



Social inclusion strategy

Creating a disability-
inclusive world



Sightsavers

Acronyms

SDGs	Sustainable Development Goals
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
GLAD	Global Action on Disability network
OECD-DAC	Organisation of Economic Cooperation and Development Development Assistance Committee
ODA	Official development assistance
OPDs	Organisations of people with disabilities
UNCEDAW	UN Convention on the Elimination of All Forms of Discrimination Against Women
NTDs	Neglected tropical diseases
VAWG	Violence against women and girls
INGOs	International non-government organisations
SBC	Social behaviour change
RUL	Research uptake and learning
IDIA	International Development Innovation Alliance
CSW	Commission on the Status of Women

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Cover image

Monica, a plumbing graduate of Sightsavers' employment training programme for young people with disabilities in Uganda.

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Barrister Genevive (centre) with her mentees as part of a project helping people with disabilities find employment.



Executive summary

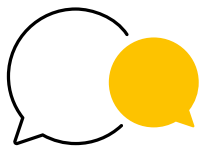
Sightsavers' social inclusion strategy sets out how we will contribute to the inclusion and empowerment of people with disabilities – globally, and in our programming countries – through our programmatic, research and influencing work.

People with disabilities often experience higher levels of poverty and discrimination, as well as significant barriers to claiming their rights. Progress has been achieved in some areas but despite this, people with disabilities are still excluded from development programmes and policies.

Our long term goal is to ensure people with disabilities, in all their diversity, have increased participation in society and can access health services, be financially independent and contribute to the decisions that affect their lives. We aim to

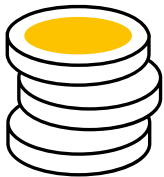
generate better evidence that will be used by decision-makers to implement inclusive policies and services that are responsive to all people with disabilities. This document builds on our previous strategy and applies what we have learned from our projects and programmes, from our new primary and secondary research, and the small, yet growing, body of evidence on disability-inclusive development. Our strategy also allows for flex and adaptation, as the global development context has changed and will continue to evolve.

Sightsavers' social inclusion strategy has four main themes:



Citizenship and political participation:

Without visibility and engagement in decision-making structures, the rights of people with disabilities are less likely to be realised.



Economic empowerment:

This is fundamental to poverty reduction, independent decision-making, community participation and development.



Inclusive health:

People with disabilities require equitable access to health services. Inclusive health also means ensuring that people with disabilities can benefit from the additional health requirements and expenses they may incur.



Promotion of the rights of women and girls with disabilities:

This is a strong focus throughout our social inclusion programming due to the disproportionate discrimination and exclusion women and girls with disabilities face.

Our approach is to work in a multi-faceted way that reflects how we believe change happens: through governance, policy change and implementation; within systems, services and markets; and among populations, individuals and communities. Central to this is partnership working, particularly with people with disabilities and their representative organisations, but also with other stakeholders, including state actors and the private sector.

Our strategy provides the details of how we intend to achieve our goals, and this is informed by an approach framed by a set of organisational strategic principles.

We explain how we apply the rights-based approach and how our work contributes to the Sustainable Development Goals (SDGs).

Our aim is to challenge the exclusion of all people with disabilities. Some projects will work across the disability movement; others will work with specific groups and this will depend on the project's rationale. We will also ensure that we understand better how intersecting inequalities, such as gender, ethnicity and disability, impact programme design and implementation; and we have identified this as an area we need to strengthen.

We are also planning to expand our understanding in new areas. This includes building resilience and strengthening systems to address the climate crisis, and also exploring how we can apply social and behaviour change to address negative stereotypes and discrimination.

Sightsavers' social inclusion programming is designed to have a lasting impact. Our projects are designed based on evidence, where it exists; we generate research – both primary and secondary; and we evaluate, document and share what we do. We amplify what works and what does not work so that development resources are used wisely and the lives of people with disabilities change for the better.

Introduction

Social inclusion is intrinsic to everything we do at Sightsavers. We have a committed team of experts and influencers. We collaborate with people with disabilities and their representative organisations. We are also a convener of allies to achieve systemic change for people with disabilities, in all their diversity. Research and evidence generation is at the core of what we do. We value transparency and share learning from large-scale influential programming and innovative projects to demonstrate what works to achieve gender-responsive and disability-inclusive development.

This new social inclusion strategy builds on, refines, and in some areas expands on, what we set out to do in Sightsavers' first social inclusion strategy.¹ The evolution in framing and approach is the result of what we have learned about our strengths and, most importantly, our weaknesses, in the five years since 2015.

Our strategic approach has been revised in light of the changing global context, and most notably it is informed by the 2030 Agenda for Sustainable Development and the SDGs. We also set out a more robust commitment to a rights-based approach, and state how our work is aligned with, and contributes to, all United Nations Conventions, particularly the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

We focus on working with people with disabilities to realise their rights, and to work with governments, other duty-bearers and a range of actors to deliver on their commitments and obligations. But there are no quick wins and to that end we will be ambitious and innovative in both our approaches and our partnerships. We will monitor our progress more rigorously, and document what does and what does not work. We will also be transparent in sharing this learning, so that the limited resources available for development are used effectively and efficiently to achieve sustainable results.

We believe that this strategy, while ambitious, remains relevant. It is realistic, practical and focused. It also allows sufficient flexibility to ensure that we adapt to new eventualities.



Participants of a Sightsavers-supported project in Delhi, India, that has seen girls with visual impairments taught judo as a form of self-defence.

Social inclusion at Sightsavers is relevant across each of the thematic areas. In this strategy we explain the links and opportunities afforded by an organisation working on health, education and broader social inclusion. The strategy is aligned to Sightsavers' overall vision and mission,² but it is further guided by a concurrent strategic process and should be read in conjunction with our organisational and programme strategies.

Our strategy will be reviewed on a regular basis and refreshed as required, enabling us to remain relevant and adaptive.



People with disabilities, in all their diversity, encompasses women, men, girls and boys of all ages and with all impairments. It includes people who identify as non-binary.



Mountaga and Adama, members of an organisation of people with albinism in Senegal, at a meeting to discuss issues they face in taking part in elections.

Context

Despite the strong commitment to social inclusion expressed by the international community, people with disabilities – especially women and girls – across the world continue to experience significant discrimination and exclusion based on stigma, negative stereotyping and other barriers.

People with disabilities are often excluded from participating in their communities, the wider society, and in development interventions; they also often face increased risk of violence and abuse. Further, people with disabilities are not a homogenous group and many people are subject to discrimination based on their disability status and other characteristics that intersect, such as age, race or gender. People with different impairments also face different barriers and forms of exclusion, which may vary across contexts.

Across nearly all socio-economic indicators, people with disabilities and their families fare worse than people without disabilities.³

While the gaps vary among countries, in some cases the difference in income poverty can be as much as 20 percentage points, and in terms of good health, literacy rates and employment ratios, can be as high as 50 percentage points.⁴

Over the past five years, in Sightsavers' annual inclusion reports⁵ we have recorded the efforts we have made as an organisation to better understand the realities of living with impairments in non-inclusive environments, and what it means to put people with disabilities front and centre of our programmes. We have made significant efforts to evaluate the impact of our work in quantitative and qualitative

ways, and we have consistently raised the profile of disability-inclusive development at global and national levels. We have evolved, with Sightsavers being a very different organisation to the one it was in 2015.

