after an inception period of just over three months. The payment-by-results programme has also moved rapidly to implementation now that the plans have been approved. The first half of 2019 was a particularly busy time. We had to complete four significant programmes funded by DFID and the Queen Elizabeth Diamond Jubilee Trust, with a total funding of over £96 million. At the same time, we were navigating through inception for our two new flagship NTD programmes: DFID Ascend and Accelerate (as well as new disability programmes funded by DFID).</td>
</tr>
<tr>
<td><strong>Ensure the contracts coming to an end (UNITED, DFID SAFE, the Trust) all end well,</strong></td>
<td>The older programmes completed to schedule with ambitious targets achieved and some excellent scores. The award-winning DFID-funded ‘Integrated Programme Approach to Control a range of Neglected Tropical Diseases (NTDs) in Nigeria (Also called UNITED’ and ‘Reducing prevalence of river blindness and elephantiasis and improving the lives of poor people in DRC, Guinea-Bissau,</td>
</tr>
</tbody>
</table>
Nigeria and Uganda both scored A+, having exceeded DFID’s expectations. The UNITED programme delivered 158 million treatments altogether. We also received the following feedback from the Queen Elizabeth Diamond Jubilee Trust:

“To see such a well-managed and coordinated programme at this scale is truly inspiring.”

Through new sources of funding we have been able to further support our ministry of health partners in Africa to strengthen the eye health system to deliver services to those who need it the most, including people with disabilities and other marginalised groups. Through support from DFID under a new UK aid match grant, we started a new inclusive eye health programme in the Singida and Morogoro regions of Tanzania, and new programmes in underserved areas of Uganda and Malawi supported by the People’s Postcode Lottery (PPL) fund. We were also successful in securing further DFID aid match funding for a new and expanded inclusive eye health programme in Uganda and Malawi, and were able to maximise this funding through a successful Christmas fundraising appeal.

We have stepped up our school health integrated programmes (SHIP) to ensure children do not miss out on learning because of poor vision. Through these programmes, we work with teachers to screen children in schools and provide referrals for a mobile team of optometrists to dispense glasses and treat eye conditions. In 2019, we started a new programme in Pakistan, building on learning from existing programmes in India, Liberia, Nigeria, and Tanzania.

On World Sight Day in 2019, we launched ‘Keep Sight,’ an exciting new initiative to address glaucoma, in partnership with Allergan and IAPB. Despite being a leading cause of avoidable blindness, glaucoma goes largely unaddressed in low- and middle-resource settings. Keep Sight has started in two countries with some of the highest unmet need for glaucoma treatment: India and Nigeria. A significant donation from an individual donor has underpinned a major part of our eye care work in South Asia and is also being used to support the construction of an improved eye health facility in Uganda.
Increasing our capacities: areas where we need to excel

<table>
<thead>
<tr>
<th>What we planned to do</th>
<th>What we did</th>
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<tbody>
<tr>
<td>Work with the Bill &amp; Melinda Gates Foundation and its consultants to relaunch the</td>
<td>Uniting to Combat Neglected Tropical Diseases successfully established a new governance structure for the partnership. A new Board and advisory group, called the Consultative Forum, are now in place and publicly announced. As the host organisation for the partnership, Sightsavers is an observer on the new board. The partnership is working on a new strategy and operational plan in support of the new WHO Roadmap on NTDs and on the successor to the London Declaration on NTDs.</td>
</tr>
<tr>
<td>Uniting to Combat NTDs partnership and associated secretariat (formerly Support Centre).</td>
<td></td>
</tr>
<tr>
<td>Develop our evidence base and put evidence into practice in programmatic decision-making and quality improvement.</td>
<td>We received an additional grant from DFID and five new grants from the Task Force for Global Health to support a range of studies towards elimination of NTDs, with a total value of over $1 million. In Liberia we worked with the ministry of health to collect evidence on transmission of lymphatic filariasis in urban areas to help the country to develop strategies for treating populations in this context. In Cameroon, we used innovative GIS methods to map and treat nomadic communities shown to be at high risk of transmission of river blindness. In Nigeria, we started exploring new approaches to prevention and treatment of female genital schistosomiasis and care for patients suffering from devastating the impacts of lymphatic filariasis. We also continued to invest in building evidence on disability in low- and middle-income contexts. In Pakistan, we supported the national government to conduct surveys on visual impairment across the country. The surveys integrated new tools to measure relative wealth and disability and to assess how blindness and visual impairment affect people with disabilities and those living in the poorest households. Our randomised controlled trial in southern Malawi evaluated the impact of disability-inclusive education programmes and showed that training of caregivers in disability-inclusive practices has a positive effect on psycho-social development of young children and can potentially reduce the risk of developmental delays. The study also collected previously unknown data on the prevalence of disability among pre-school children aged two to six. Such evidence is of critical importance to</td>
</tr>
</tbody>
</table>
guide national and international efforts on disability-inclusive development. In 2019, our research has been disseminated through 21 publications in peer-reviewed journals and over 30 presentations and posters at international scientific fora.