Over the past five years, we have increased our programmatic experience, developed internal expertise and adopted new ways of working, programmatically. We are now working in – and leading – consortia, and have built new partnerships, all of which have provided increased opportunities to influence inclusion across the sector. But we still have a lot to do and we want to do better.

Transparency and accountability are part of Sightsavers' way of working. We want to make a difference. We want the relatively small interventions we do as part of a large health consortium, or an innovative pilot initiative, to generate momentum and be scaled up nationally, regionally and globally. To achieve that, we need to design

projects with robust, yet adaptable, theories of change and action plans. We need to involve all stakeholders in participatory design processes that form part of the transformative journey, and we need to document, adapt and learn. These elements are fundamental to our approach to working.

These values have also contributed to a significant growth of our social inclusion portfolio and the expansion of our in-house specialist expertise. But our driver remains quality not quantity, and we will grow that skillset internally to ensure we continue to improve. We will also continue to strive internally to ensure that Sightsavers itself is an inclusive, diverse and empowering organisation.

To achieve positive change, it is important to understand the local context, including the political economy. But in a globalised environment, it is also critical to situate the work we do in the context of international treaties and global trends.



Irene (right) is employed by Kiiiza (left) as an intern at a hairdressing salon in Uganda.

© Sightsavers/Martin Kharumwa



Teizu volunteers in her community to tackle neglected tropical diseases.

The global environment

The five years up to 2020 have seen significant changes in the countries where we work. We know that more change will come; our strategic approach is designed to be adaptable and sufficiently flexible to the external environment, in order to be able to respond.

International policy framework

The UN CRPD, adopted in 2006, is a legally binding international human rights treaty that sets out the obligations of States parties to respect, promote and protect the rights of people with disabilities in countries where it has been ratified. The CRPD has reached near-universal ratification, with 182 states ratifying as of January 2021.⁶

Together with its optional protocol,⁷ the CRPD, plays a critical role in advancing disability rights across the globe.

In 2015, the 2030 Agenda for Sustainable Development was agreed by 191 Member States of the United Nations. Agenda 2030 is comprehensive: integrating economic,

social, and environmental elements of sustainable development. At its core is a commitment to leave no one behind and to reach the furthest behind first. This means that Agenda 2030 cannot be considered a success unless people with disabilities are included and benefit from development progress. Several of the 17 SDGs and their targets also include crucial references to disability. The commitment to disability inclusion has also been demonstrated in other recent development agreements.⁸

Progress at the international policy level is also reflected at the national level. In many countries where Sightsavers works, the CRPD is being domesticated; there is increasing legislation that prohibits discrimination on the basis of disability, and disability policies that set out how governments will respect, protect and promote the rights of people with disabilities. Despite this, discriminatory laws and policies still exist.⁹ Even where discrimination is not explicit, there are significant legislative and policy gaps in many countries. Where policies and laws are in place they are not always clearly articulated, and implementation is often weak. More needs to be done to ensure that policies are resourced and budgeted for, implemented, and integrated into mainstream planning. Governments and others need to be accountable for the commitments they have made.

Development actors are also increasing attention to disability inclusion. The UK government, World Bank and United Nations, for example, have put in place policies and strategies to mainstream disability inclusion. Member States to the United Nations are increasingly recognising the importance of including people with disabilities throughout their work, and this was clear in the adoption of a landmark Security Council Resolution in 2019.¹⁰ There is also better coordination across the sector, through initiatives such as the Global Action on Disability

(GLAD) network¹¹ and the Inclusive Data Charter.¹² The introduction of a disability inclusion marker by the Organisation of Economic Cooperation and Development Development Assistance Committee (OECD-DAC)¹³ and an increased interest from donors in disaggregating data means that there is now a greater understanding of the extent to which overseas aid is disability inclusive.

However, we should not be complacent, because despite the positive changes that have been made, many of the initiatives and policies are still in the early stages of implementation and are yet to exert the influence that is required. The first data from the new OECD-DAC disability marker shows us that only a small amount of official development assistance (ODA) is disability inclusive, and the scale of organisations like the UN and World Bank means that while there is significant scope for impact, progress can also be incremental and slow. There are still significant gaps in policy frameworks and disability inclusion is often considered as a 'niche' issue for disability specialists, so is not effectively mainstreamed into development programmes and policies. The progress made is not guaranteed and it is therefore crucial that we continue to build on and embed the changes we have seen over the past 10 years.

Global crises

As we write this strategy, the COVID-19 pandemic is ongoing. The full impact is yet to be understood, but we know that it has unleashed a human development crisis across the globe. Extreme poverty is expected to rise for the first time in 20 years.¹⁴ As many as 150 million additional people will be living in extreme poverty in 2021. The effects of the crisis are unequally distributed and existing inequalities have been exacerbated. It is increasingly clear that people with disabilities have been disproportionately impacted.¹⁵ In general, people with disabilities experience poorer health and are more likely to have health conditions that increase their risk to COVID-19. People with disabilities are more likely to face barriers to accessing health information and discrimination by health practitioners; they are also less likely to be able to adopt preventive strategies, such as physical distancing. The over-representation of people with disabilities among the lowest socio-economic groups and in the informal economy has also increased their risk of acquiring COVID-19. Already facing exclusion in employment,¹⁶ people with disabilities are more likely to lose their livelihood and experience greater difficulties accessing work during the recovery.¹⁷ Very few people with disabilities have access to comprehensive social protection systems.¹⁸

The COVID-19 pandemic has had a disproportionate impact on women and girls, including women and girls with disabilities. Self-isolation for women in coercive or violent relationships means being trapped (often without the means of accessing support) with a perpetrator who may become more abusive when there is no other outlet.¹⁹ Lockdowns also mean medical and social support services to people affected by sexual and

gender-based violence may be cut off or considered less important in health care structures that are overburdened by responding to COVID-19 cases, according to United Nations Fund for Population Activities (UNFPA).²⁰

The COVID-19 pandemic comes on top of existing crises. The world is facing a climate emergency, with low income countries most adversely affected, with less capacity to adapt to climate risks.²¹ Within countries, the impact of climate change is unequal, and often felt hardest by the poorest and most marginalised people. Due to systemic and existing discrimination, people with disabilities are often among those most impacted. Vulnerability to climate change is context-dependent, and risks have different impacts depending on individual and contextual factors, and how they intersect. The climate emergency is, fundamentally, an issue of human rights and social justice.²²

Crises are more complex and protracted, and likely to affect more people in the countries where Sightsavers works. By 2030, up to two-thirds of people living in extreme poverty will be those in fragile and conflict-affected settings; 90 per cent of people living in extreme poverty will live in sub-Saharan Africa, and increasing numbers of people living in poverty will live in middle income countries.

Robert Oyono, the first senator with a disability in Cameroon.



Population shifts

The demographics globally, and in our programming countries, are also shifting, which has implications for our work. The number of people with disabilities is increasing. This is in a large part due to population ageing, as the likelihood of acquiring an impairment increases with age. As older people do not often identify as people with disabilities, this creates different barriers for ensuring inclusion. By 2050, for the first time there will be more over 60s than under 15s.²³ Medical advances and increased incidence of non-communicable disease are also increasing the number of people with disabilities.²⁴ At the same time, we are now experiencing

large populations of young people in many of the countries where we work. This means that large groups of young people with disabilities are transitioning to adulthood. These young people are at a higher risk of being excluded from accessing a quality education and will now face barriers to the labour market if change does not happen.

All of this means we must continue and strengthen our work towards our vision and mission. Despite global uncertainty, we must remain steadfast in our commitment to delivering disability-inclusive development.

Theory of change

Impact: People with disabilities, in all their diversity, have increased participation in society through accessing health services, being financially independent, contributing to the decisions that affect their lives, and being valued members of society; better evidence has been generated and decision-makers use evidence to implement inclusive policies and services that are responsive to all people with disabilities

Goal 1 Citizenship and political participation: All people with disabilities, particularly women and girls, are actively contributing to public life and engaged in decision-making and governance structures, to better influence inclusive policies and local development

Goal 2 Economic empowerment: All people with disabilities, particularly women, can participate in, contribute to and benefit from the development of local, national and global economies in an equitable and sustainable way

Goal 3 Inclusive health: All people with disabilities, particularly women and girls, have improved access to health care and good health outcomes

Goal 4 Women and girls with disabilities: Women and girls with disabilities are agents of change in shaping the decisions that affect them, leading to equitable outcomes. Structural drivers of inequality and negative gender and disability stereotyping are addressed

Populations, individuals and communities	Systems, services and markets	Governance and policy
<p>People with disabilities are empowered to seek health and livelihood opportunities. They are active citizens who participate in the political and public life of their communities on an equal basis with others</p>	<p>Systems, services and markets are more inclusive, accessible and responsive to the rights, requirements and aspirations of people with disabilities and value their participation</p>	<ul style="list-style-type: none"> • Policies and regulations that respect and promote the rights of people with disabilities are adopted at international, national and decentralised levels • Inclusive governance structures and mechanisms promote the implementation of, and compliance with, disability-inclusive policies and regulations at international, national and decentralised levels • Adequate financial resources are allocated to ensure the implementation of inclusive policies and regulations at international, national and decentralised levels
<p>Negative social norms, stereotypes and misconceptions about people with disabilities are reduced or removed</p>		
<p>Relevant actors in the health, livelihoods, gender equity and political/local development sectors have the knowledge, skills and confidence to include people with disabilities</p> <ul style="list-style-type: none"> • Community structures, families and local OPDs/CSOs support and actively promote the rights of people with disabilities to seek health and livelihoods opportunities • People with disabilities have the capability and agency to enact their rights and access services and local development initiatives and opportunities • People with disabilities have access to appropriate tools, resources, information, support mechanisms and decision-making processes 	<ul style="list-style-type: none"> • Mechanisms are in place to hold systems, services and markets accountable to protect, respect and incentivise the rights of people with disabilities • Mechanisms are in place to reach people with disabilities and ensure they can equitably engage with systems, services and markets • People with disabilities and their representative organisations are meaningfully involved in and influence decision-making structures and processes <p>Relevant development programmes, local development plans and regulations are implemented through inclusive guidance and protocols</p>	<ul style="list-style-type: none"> • OPDs and civil society organisations meaningfully engage with governments, donors, multilateral agencies and other relevant stakeholders in the development of disability-inclusive policies and regulations at international and national levels. They contribute to the creation of adequate accountability mechanisms, and the allocation of adequate financial resources • Governments, donors, multilateral agencies and other relevant stakeholders commit to promoting and protecting the rights of people with disabilities • OPDs and civil society organisations have the capacity to advocate with governments, donors, multilateral agencies and other relevant stakeholders for the development and implementation of disability-inclusive policies and regulations • OPDs at local and national level have good internal governance structures and ensure meaningful and equitable engagement of members at all levels, without discrimination on the basis of gender, age, impairment or other factors
<p>Negative social norms, stereotypes and misconceptions about people with disabilities are understood. Relevant actors work to reduce these barriers</p>		
<p>Underlying principles: Leave no one behind. Coherence. Sustainability. System strengthening. Quality. Evidence-based. Partnership and participation. Alliances. Safeguarding</p>		



Godfrey Talemwa (right), who has cerebral palsy, took part in a three-month beekeeping course as part of Sightsavers' Connecting the Dots initiative to empower people with disabilities.

Students with disabilities attend an outdoor meeting at Nile Vocational Training Institute in Uganda as part of a European Union Commission funded project.



What needs to change?

Progress and transformation are needed in Sightsavers' social inclusion themes – citizenship and political participation, livelihoods, and health – in order to make a difference in the lives of people with disabilities, and especially women and girls with disabilities.

Negative social norms, stereotypes and misconceptions about people with disabilities must also be addressed. We have identified three interrelated domains of change. These are areas where significant shifts must take place for us to progress towards our goals.

- **Populations, individuals and communities:** People with disabilities should be empowered to seek health services and livelihood opportunities, and participate in the political life of their communities on an equal basis

with others. By communities, we mean geographic communities (such as the people within a village), but also other communities of association, such as women's groups and OPDs. To achieve this, community structures, families and local OPDs/civil society organisations (CSOs) must support and actively promote the rights of people with disabilities. In parallel, people with disabilities need the capability and opportunity to enact their rights and access services, local development initiatives and opportunities.

- **Systems, services and markets** need to be more inclusive, accessible and responsive to the rights, requirements and aspirations of people with disabilities. To achieve this change, development programmes, local development plans and regulations must be implemented systematically using tools and approaches that are proven to work. Mechanisms should be in place that enable stakeholders to hold decision-makers accountable for inclusive systems, services and markets. People with disabilities and their representative organisations must be meaningfully involved in decision-making structures and processes. Finally, relevant actors in the health, livelihoods, gender equity and political/local development sectors must have the knowledge, skills and confidence to include people with disabilities.
- **Governance and policy** change must take place at international, national and decentralised levels. Policies must become more inclusive, respecting and promoting the rights of people with disabilities. Policy changes must be implemented and backed by adequate financial allocations. To achieve this, organisations of people with disabilities (OPDs) and civil society organisations need the capacity to meaningfully engage with relevant stakeholders. Governance structures within OPDs should be representative of gender, age and impairment. In parallel, government and other relevant stakeholders must commit to promoting and protecting the rights of people with disabilities.

Negative social norms, stereotypes and misconceptions about people with disabilities must be understood, reduced and/or removed in order for change to be achieved in any of the above areas.

Achieving positive change in those three domains will advance progress to four clear goals under the following themes:

- **Citizenship and political participation: Goal 1** All people with disabilities, particularly women and girls, are actively contributing to public life and engaged in decision-making and governance structures, to better influence inclusive policies and local development.
- **Economic empowerment: Goal 2** All people with disabilities, particularly women, can participate in, contribute to and benefit from the development of local, national and global economies in an equitable and sustainable way.
- **Inclusive health: Goal 3** All people with disabilities, particularly women and girls, have improved access to health care and good health outcomes.
- **Women and girls with disabilities: Goal 4** Women and girls with disabilities are agents of change in shaping the decisions that affect them, leading to equitable outcomes. Structural drivers of inequality and negative gender and disability stereotyping are addressed.