| Support the new leadership at the International Agency for the Prevention of Blindness (IAPB), working with the WHO to deliver the world report on vision. | In addition to our governing role on the Board of Trustees, Sightsavers provided technical and financial support to IAPB to help further its objectives and ensure access to eye care for all. The world report on vision, published in October 2019 by the World Health Organization, was a critical area of engagement for Sightsavers. Working with other IAPB members, including Fred Hollows Foundation, we provided significant policy and technical inputs to the draft Report, the first ever global report on the global magnitude and impact of eye conditions and vision impairment. We worked with governments to secure a Resolution on the Report, due to be agreed at the World Health Assembly in 2020. |
| Work closely with the UN to support the development and launch of a system-wide Action Plan on Disability. | In June 2019, the UN launched its first disability inclusion strategy. The UN Disability Inclusion Strategy (UNDIS) outlines the UN’s commitment to disability-inclusive development, and is accompanied by a clear accountability framework. Given the level of ambition set out in the strategy and the scale of the UN’s work, this initiative has the potential to transform the rights of people with disabilities globally. As members of the International Disability and Development Consortium, Sightsavers fed into the development of the UNDIS and the technical guidance notes that accompany it. We have also supported effective implementation, including by ensuring that the UNDIS is included in a UN Resolution and that the UN Secretary General will be required to report against progress. We will continue to work closely with a range of partners to ensure that the UNDIS is implemented effectively. |
| Ensure large contracts we manage are optimised financially and programmatically to maximise cross-learning. We will involve other organisations leading similar consortia to ensure coherence across the NTD sector. | We strengthened the global support team responsible for supporting monitoring across our core programmes to ensure that we can implement more structured and joined-up learning from the implementation of our programmes. We did this by merging the previously separate monitoring and evaluation teams into a single monitoring, evaluation and learning team that is able to look at performance across the full programme cycle to draw out key learnings from each programme. The team aims to develop clear consolidation of the lessons that we are learning thematically and geographically, ensuring this understanding is available across the organisation and is fed back into new programme design. |
We also increased overall capacity in the team, bringing on new staff members and creating two elements to the team – one focusing on operational monitoring oversight and the other focused specifically on evidence and learning. This latter part of the team looks to ensure that learning processes and opportunities are built into our monitoring work across the lifetime of our projects. The team works closely with technical leads and the research team to ensure that there is a comprehensive and joined-up approach to learning. The team has had a key input into the ‘learning into practice’ review group that was set up as part of the overall strategic review. The team is working to strengthen the programme oversight reporting process, so that it remains fit for purpose despite the pressures of our growing portfolio, and is working to generate more meta analyses of our projects so that common themes can be shared and understood better.

We are working in close collaboration with organisations leading the parallel USAID NTD programmes (Act to End East and West) to ensure synergies, particularly in the delivery of activities to strengthen national health systems. With ESPEN, we are supporting development of the ESPEN portal, ESPEN Survey Support Services and regional training and workshops. Our Ascend programme is organising learning webinars to ensure to cross-programme learning – for example on national NTD data systems – and in 2020 is launching a learning and innovation fund to help turn innovative ideas into reality and accelerate progress towards control and elimination.