Progress towards these thematic goals will contribute to the following impact we are striving for in the long term:

People with disabilities, in all their diversity, have increased participation in society through accessing health services, being financially independent, contributing to the decisions that affect their lives, and being valued members of society; better evidence has been generated and decision makers use evidence to implement inclusive policies and services that are responsive to all people with disabilities.

Themes, goals and objectives

We work on four main themes, which are linked with Sightsavers' other programming areas.²⁵ We will seek to maximise our impact as an organisation through capitalising on those links.

Our work will be designed using current evidence where possible. Where evidence does not exist, we have developed organisation-wide learning questions. Designing projects to respond to these questions will allow us to use our interventions to address critical global evidence gaps and improve the quality of our programmes.

Sightsavers' expertise in social inclusion is particularly focused on disability, and the promotion of disability rights in the areas of citizenship and political participation, economic empowerment and inclusive health.²⁶ Each of our objectives will have an explicit focus on monitoring gender equity and targeting interventions tailored

to women and girls with disabilities, recognising the systemic barriers specifically experienced by them. We have a gender-specific theme focused on promoting the rights of women and girls that will set out how we will contribute to this core component of achieving sustainable development.



Each objective focuses on monitoring gender equity and targeting interventions tailored to women and girls with disabilities.

Nanny Powers, President
of Cameroon's National
Association of Persons
with Short Stature.



Theme 1: Citizenship and political participation

Goal 1: All people with disabilities – particularly women and girls – are actively contributing to public life and engaged in decision-making and governance structures, to better influence inclusive policies and local development

Objective 1: People with disabilities are equitably and meaningfully participating in national and local decision-making processes, including local development initiatives as active citizens.

Objective 2: Local and national decision-making structures, governance systems, and public policies are more inclusive for people with disabilities.

Focus areas: inclusive elections; inclusive local development; decentralisation; citizenship.

“Where few take part in decisions there is little democracy; the more participation there is in decisions, the more democracy there is.”²⁷

In the countries where we operate, many people with disabilities remain outside societal decision-making structures.²⁸ This is because many people with disabilities experience barriers in society that limit their voice and perspectives, their agency (or capacity to act) and their ability to participate equally. These barriers, including negative stereotypes and associated discrimination, effectively limit their influence in public life and their ability to exercise their citizenship. Policy and legislative barriers, such as restrictions on who can run for public office, also limit participation.

This representational absence means that the specific issues and concerns affecting people with disabilities are less visible to policymakers and decision-makers. As a result, the rights of people with disabilities are overlooked, and services (in health, education, livelihoods and beyond) are not accessible or do not respond to their specific requirements.

By engaging in political and local development processes, people with disabilities become a constituency; they can promote the rights of all (including their own specific rights) and influence policymakers. In addition, people with disabilities have important perspectives on other issues and have a right to participate alongside the rest of their community. The main issue we are addressing is societal discrimination. This contributes to a lack of participation by people with disabilities – with different experiences depending on



Adama from Senegal holds the card that specifies she is a person with a disability.

gender, type and severity of impairment – in democratic public affairs and public life, and through local, national and global development processes.

Core to this is political participation because of the importance that access to, and influence over, national governance structures has on policymaking. This is aligned to the SDGs²⁹ and CRPD Article 3 (the General Principles) and to Article 29 of the CRPD (Participation in political and public life): "To ensure that persons with disabilities can effectively and fully participate in political and public life on an equal basis with others... [and] ...to actively promote an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, without discrimination and on an equal basis with others, and encourage their participation in public affairs."³⁰

We will build on our work on inclusive elections and inclusive local development processes. Our experience to date demonstrates that political parties, local councils, traditional leadership groups and formal area committees perceive women and men with disabilities to have limited

or non-existent voices and citizenship.³¹ Electoral codes and decentralisation laws often present explicit or implicit participation barriers for people with disabilities.³² At community level, people with disabilities reaffirm that barriers they face to their involvement in political life include negative and discouraging attitudes from family and community members and inaccessible physical environments.³³ This weakens self-esteem and restricts their contribution to political processes. For this reason, we will focus on three main approaches:

1. **Addressing the stigma and discrimination that inhibits men and women with disabilities from participating in public life**, by providing opportunities for empowerment at an individual level (leadership, communication, representation); influencing attitudes and sociocultural norms (community engagement, dialogue and communication); increasing technical capacity and knowledge (citizenship, governance, advocacy skills); and strengthening organisations (networking, alliances).

2. Addressing the accessibility and inclusion of political spaces by tackling the environmental and attitudinal barriers, whether at polling stations, by area committee/council meetings, or in information and communication materials.

3. Addressing policy and legislative reform, such as electoral codes or decentralisation laws, and the development of specific guidance to enable inclusion and participation.

We will focus on developing our knowledge and approaches to ensure participation by particularly marginalised groups, such as people with intellectual disabilities, people with hearing impairments, women and youth.

In line with the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), it is also important to consider political participation from a gender perspective.³⁴ Globally, women's political participation is low. As the 2011 UN General Assembly resolution on women's political participation notes, "Women in every part of the world continue to be largely marginalised from the political sphere, often as a result of discriminatory laws, practices, attitudes and gender stereotypes, low levels of education, lack of access to health care and the disproportionate effect of poverty on women." Women with disabilities experience the same barriers and discrimination as women without disabilities, but these barriers are often compounded by, and intersect with, discrimination based on disability.³⁵ In addition, the representation of women from organisations of people with disabilities tends to be low in those

national coordination mechanisms on disability and their representation in national machinery for gender equality is even lower.³⁶ We will work to specifically enhance the representation and participation of women with disabilities.

This also relates to the links with Sightsavers' other thematic areas, as embedding participatory and inclusive decision-making within all programmes is crucial to ensure the representation, voice and agency of targeted project participants. Civic and political participation in local development initiatives will better ensure that local services are disability inclusive and better fit the requirements of people with disabilities. We will seek to foster those links and maximise our impact through strategic collaboration.

This may include supporting the representation of people with disabilities in health, education and livelihood working groups of local area committees/local councils; capitalising on partnerships in inclusive education by supporting disability inclusion in youth civic education curricula/programmes and school governance systems; and amplifying the voices of people with disabilities to negotiate a place at the table and to identify the most effective entry points to ensure inclusion in broader development and humanitarian preparedness dialogue and planning. By maintaining a focus on ensuring people with disabilities are part of governance structures and development planning, we will support greater inclusion across the board.³⁷

Isseu, president of
the Association of
People with Physical
Disabilities in
Kaolack, Senegal.



Theme 2: Economic empowerment

Goal 2: All people with disabilities, particularly women, can participate in, contribute to and benefit from the development of local, national and global economies in an equitable and sustainable way

Objective 1: People with disabilities can access pathways that increase the assets, capabilities, and agency necessary to realise their employment, entrepreneurship, and financial inclusion aspirations.

Objective 2: Labour and financial market systems, including regulatory frameworks, remove barriers to the inclusion of people with disabilities and value their participation.

Focus areas: employment and disability confidence; entrepreneurship; financial inclusion; social protection.