<table>
<thead>
<tr>
<th>Tap into media contacts and expertise brought by new chair Sir Clive Jones.</th>
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<tbody>
<tr>
<td>Sir Clive was able to help us arrange media training for the CEO and various directors to tackle difficult interviews. John Stapleton, a highly respected UK journalist, put us through our paces with media interview training! Sir Clive also wrote a blog for the Sightsavers website about his visit to our truckers programme in India.</td>
</tr>
<tr>
<td>We are reviewing possible opportunities around documentary making and celebrity endorsements.</td>
</tr>
</tbody>
</table>
Learning and growth (areas where we need to invest to achieve excellence)

<table>
<thead>
<tr>
<th>What we planned to do</th>
<th>What we did</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide further professional development for staff taking on the role of designated safeguarding lead (DSL) across the organisation.</strong></td>
<td>Sightsavers has continued to upskill and support the 24 designated safeguarding leads who manage partner compliance on safeguarding and run safeguarding training with key stakeholders and implementing partners. Since July 2019, the safeguarding leads have been consolidating their confidence, skills and expertise by running safeguarding training events with partners, using a suite of materials developed for this purpose. We refreshed and rebranded our safeguarding video, which was developed originally by Sightsavers India. All safeguarding leads are using this as a core training resource, not only for themselves, but also for other finance and programme staff, who use it during visits with partners. We began to develop and make more use of visual aids, such as posters and leaflets, which can be shared with partners and displayed at programme and project sites. There are annual face-to-face trainings for the designated safeguarding leads and quarterly calls with each of them. These calls and training allow the country office teams to feed back on their experience. The aim is to provide a forum for continuous learning and development across the business, while ensuring that systems and procedures are effectively maintained.</td>
</tr>
<tr>
<td><strong>Achieve Disability Confident Certification level 3 in the UK.</strong></td>
<td>The Disability Confident Scheme is a UK government initiative that provides public recognition and accreditation to employers that identify the potential of people with disabilities and take action to attract and retain these individuals. Level 3, or ‘Disability Confident Leader’ status requires an external assessment. As a leading advocate for the rights of people with disabilities Sightsavers seeks to be an employer of choice for disabled people and based on work in 2019, we achieved Disability Confident Leader status in February 2020. Sightsavers is one of only two international NGOs to have achieved this accolade.</td>
</tr>
</tbody>
</table>
Sightsavers attained Disability Confident Leadership status by undertaking a range of activities including:

- Advertising vacancies with a specialist jobs board that targets candidates with disabilities
- Setting a disability confident expectation with the recruitment agencies we work with
- Working with local Job Centre teams in the UK
- Piloting alternative application and selection methods to encourage applications from neurodiverse candidates
- Raising awareness internally through an interdepartmental Social Inclusion Working Group
- Hosting talks by external speakers on a diverse range of disabilities
- Engaging an occupational health provider that understands the work of NGOs
- Providing disability awareness training for new starters
- Creating an online wellbeing hub for all staff, and much more.

While Sightsavers is proud to have achieved Disability Confident Leader status, we are keen to continue to innovate and further develop our approach to attracting and retaining talented individuals with disabilities.

**Introduce a wellbeing package for staff to help alleviate stress and promote mental health.**

A global wellbeing taskforce was launched in 2019, led by the CEO. This group reviewed and promoted various initiatives that had been in place but were not well publicised (e.g. occupational health services). Various new initiatives were put in place such as discounted gym membership, a meditation app, increased numbers of mental health first aiders (including a number who can help internationally) and the creation of a Wellbeing Hub so that all employees can access a lot of useful information about wellbeing. We will be looking to expand this as COVID-19 leads to more and more of our staff working from home.

**Review the current strategy, looking back on lessons from the past 10 years, the current situation and trends affecting our sector, and developing answers to key questions. We will produce an updated SIM card,**

In 2019 Sightsavers launched its Strategy Refresh process. Last year we assessed our progress over the last 10 years to identify what could have been done better, calibrate where we stand as an organisation against evolving sector trends, and determine the implications going forward. The process involved three activities: the 'lookback', horizon scan, and ten exam question working groups. The working groups helped answer a set of key questions for the organisation and surface new ideas and opportunities. The questions addressed a range of topics, from how we can maximise the use and learning of evidence collected and what the optimal working model is for us and our consortia partners, to how we can effectively engage in challenging operating environments. The findings from all three
### Programme Strategy and a Number of Revamped Processes

Components of the refresh helped us prioritise and inform the strategic initiatives now being taken forward in 2020. We will need to assess whether we need to make any changes in strategy as a consequence of the COVID-19 pandemic.

We decided to take more than one year to finalise the strategy, so we could involve a larger group of employees – especially as many people were not at Sightsavers when the last strategy was devised – and to allow us properly to consider the changing external landscape.