While scant in terms of reliable research, there is enough evidence that the economic empowerment of people with disabilities must be a global imperative - and for Sightsavers it must also be a strategic imperative. Not least because economic independence fuels empowerment; financial resources strengthen social capital and fuel independent decision-making which then enables greater and more meaningful participation in society.

People with disabilities are far less likely to be active in formal labour markets and tend to pursue informal and insecure livelihoods. Internalised societal stigma (from educational systems, communities and families) has a big influence on livelihood aspiration, specifically the kinds of work perceived as appropriate to people with disabilities. Unaddressed discriminatory attitudes within financial services and an absence of priority, competency and employer disability confidence have systematically excluded people with disabilities from employment and core enterprise development services. Ineffective regulatory frameworks have failed to incentivise inclusion, punish disability discrimination or provide meaningful access to justice.

Friday works in a welding workshop in Uganda.



Encouragingly, the private sector is increasingly recognising the relevance of the inclusion of people with disabilities, both as consumers of its products and services but also as direct or indirect employees, and that it is central to long-term business sustainability to be more inclusive. There is considerable opportunity to build on the motivations of the private sector as well as the labour market frameworks that regulate it. There are also opportunities to influence underlying stigma and discrimination that limits the economic with aspirations of people with disabilities or creates unnecessary barriers to realising them. In particular, we see opportunities to contribute to addressing gender-specific issues. These may include the gender stereotyping of roles in the workplace and additional workplace risks for women with disabilities in employment (such as gender-based violence and sexual harassment). Innovative solutions are also required to address time poverty due to household demands, so that women have the ability to access skills development programmes that are flexible and responsive to their needs.

The overarching principle in our economic empowerment is alignment with the CRPD, particularly Article 27: “Work and Employment”. Our approach is to strengthen systems (both national and transnational) and to work in collaboration (often in wide-ranging consortia) with other actors who co-exist within those systems. We commit to being rigorous in analysing and researching contexts and understanding the situations of vulnerability faced by men and, particularly, women in realising their economic aspirations. We also commit to the systematic collection of evidence on solutions for all people with disabilities, as well as the economic costs of exclusion to local, national and global economies.

Employment

We will continue to work within the formal sector on disability-inclusive employment. This will enable us to capitalise on the learning we have gained through our current programming and to assess the degree to which the private and public sectors embrace disability confidence and recruit more people with disabilities. Our assumption is that the relationships we have built will also have a positive effect along value chains, and generate a significant multiplier effect on employment in the informal sector, particularly for people who do not have the educational qualifications increasingly required for direct employment within the formal sector.

Our focus on working within large national and transnational value chains will be scaled up. We anticipate demonstrating that this will create economic empowerment opportunities for people without formal education, particularly with our work on agricultural-based value chains in rural contexts where people with disability often (disproportionately) live, noting that disability often limits economic migration options.

We will continue to commit to role modelling inclusion, building employer disability confidence and generating resources for others to adopt freely. As an employer, Sightsavers has itself been on a journey to become more disability confident, as per our 2015 commitment to become an employer of choice for people with disabilities. We have now attained Disability Confident Level 3 in the UK – (as part of the UK government Disability Confident scheme)³⁸ which confers leadership status. We are increasingly seeing relevance between what we practice internally and how we work in our programmes. Other employers in the sector and beyond are interested in our



Munyori (left) shows potential recruits around Standard Chartered Bank HQ in Nairobi.

experience to recruit and retain people with disabilities, and we are also supporting employers in our economic empowerment projects with training and advice. We will continue to use our learning in this area to promote disability-inclusive workplaces and support the economic empowerment of people with disabilities more broadly. We will also continue to explore innovative ways to challenge negative assumptions about disability in the workplace and we will strengthen our inclusive workplace practice, including accessibility of our resources.

Finally, we see a significant opportunity to link with inclusive education interventions, for example, influencing equitable access to higher and further levels of education that match the career aspirations of youth with disabilities. We also see possibilities of working with inclusive health at various levels of care; for example, on public sector employment as well as access to health services necessary to support people with disabilities into, or back into, work and skills development programmes.

Entrepreneurship

Small and medium sized enterprises and own-account working (which covers self-employment and micro enterprise) form a significant part of our economic empowerment strategy. We recognise that these generate the vast majority of employment in the contexts we work in. Our experience of youth economic empowerment in Uganda demonstrates that well-designed interventions can generate resilient and adaptable entrepreneurs, able to manage through economic and environmental (including health) shocks that will likely increase in frequency and intensity in the future. There is scope to work with micro, small and medium sized enterprises of people with disabilities, as well as farmers with disabilities, and to link them, sustainably, into private sector value chains and public sector procurement mechanisms. This also creates opportunities to link with Sightsavers' inclusive health

objectives, and to innovate, for example, in entrepreneurial approaches to increasing access to assistive devices and technologies, the absence of which is a barrier to broader participation in societies and economies.

Financial inclusion

Economic empowerment is not possible without financial inclusion. Exclusion from regulated financial services drives entrepreneurs with disabilities into unregulated, often exploitative, financing. Exclusion of women with disabilities from transactional services often means that the monetisation of their work is taken out of their control and put into the hands of others. We will work throughout this strategic cycle to influence financial service providers and regulatory structures to design and adjust financial products and delivery channels to the requirements of people with disabilities, and to remove barriers that exclude them from the full range of transactional, credit and insurance services.

Social protection

National comprehensive social protection systems play a crucial role in supporting the economic empowerment of people with disabilities. Regulatory frameworks, which have a direct influence on inclusion, are key to effective and inclusive labour market systems; unfortunately, these are usually not well developed, well communicated or accessible. Social assistance for people with disabilities is often linked to inability to work, and so does not support people to access the labour market. Mainstream social assistance is often inaccessible and does not take into account the additional cost of disability. It's a new area of focus for Sightsavers and we will develop a much deeper competency and capacity to influence it – whether through mechanisms which support people with disabilities to access employment, cushion the loss of employment, support the acquiring of skills that help get people back into productive work or protect rights and reduce discrimination against those in employment.



Parasram, pictured at the shoe business he set up with help from an economic empowerment project in India.



Nipa (left), pictured with her mother at their home, is studying engineering at a local college in Gazipur, Bangladesh.

Theme 3: Inclusive health

Goal 3: All people with disabilities, particularly women and girls, have improved access to health care and good health outcomes

Objective 1: Improve access to general and specialist health services and better health outcomes for people with disabilities, in all their diversity.

Objective 2: Contribute to the development of inclusive health systems and the achievement of universal health coverage (UHC).

Focus areas: Consolidate efforts to mainstream disability inclusion in eye health and NTD programmes; mainstream disability inclusion in other health programmes, for example, mainstream sexual and reproductive health rights (SRHR); invest in mental health as a cross-cutting priority.

People with disabilities are likely to experience a higher requirement of both general and specialist health services compared to the rest of the population. At the same time, they are likely to experience limited access to general and specialist health services, increased health care expenditure, and poorer health outcomes. This is due to the existence of barriers in health systems and wider society, along with higher exposure to negative social determinants, such as poverty, stigma and discrimination, violence and abuse.

Sightsavers will invest in approaches aimed at promoting access to general and specialist health services and improving health outcomes for people with disabilities, in line with CRPD Article 25, which states: "Persons with disabilities have the right to the enjoyment of the highest

attainable standard of health without discrimination on the basis of disability." Equity in access to health services is key to attaining governments' obligation to deliver UHC, which is enshrined in SDG 3. This was further emphasised in 2019 by heads of states through the Political Declaration of the High-Level Meeting on Universal Health Coverage – which included several references to people with disabilities, including the commitment to increase access to health services for all people with disabilities, removing physical, attitudinal, social, structural and financial barriers.³⁹ In order to make progress on UHC, people with disabilities must be reached by national efforts as a priority. Targeted approaches are required to ensure that people with disabilities can realise their right to health on an equal basis with others.

Working in partnership with governments, mainstream health agencies, organisations of people with disabilities and other development stakeholders, we will explore opportunities to mainstream disability inclusion across the core building blocks and different functions of health systems in a wide range of health programmes.

Louisa is waiting for an ambulance to transfer her to hospital for surgery in Nampula, Mozambique.



We will also aim to create links between our inclusive health initiatives and other areas of our programme portfolio. These may include building on the private sector partnerships established through our economic empowerment programmes to develop innovative approaches to inclusive health promotion.

Ultimately, we aim to ensure that people with disabilities are empowered to enjoy the highest attainable standard of health, benefiting from – and contributing to – the sustainable development of their communities, while making sure no one is left behind.

As part of our commitment to promoting access to general and specialist health services, improving health outcomes for people with disabilities and strengthening health systems, we have identified the following priority areas.

Consolidate our efforts to mainstream disability inclusion in eye health and NTD programmes

In recent years, Sightsavers has developed various approaches aimed at making eye health and NTD programmes more inclusive for people with disabilities. As articulated in our eye health, refractive error and NTD strategies, we will continue to work with national and international partners to develop sustainable interventions and consolidate our efforts in these areas.

Mainstream disability inclusion in SRHR programmes

Gender equity will be a key element of all our inclusive health work, and we will strengthen our focus on improving access to health care and health outcomes for women and girls with disabilities. Our ambition is to apply the learning from

our inclusive eye health programming to other health sectors. Given its importance for women and girls with disabilities,⁴⁰ we will aim to replicate our disability mainstreaming experience through working with mainstream health agencies, government partners and organisations of people with disabilities in sexual and reproductive health and rights (SRHR) programmes, including family planning, maternal and child health, gender-based violence prevention and response, and other priority services.

Invest in mental health as a cross-cutting priority

Mental health is an integral and essential component of health. Several social, psychological, and biological factors determine the level of mental health of a person at any point in time.⁴¹ Integrated cross-sectoral strategies are needed to address negative social determinants and promote a human rights-based approach to global mental health.

Throughout the next strategic period, we will strengthen our commitment to the promotion of positive mental health interventions in global development – in relation to people with disabilities and other stakeholders, such as health workers and partners involved in our programmes. Our approach will be exploratory. We will build on existing experience, seeking new opportunities to establish collaborations with global mental health partners. We will aim to reduce stigma and promote good health and wellbeing in our programmes, while helping strengthen inclusive mental health systems and services in the countries where we work.

Naheed (right) waits with her family for her final assessment before cataract surgery, in Rawalpindi, Pakistan.



Theme 4: Promotion of the rights of women and girls with disabilities

Goal 4: Women and girls with disabilities are agents of change in shaping the decisions that affect them, leading to equitable outcomes. Structural drivers of inequality and negative gender and disability stereotyping are addressed

Objective 1: The rights of women and girls with disabilities are promoted, respected, protected and realised within development processes and structures.

Objective 2: Women and girls with disabilities in all their diversity are free from violence, exploitation and abuse.

Focus areas: women's leadership in civil society; prevention of violence against women and girls.

Gender equity will be a priority in all our social inclusion work. Within each of the other strategic themes, the rights of women and girls with disabilities are explicitly referenced in order to deliver programmes that are gender-responsive and equitable.

Recognising the disproportionate exclusion and discrimination of women and girls with disabilities, Sightsavers will also scale up efforts to address the intersecting and multiple forms of discrimination experienced by women and girls with disabilities. This discrimination might be based on social class or ethnic, religious or racial background; status as a refugee, asylum seeker, internally displaced

person or person affected by a health or environmental disaster; sexual identity or HIV status; or age or marital status.⁴²

Some estimates state that an average of one in five women over 18 has a disability.⁴³ Women and girls with disabilities do not have the same choice and control over many aspects of their own lives compared to men or women without disabilities. For example, women with disabilities are at greater risk of gender-based violence, lack equal access to sexual and reproductive health and rights, and are subject to more inequality and discrimination, greater marginalisation, reduced participation in decision-making, and unequal access to education.⁴⁴

Dipa (left) and Rekha sign with each other while volunteering at Access Bangladesh, an OPD working with Sightsavers.



International human rights law recognises inequalities among women and girls with disabilities. The UN Convention on the Elimination of all forms of Discrimination Against Women and the UN Convention on the Rights of the Child have addressed harmful gender and disability stereotypes that lead to discrimination and human rights.⁴⁵

In addition to the focus on gender equality within our other themes, it is critical that women and girls with disabilities are agents of change in shaping the decisions that affect them.

We will be proactive and creative in scaling up our work with women and girls. We will design strategies for engagement that are consultative, use proven participatory methodologies and that allow space for men and women to discuss and challenge power dynamics. The aim of this is to strengthen the voices of women and girls with disabilities. The safety of women and girls during our interventions will also be given priority and staff will be encouraged to ensure that the interventions do no harm to all who participate in them.

We will expand our programmatic focus, together with women and girls with disabilities in all their diversity, and scale up our targeted interventions to support their rights and empowerment in two key areas.

Women in leadership and decision-making

Women's voices in development decision-making are critical, and although evidence is limited, our experience is that women's leadership and membership in the OPDs we work with is limited.⁴⁶ This creates programmatic challenges. In the first place, achieving gender parity in our interventions, such as training workshops,

has been difficult. Secondly, the interests of women and girls do not always come to the fore in discussions with OPDs, and as an organisation that wants to champion equal rights, we would like to work with women to amplify their voices.

We will champion women's participation within organisations.⁴⁷ We will support the role of women with disabilities in OPDs, including their participation in women's committees. We will also support organisations of women with disabilities to better participate in national and international forums and become more proactive on issues that affect women. Where Sightsavers works with civil society organisations, we will build capacity to support the empowerment of women to engage, especially in decision-making fora.

Prevention of violence

The increased risks of sexual and other forms of violence against women and girls with disabilities is a major concern.⁴⁸ Yet violence against women and girls (VAWG) interventions are not always disability inclusive. They may not respond to specific risks and requirements of women and girls with disabilities, and response services may not be inclusive, accessible or responsive to the specific needs of women and girls with disabilities.

In partnership with women and girls with disabilities, we will undertake a scoping exercise to understand this sector holistically, through policies, programmes and partnerships. We will identify the contribution Sightsavers can make, by influencing or taking practical measures like applying disability mainstreaming within existing projects.

Astou, President
of the Albinism
Association in
Dakar, Senegal.