We have begun work to map out the data that helps us measure programme achievement and identify where we have gaps and how we can best fill them. Findings from this exercise will also inform the review of the Sightsavers SIM Card. We will fine-tune our strategic objectives and related indicators, ensuring they continue to be fit-for-purpose. In 2020 we will also see the development of an overarching programme strategy. This will bring together the key aspects of the five thematic areas in which we work: uncorrected refractive error, eye health, social inclusion, education and NTDs. It will be used as an external communications tool to easily explain why we do what we do at a programmatic level to a variety of our partners. From this programme strategy will then flow the review of our thematic strategies, the more detailed roadmaps of each of the key areas in which we work.

### Develop the Next-Level Treasury Management System to Support the Liquidity and Financing of the Organisation through the New Contracts. Update the Treasury and Reserves Policies

Work has continued apace to improve the resilience of treasury management activities across our operations. We have invested in building capacity within the treasury function itself in response to business growth and increased compliance and regulatory complexity surrounding international payment processing. Systems development is now underway and an integrated treasury management system linking directly to our banking platforms is expected to be in place during 2020.

The treasury policy was updated and approved by the board in October. Major changes included the introduction of a liquidity risk management section, and the description of management and reporting of a borrowing facility which is now in place to support finance of working capital required for some UK government contracts where payment is made by government in arrears.

Liquidity reserve requirements were captured in the updated treasury management policy and as such, the reserves policy did not need to be amended in 2019.
Resources (funding our work and ensuring efficient and strategic use of resources)

Sightsavers fundraises in the UK and India, and has fundraising subsidiaries in Ireland, Italy, Norway, Sweden, the UAE and USA. Information about their registration, relationship with the UK charity and financial performance is contained within the financial accounts.

<table>
<thead>
<tr>
<th>What we planned to do</th>
<th>What we did</th>
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</table>
| Continue to improve fundraising performance, monitoring returns across all our markets and fundraising channels. | Individual giving continued to grow across all our markets except Sweden. Our regular reporting and monitoring has enabled us to be agile in our approach to investment and optimise our activity throughout the year. This agility will be a critical factor as we tackle the COVID crisis.  
Income from major giving channels was over £16 million, representing a 93% increase on our 2018 performance, and our most successful year across these income streams ever. Significant contributions came from GiveWell, People’s Postcode Lottery as well as an individual donor giving us a substantial personal donation. |
| Implement a category-management approach to purchasing and supplier management.        | Ensuring we have accurate and complete demand planning data for our programmes has been a key focus for the programme supply chain team, and to this aim we rolled out Programme Procurement Planner (PPP) late 2018. This has enabled us to gather 2019 demand for programmes early in the year and to develop more of a category-management approach to purchasing. This entails streamlining our suppliers and investing in relationships and partnerships with only key selected ones, negotiating better deals, fixing prices for the medium term and ultimately signing long-term agreements (LTAs) to ensure the goods our programmes need are available when required for the best price. Through implementing this approach, we are also seeking demand aggregation opportunities to achieve economies of scale, achieving better value for money across the board.  
We have achieved some tangible savings through this new approach. For example, we were able to purchase vehicles needed in 2019 in bulk, achieving a discount of 3%. For spectacles, we also benefited from discounts through bulk buying with our leading spectacles suppliers Vision Springs and Essilor for the whole year (10% saving across the category in 2019).  
There were also some indirect benefits in shifting to this new purchasing approach. Prices for medical products were negotiated and frozen for 12 months with a few of our key medical suppliers based on |
Our digital fundraising team expanded in 2019, enabling us to have dedicated focus for all markets and provide global support to fundraising teams outside of the UK. The number of donations made online increased by 35% in 2019, with several new types of activity and initiatives tested in different markets, and improvements made to the donation experience on our websites. Established digital activities also benefited from more focus and expertise, including email marketing, where we saw an increase in directly attributable income of 50%.

Our fundraising efforts in Norway are bearing fruit and activities are increasing. We now have a full-time Norwegian staff member based in Oslo. Unfortunately results in Sweden were not so good, and returns were not meeting our internal thresholds. We took the difficult decision to close down the operation, which we will be doing over the course of 2020.