Implementing the strategy

This section outlines how we will put this strategy into practice. Each of the organisational strategic principles are intrinsic to how we work and are used as a framework to explain our approach. This part of the document will provide clarity to staff and partners on programming approaches, based on our organisational experience. Our approach has evolved to have an increased focus on behaviour, and we will strengthen how we embed social and behavioural change at the project design level.

Strategic principles

- **Leave no one behind**

In all of our programmes, we will aim to achieve this central principle of the SDGs. It is not enough to make progress through our programmes unless that progress includes all people within the communities where we work, with a particular focus on disability, gender, age and income. This will require a person-centred and human rights-based approach rather than a top-down service delivery model, and requires a specific focus on marginalised people, including people with disabilities from particularly excluded groups.

- **Coherence**

We are increasingly bringing our two areas of expertise together, ensuring that all of our programmes are designed and implemented in an inclusive way, with a particular focus on disability and gender inclusion. This could be seen as out of line with public health approaches as they are commonly implemented in low resource environments, designed to benefit the maximum number of people within the resources available. We will continue to advocate for this to be done in an inclusive way, leading to UHC. However, changes in approaches and priorities within health systems take time and consistent stakeholder engagement,

and part of our role is to demonstrate ways to ensure marginalised populations who may otherwise be excluded are able to access services. Our inclusive eye health portfolio is increasing and including 'leave no one behind' strategies is a big step forwards within our work on neglected tropical diseases. Making inclusion a systematic part of our approach is now a key focus, including addressing issues of intersectionality (the combination of multiple factors within an individual's context which creates complex and interconnected barriers to their inclusion).

- **Sustainability**

In partnership with systems and organisations in the countries where we work, we aim to develop programmes that will have a sustainable impact. These are defined as projects that will be able to continue effectively once our direct input has ended. This includes considering the political, financial, technological, socio-cultural and environmental aspects of programmes. We are developing an approach to long-term planning that will assess our likely exit strategy from programmes countries, and we will revisit this when developing specific programmes to judge progress and adjust our long-term plans as required.

- **System strengthening**

We work to strengthen the systems that drive social inclusion and deliver services. This includes activities and initiatives that strengthen and support those systems, working closely with the individuals and structures with responsibility for them. We ensure our programmes are designed and implemented with existing systems in mind and do not work in competition with them. This includes working with government, private and civil society organisations that exist as part of those systems of policy, delivery and accountability.

- **Quality**

We see achieving a good quality of outcomes as an ongoing process and not a fixed point. We recognise that the perception of quality is a key driver in decisions made by individuals and that to be effective and sustainable, changes in systems and services must be perceived as good quality. We also understand that quality improvement is a complex process, involving many inter-related parts, and that the evidence base on effective quality improvement strategies in low-resource environments is patchy. Finally, we note that our ability to influence different levels and aspects of systems is variable within and between contexts. We will not seek to

assess progress on quality solely through simplistic output-based measures, although these can be useful data points. Specific aspects of quality that we will focus on are effectiveness (evidence-based and demonstrating improvement), efficiency (maximising outcomes for investment levels available), accessibility (timely, as close to point of need as possible), acceptability (person-centred, taking into account individual preferences and cultural norms), equity (quality and access does not vary due to personal characteristics) and safety (minimising risk of harm).

- **Evidence-based**

We will both contribute to and learn from the available evidence base in all our areas of work. We will use appropriate methodologies, ensuring that the evidence we generate from our programmes is relevant, well communicated and understood by stakeholders, including communities, and that we reflect on, analyse and use evidence in the implementation of our programmes.

- **Partnership and participation**

We firmly believe that working in close partnership with organisations embedded in the countries where we work is key to ensuring the sustainability of the work that we do. These partners range from national government ministries to local community groups and all levels in between. In all programmes, we will work to make our own role either redundant, strengthening partners, services and systems to be able to continue without us, or adaptable, ensuring that any role we play in supporting or monitoring change is enabling and not competing with those structures. Simply put, we do not implement programmes without partners rooted in the systems and communities where we work. While we undertake research, implementation and influencing activities directly in some circumstances, our principal root to encouraging participation directly by communities in the development process, is through these partnerships, to help build, enable and strengthen sustainable accountability mechanisms, rather than to insert ourselves into them.

- **Alliances**

As illustrated in our SIM card, we will also work in strategic partnership with other like-minded organisations and institutions to maximise shared learning and mutual impact beyond themes and geographic areas where we work directly. We work with global disability and health partners, and international non-government organisations (INGOs) working in the areas of health and/or inclusion, sectoral and geographic networks, UN institutions and bilateral donors. We also work in partnership with other, general development actors and the private sector, where relevant, and particularly within our growing consortia-based approach.

- **Safeguarding**

We recognise the potential power relationships involved in any development programme and the potential for exploitation or abuse by those holding the power. Our operating model (focused on local and national partnerships and programme staff up to the most senior levels, working in their country or region of origin) reduces some of the risks inherent in other models. Nevertheless, significant risks remain. Our approach is focused on a clear code of conduct, risk assessment of both partners and programmes (including our own role within these), training of our own and partner staff, rigorous reporting mechanisms and swift and proportionate action when incidents occur.



Onyinyechi, a polio survivor, works at the Nigerian Civil Service Commission.

Applying the principles

Leave no one behind

The SDGs inextricably link the development and environmental agendas and the fundamental roles and responsibilities of the state. They also acknowledge the roles of the private sector and civil society in delivering environmentally sustainable development for all. Our work as an organisation contributes to a number of the goals and we use the SDGs as a way to leverage the influencing work we do around disability inclusion, particularly with the private sector and governments.

In practice, the commitment to 'leave no one behind' means focusing on inequality. In our health programmes this includes working with ministries of health to promote UHC, and ensuring we have strategies in place, such as supporting OPDs to ensure that people with disabilities and other excluded groups are included in public health programmes. Our social inclusion programmes are specifically targeted at improving economic, political, educational and health opportunities and access for people with disabilities. This includes addressing the systemic barriers that exclude people with disabilities - for example, negative stereotyping, discriminatory legislation or inaccessible infrastructure, communications and information.

We take a human rights-based approach to programming and our work is aligned to the principles of the CRPD⁴⁹

A human rights-based approach to programming has three main components: it should further the realisation of human rights (protection and promotion); human rights standards should guide all elements of the programming process; and the programmes should strengthen the role of duty bearer to deliver on their obligations and of rights-holders to claim their rights.⁵⁰

As one of the most recent UN human rights conventions, the CRPD is comprehensive and inclusive of many previous human rights conventions, including those addressing women's and/or children's rights. Sightsavers' programming is designed to further the realisation of the CRPD, and we are guided by its principles and articles. Our work aims to strengthen the capacity of those responsible for upholding rights, as well as the capacity of people with disabilities to claim their rights.

Stigma, negative stereotyping and discrimination

Non-discrimination is a core principle of the CRPD and is fundamental to full and effective participation in society. People with disabilities are often subject to negative stereotyping that leads to discrimination. Reducing stigma and negative stereotyping is critical to reduce discrimination, and lead to greater inclusion and sustainable positive change for people with disabilities.