We secured significantly more funding for our eye health programmes from trusts, major donors and corporate partners in 2019, including a number of multi-year grants. Highlights included: a commitment of £1.9 million from People’s Postcode Lottery to various eye health programmes; $1 million from an individual major donor for work in Asia and Africa; and six-figure funding from new foundation donors in Switzerland and the US for programmes in India. We also secured a new partnership with Allergan, supporting our glaucoma work in Nigeria and India. We continued to perform well in stewardship, as evidenced by a number of existing donors choosing to increase their level of giving, and our corporate account management was recognised by People’s Postcode Lottery, who marked out Sightsavers as a partner delivering excellent communications to their players.

We have been working together with other leading global eye health agencies to prepare joint funding applications for large scale multi-country programmes. We have submitted proposals to a range of donors from development banks to prize funds – including the MacArthur 100&Change competition for $100 million. Developing large-scale funding proposals in partnership with other organisations takes time, but is bringing the benefits of stronger strategic partnerships across our sector.
We are building new relationships with several government agencies in Europe and North America. Many of those conversations have been a result of our increased profile in the disability inclusion space.

Our relationship within DFID has broadened further through the International Multi-Disciplinary Programme. We are a partner within six consortia who are pre-selected to bid for work under this framework, across a range of thematic areas. We have already won two sub awards under this programme, and we expect to continue submitting applications through this mechanism.

We have also been investing our efforts to become the inclusion partner in mainstream development programmes and have made good headway in our relationship building work with potential lead contractors. We have been invited into consortia across health, education and social inclusion with bids going into DFID and USAID.

Ensure a smooth handover of the chair’s role between Martin Dinham and Clive Jones, including finding a replacement for the development knowledge lost with Martin’s departure.

Sir Clive, who received a knighthood in the 2020 New Year’s honours list, took over from Martin in July. The transition has been smooth – partly as Sir Clive had been a trustee for some time. We brought in Joy Hutcheon, who has significant development experience and worked at DFID for many years, onto the board, which will help replace the knowledge Martin had. Professor Chris Whitty is also on our board and brings a wealth of experience, particularly in infectious diseases.

Continue to ensure our value-for-money approach feeds into our programme design, and further strengthen our programme financial oversight processes in the countries where we work.

We undertook a cross-organisational review of our approach to value for money within our 2019 strategy review process. We looked back 10 years to assess what drove value for money in programme design and implementation. We need to document our approaches, successes and challenges more systematically and ensure that they are available for all staff to better understand our approaches but also to ensure that learnings are more easily fed into programme design. Examples of this in 2019 included strengthening of supply chain understanding within our NTD and eye care programmes, ensuring that activities and costs around logistics and bulk purchasing were taken into account in initial and annual planning.

We have strengthened our risk-based approach to country office capacity-building support, identifying countries that would benefit from targeted support from our central programme finance team. We have created a cross-Africa finance team to ensure that country office and partner control frameworks are working effectively, and that best practice from around the continent is shared across all programmes.
Organisational Effectiveness Assessment – ReD Associates

Towards the end of 2019, the Bill and Melinda Gates Foundation offered to fund an assessment by ReD Associates, a consultancy with social anthropological expertise.

ReD reviewed a wealth of documentation and then spent a week with us interviewing a wide range of staff members, partners and donors. They looked at us from a range of perspectives: strategy, ambition, leadership, processes, talent, governance, learning and resources.

We were very pleased with the results – ReD found that we were fundamentally sound with a very positive staff culture. Our systems, processes and financial base were all seen to be strong. The areas for improvement were primarily around communication, both internally and externally, particularly in relation to our strategy, goals and positioning. We will be hiring an internal communications staff member to work with us as we develop our strategy, which when formulated, will examine better ways to disseminate it and ensure Sightsavers’ aims, approaches and added value are better understood by a range of stakeholders.

Fundraising

The relationships we have with our supporters, and the kind donations they give, are vital to the work we do and the people that benefit from them. It is this support that is front and centre when we develop our fundraising programmes. We aim to be transparent in everything we do, ethical in our approach and efficient with our fundraising budgets. We are always conscious of the responsibility we hold towards our supporters, alongside our beneficiaries, and do our best to make those relationships as meaningful and positive as possible.

With efficiency in mind, we regularly update our return-on-investment analysis, allowing us to see which channels are performing best across our global fundraising markets. This allows us to be flexible with our investment and make quick decisions, optimising our activity. This agility enables us to maximise the return on our spend, in turn allowing us to raise more money and deliver more support for our beneficiaries.

While most of our work is done in house, there are occasions where it is cheaper and more effective to work alongside professional fundraisers and commercial organisations. All contracts and partnerships that we enter into are subject to due diligence and close management. External partners are subject to regular visits and training from the fundraising team and are expected to deliver against closely monitored service level agreements. We require third-party organisations that we may use to perform or support fundraising activities on our behalf to sign and adhere to our organisation supplier code of conduct.

Sightsavers is a member of the Fundraising Regulator and the Direct Marketing Association and abides by the direct marketing code of practice and the fundraising code of practice. In our international offices, Sightsavers is registered with the fundraising regulators in their respective countries, where there is one.
In 2019, Sightsavers received 48 fundraising complaints from members of the public. These were all received and resolved by us; none were received from the regulator. We continue to put significant effort into supporter care and take all feedback seriously. We undertake to respond to questions and complaints in a timely manner and in 2019, we responded to most complaints received via email or telephone within 24 hours, and those received via letter within a week.

We also take our responsibility to protect vulnerable people seriously. We follow guidance issued by the Institute of Fundraising about treating donors fairly, and we make sure all our agency partners are fully aware of this. We also have a Safeguarding policy, which includes a copy of our Code of Conduct; and a Supporter Promise, which set out our approach to protecting our beneficiaries and supporters and are publicly available on our website.

Environment

Sightsavers is continuing to strengthen its environmental management system and policy. We are conducting a range of environmental impact assessments across our countries. These assessments feed into Country Environmental Plans, which are being developed by country offices, and a network of environmental leads are being established to implement these plans. Globally, environmental reporting is underway with an emphasis on calculating our impact from travel and energy usage. In addition, an Environmental Working Group has been established in the UK office to address areas such as waste management and recycling.
Risks and key challenges

Risks

Risk identification and management is a key process within the organisation at all levels. All major programmes have their own risk mitigation logs, and the larger ones have their own governance processes. At the organisational level we have a risk log of the top risks, and a bespoke risk register covering all aspects of the impact of COVID-19. Apart from COVID-19 the primary risks we face are similar to those in 2018.

The log is reviewed by the management team regularly. The Audit Committee reviews the risk log at every meeting, and the Council discusses risk at least once a year. Trustees are satisfied that adequate systems are in place to monitor, manage and, where appropriate, mitigate Sightsavers’ exposure to the major risks.

The risks (and commentaries around mitigating strategies) are as below:

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<th>Risk</th>
<th>Risk management comments</th>
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| Recruitment and retention of key employees and contractors | Early in 2020 our two senior fundraisers resigned to move to other charities after seven and eight years’ service. We split the major giving team between Individual Giving and Institutional Funding, and promoted our head of digital fundraising to the new post of director of global fundraising and marketing after she proved the best candidate following an external search. While it was sad to lose them, we have managed their loss with minimum loss of continuity.  
Attrition among our technical and specialist staff, including project managers, has been low. Our concerns that there might be poaching from other organisations awarded large contracts has not materialised.  
We make sure our salaries are competitive in the UK market, but we recognise that many of our staff are internationally mobile, and we have a significant risk that salaries in the US are far higher than in the UK. |
| **Safeguarding of beneficiaries, supporters and external contacts** | Significant amounts of training of staff and partners has taken place, including the production of video materials to support smaller partners. Developing further support packages for them will be a key focus into the future.  
We are developing our expertise in the specialist requirements of safeguarding for people with disabilities. |
| **Health, safety and security events and other safeguarding issues concerning employees** | We have maintained our comprehensive reporting approach and have increased our resilience team. We have particularly focused on Nigeria, countries in the Sahel, Democratic Republic of Congo and Central African Republic.  
We have strengthened our capability to undertake remote working, initially aimed at supporting staff in countries where offices have to be closed for periods due to conflict. This will stand us in good stead now during the COVID-19 crisis.  
Safeguarding training is mandatory for all staff and trustees. We have a designated safeguarding trustee (Barry Hoffman) to whom whistleblowing can be directed if staff do not want to go via management. |
| **Poor quality or strategic alignment of programmes** | We are in the middle of a Programme Achievement Assessment, as part of our strategy refresh. This is a rigorous assessment of what programmes have achieved to help us develop our new programme strategy.  
We have identified the need to undertake a meta-analysis of our quality standards assessment tool (QSAT) findings to identify systematic/global areas of strength and weakness. This work is to be progressed in 2020, enabled by the use of Power BI. |
| **Inability to manage consortia to deliver on contracts and secure new opportunities** | We have significantly expanded our teams to manage the substantial consortia in NTDs and disability work.  
We have dedicated technical experts to support the programmes, including those who understand factors such as behavioural change and water/sanitation. Each programme has its own governance arrangements to ensure oversight. |
| **Inability to raise adequate voluntary income in mature and new markets** | We have completed our work on establishing return on investment reporting for every channel and every market to enable us to optimise investment globally. We undertake monthly reforecasting and six-monthly ROI analysis.

2020 will be an extraordinary year for voluntary income due to the impact of COVID-19 – we have instituted daily reporting on direct debit cancellations and will be adopting a highly dynamic approach to our fundraising activity as we receive data. Outside India we do very little face-to-face fundraising. |
| **Poor quality of implementation of programmes leading to failures in services to beneficiaries or delivering expected programme outputs and outcomes** | We have focused on developing monitoring systems – this has included enabling country dashboards to feed into central oversight systems. This is being extended to include cost information to help with the value for money agenda. We have standardised start-up, inception and due diligence processes for partners and comprehensive supply chain reporting.

We are in the middle of a two-year Power BI project to enhance the ability of country offices to make data driven implementation decisions.

We have added a significant number of country staff particularly to our West African cohort, where major contracts are ramping up. |
| **Media crisis in core markets** | Safeguarding issues continued to be covered in the press although at a lower level than the previous year. Issues of bullying and sexual harassment in some organisations meant charities were still in the public eye. Because of this there is increasing Charity Commission intervention alongside press coverage and interest.

We continue to strengthen our own whistleblowing and reporting measures, and take comfort from the positive findings of the ReD Associates review, which showed a strong and supportive culture. |
| Inability to replace or grow institutional income | Our relationship with DFID continues to be strong as we work closely with them on disability and NTDs. As at time of writing this report we are exploring how these programmes might be adapted to help tackle the COVID-19 pandemic.  
We are continuing to build our relationship with the Accelerate funders and a range of other foundation funders such as GiveWell. We are also continuing to apply to the European Commission for funds via non-UK offices. |
| Inappropriate controls | We have had positive reports from the various audits undertaken and the independent review panel of Accountable Now. The African finance team has been a useful addition and we have been able to coordinate our financial capacity building of country teams.  
We have strengthened our controls around invoice processing following a cyber-attack in the 4th quarter 2019, and are undertaking a review of our business systems as part of the strategy refresh. |
| Governance and organisational-level regulatory challenges, such as forced federation, new regulatory hurdles and strategic misalignment of boards | Sir Clive Jones took over as chair of the international board in July, and we appointed a new trustee with the development experience to replace the skills of Martin Dinham. All chairs of Sightsavers entities, plus the international board, attend a meeting annually in January to review strategic matters.  
A new board has been established in Nigeria, in line with changing local legislative requirements. |
<p>| Financial loss, disruption or damage to our reputation as a result of data loss, a failure of ICT, or in information security process controls | Following the cyber-attack, we undertook a cyber remediation audit using our independent security vendors. A variety of mitigation strategies were developed including additional controls, more rigorous contracting and onboarding protocols. We undertook significant training and awareness-raising activities with our staff and appointed business security representatives in our regional offices. We have developed an Information Asset Register which is now being rolled out and embedded. |</p>
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<th>Financial loss or operational constraints as a result of treasury activities, including credit loss, foreign exchange movement, liquidity or inability to transfer funds internationally</th>
<th>We increased the capacity in our treasury function and are looking at further additions. We have introduced enhanced cashflow reporting (now weekly). We continue to hedge currency to mitigate our exposure to currencies which move with the US dollar. We have a major focus on liquidity and established a £5m facility with HSBC to enable us to finance the arrears-based contracts for the major DFID programmes.</th>
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<td>COVID-19</td>
<td>We have implemented a comprehensive, evolving enterprise-wide response to the COVID-19 pandemic, including business continuity measures. To support those efforts, we have established a comprehensive risk register around the impact of COVID-19. There is a taskforce chaired by the CEO that oversees this. The register includes:</td>
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<td>– Business continuity – both for ourselves and our key suppliers</td>
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<td>– Income monitoring – in real time where possible</td>
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<td>– Regular communications to staff from the CEO, with an emphasis on wellbeing and transparency</td>
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<td>– Security and travel – all staff in country of origin from end of March</td>
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<td>– Dynamic assessment of fundraising activities based on data</td>
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<td></td>
<td>– Programme monitoring – enhanced systems created to enable more rapid assessment, which should be especially useful as we move into recovery phase. We are assessing the financial impact of suspension of programme activities, including dialogue with key donors to maintain funding for core programme capacity costs during suspension.</td>
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<td>– Review of major contracts to establish potential to divert activities to COVID-19 supporting actions (eg behavioural change).</td>
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Particular challenges through 2019, and ongoing

The challenging environment for international development organisations continued through 2019, and in to 2020.

a) Safeguarding remained a major issue for the sector, both in terms of protecting beneficiaries (and external stakeholders) and staff. Our focus has been on supporting partner capacity in this area as there have been two safeguarding incidents involving our partner organisations.

b) There was considerable political uncertainty in the UK through 2019, particularly linked to Brexit. This culminated in a general election in December where the electorate delivered a significant majority for the Conservatives. We believe the uncertainty and the election had an impact on giving for the Christmas appeal, although there was recovery in January.

c) Speculation continues about the future of DFID under the new government. DFID is currently an independent department with its own secretary of state; however all junior ministers now have dual roles within DFID and the Foreign and Commonwealth office, and many commentators believe the two will merge at some point. It is impossible to know whether this will happen or what the impact will be.

d) Security and conflict affected our ability to work in several countries, and the threat level in some has increased (such as in Cameroon and Mozambique).

e) Natural disasters and diverse climate change events such as the cyclone in southern Africa at the beginning of 2019 also had an impact. At the time of writing we are concerned about the locust swarms in Eastern Africa.

f) At the time of writing the world is convulsed by COVID-19. It is not yet possible to foresee the impact this will have on our programmes or our staff and supporters. We are conducting scenario planning and analysis, have mitigations in place and are carefully monitoring the effects and impacts.
Our plans for 2020

All of these objectives must be caveated by the extent to which the COVID-19 epidemic will impact upon our ability to deliver and on our income. At time of writing we do not know this – we do however anticipate that all activities will be affected to some degree.

Delivering for our beneficiaries

- Deliver on all contracts and grants – ensuring that impact is delivered for beneficiaries and donors are happy with progress
- Undertake a Programme Achievement Audit to feed into a new overarching programme strategy
- Commence review of thematic strategies, ensuring these are aligned with new WHO documents (world report on vision and Roadmap for NTDs 2030) and adhere to the Convention on the Rights of Persons with Disabilities
- Continue focus on safeguarding work, with particular attention to capacity building of partners.

Increasing our capacities (areas where we need to excel)

- Strengthen and deepen our relationships with a number of key partners – notably IDA, cbm international, Fred Hollows Foundation and Orbis
- Support the roll out and embedding of the world report on vision through launches in relevant countries and regions
- As host of the Uniting to Combat NTD secretariat, respond to the postponement of the malaria/NTD event in Kigali around CHOGM due to COVID-19 and support the induction of the new board and approval of the new strategy.
- Review SIM card objectives and indicators to reflect new programme and thematic strategies.

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

- Develop stronger approaches to ensuring our growing evidence base feeds into programme implementation
- Improve communication around strategy refresh, particularly internally
- Articulate ‘value proposition’ and messaging for a variety of stakeholders
- Deliver the first stage of a two-year project to use flexible and interactive analytical tools such as Power BI dashboards to enhance decision-making across Sightsavers and give programme teams the opportunity to improve understanding of project performance.
Resources (funding our work, ensuring efficient and strategic use of resources)

- Deliver voluntary income targets with a clear focus on return on investment
- Undertake a test of digital fundraising in the US
- Develop and deepen relationships with various institutional donors and foundations to increase and diversify income
- Continue to establish our presence in Nordic countries while ensuring we manage our relationships with regulators
- Produce a value for money report (initially internal only) aimed at increasing the understanding of staff, describing approaches, and highlighting specific value for money examples from across the organisation. Continue to work with partners to expand their understanding of IATI and to increase the amount of data they publish
- Re-engineer our accounts payable process to improve our robustness against cyber threats
- Assess our level of liquidity reserving by improving short-term cashflow forecasting and ongoing tracking of volatility in our cash position
- Develop the next-level treasury management system to support the liquidity and financing of the organisation.