To reduce negative behaviours and discrimination, we must seek to understand and influence the root causes, which include, but are not limited to, a poor understanding of the nature and causes of different types of impairment, ingrained social, cultural and religious norms and myths, and negative stereotyping.

These drivers and facilitators are complex, strongly influenced by context and connected to a person's multiple identities, for example, their age, gender⁵¹ and economic status. They may be demonstrated through negative attitudes, beliefs and practices, such as the use of pejorative language, alienation by community members and being denied access into a health centre or mainstream school. Family and friends of people with disabilities can also experience negative



Celebrations for 3 December, International Day of People with Disabilities, in Kiryandongo town, Uganda.

attitudes and behaviours, resulting in discrimination by association. This negative social stigma and stereotyping can lead to people with disabilities internalising the social/public stigma themselves and consequently having lower confidence and expectations of their role in society or what they can personally hope or expect to achieve.

Stigma, negative stereotyping and discrimination ultimately prevent people with disabilities in all their diversity, and across their life course, from enjoying their rights and contributing fully to society.

Intersectionality: programming for all people with disabilities

In our strategy, we use the term ‘people with disabilities, in all their diversity’ intentionally. It encompasses women, men, girls and boys of all ages and with all impairments; it includes people who identify as non-binary.

The concept of ‘intersectionality’ is increasingly central in development thinking, and action and policy frameworks are also recognising the importance of how different identities and factors leading to exclusion intersect.

Intersectionality reflects the multiple experiences and characteristics that reside in individuals. In practice, it means that processes to challenge inequality need to

incorporate an intersectional lens in order to analyse discrimination. It calls for that analysis to understand multiple interlocking dimensions of oppression, such as sex, age, gender, class, race, sexuality and ethnicity, as well as disability. In short, a simplistic assumption that only one of these factors is the 'cause' of discrimination may limit the impact that interventions designed around that factor will have.

Intersectionality is fundamental to the 'leave no one behind' agenda. Understanding intersectionality, not only in terms of individuals participating in programmes, but also in terms of Sightsavers' own staff and identity, is critical in assessing how these factors can negatively, or positively, impact on the design and delivery of a programme. Disaggregating data by sex, age, disability, equity, and so on, is key; as is careful consideration of how different groups of people can be differently affected under similar circumstances. Our evidence-based research involves participation from marginalised groups, which helps make the data we collect more relevant. This is a complex area and we aim to increase our understanding of how this may affect the way we work.

We commit to exploring barriers experienced by different groups of people across our social inclusion programming by engaging with representatives of people with disabilities, particularly those from the most marginalised groups. A more inclusive system will necessarily require adaptations that may be specific to people with a particular impairment. This does not mean every project will necessarily focus on every barrier, or indeed that every project will involve people with every impairment. We will make strategic choices and adopt different and targeted approaches to mitigate specific barriers.

At a practical level, we will provide the evidence of how the adaptations can be done, such as facilitating partnerships

with people with intellectual disabilities and their representative organisations, or campaigning for the availability of sign language interpreters in government facilities. We will involve decision-makers within the system, so that we enhance the knowledge and capacity of duty bearers to adopt more inclusive practices in order to promote the progressive realisation of the rights and the inclusion of all people with disabilities in society.

In summary, our programming approach is to challenge the exclusion of all people with disabilities, and individual projects contribute to this. Some projects will work across the disability movement, others will focus on specific groups. This approach will be justified and documented in each project's rationale.

Mainstreaming gender to ensure equality. Gender will be prioritised across all aspects of our social inclusion programme portfolio

Progress in gender mainstreaming across our programming has not been as rapid as we envisaged in our 2015 social inclusion strategic framework. Women are more likely to experience health-related functional difficulties than their male counterparts in most settings⁵² and face specific gender-related barriers to participation in programming and society. Interventions often fail to consider adequately the impact that gender has on the ability to engage and benefit equally and equitably.

The CRPD has gender-based obligations mainstreamed across multiple articles,⁵³ as well as a targeted standalone article on women with disabilities (Article 6). Similarly, the SDGs provide a framework to ensure gender equality remains a priority, with a 'twin track' approach that seeks to a) mainstream transformative gender targets across the framework of other goals, and b) articulates a standalone goal on women's empowerment and gender equality (Goal 5). We will use the recommendations



Julius and Najiiba with their children. The couple met through an employment programme for young people with disabilities in Uganda funded by the EU.

from international frameworks⁵⁴ such as these to mobilise citizens to hold governments to account and to support them to deliver on their obligations.

We will build on the recommendations in Sightsavers' gender synthesis review. This will include engaging women's organisations more systematically in our projects, adopting and promoting female role models, and promoting disability inclusion in women's groups. We will challenge social norms that create discrimination and perpetuate harmful negative stereotypes, for example, where women feel less valued as workers.

We will continue to provide training on gender mainstreaming to Sightsavers staff and partners and facilitate inter-country learning. We will embed gender as a core part of the programme design phase: gender analysis will be built into situational analysis tools and we will develop specific gender action plans as well as ensure adequate budget allocation. Programme implementation will be analysed with a gender lens to ensure our approaches

reflect gender objectives and strategies. We will continue to improve the collection of sex disaggregated data to analyse differences and track progress. The meaningful engagement of women and girls with disabilities and their representative organisations will be prioritised throughout the project cycle.

In addition, where we work with governments and other partners, such as the private sector, Sightsavers will share knowledge and learning in both directions. Where they lack capacity, we will support systems to be inclusive of gender and disability, and where they are strong, we will learn from them and strengthen our internal practice.

Coherence

Within the organisation, we are actively identifying opportunities to break down the silos in our thematic areas and join forces in seeking creative solutions to the common problems our programmes aim to tackle. Some of the links between our work in inclusion and the opportunities afforded within our programmes in eye health and refractive error, in education or in NTDs, are articulated above in the thematic sections. But the possibilities are unlimited. We will capitalise on the wealth of expertise and experience across all the geographical zones where we work. We will be proactive in thinking of creative, effective ways to achieve our goals, taking advantage of the many learning opportunities we have access to and we will share what we learn in order to support the delivery of the strategy.

One of the approaches we are now testing across all Sightsavers' work is social behaviour change – this provides ample opportunity to bring a greater understanding of how behaviours influence our work and which of those behaviours are cross-cutting.

Social behaviour change

Social behaviour change (SBC) frameworks can be used to understand and to plan how to influence the drivers, facilitators and manifestations of stigma and discrimination that prevent people with disabilities fulfilling their potential in life.

This will not only aid the implementation of government obligations under the CRPD, but is also necessary to achieve many of the SDGs, which require individual citizens, wider communities and nation states to make meaningful, long-term changes to their behaviours.⁵⁵

The drivers behind an individual's decisions are complex and depend on individual, structural and social factors. When social norms have a powerful influence, for example, related to attitudes and perceptions of disability or gender, we must think beyond changing knowledge to consider wider social influences and expectations. The attitudes we hold are not purely rational but also emotional, intuitive, and impacted by our own human biases, so dispelling misconceptions can be an important first step to behaviour change.⁵⁶

Individual behaviour change involves targeted interventions to influence knowledge, attitudes and practices, often through a mixture of multimedia and public participation techniques; while social change aims to identify and transform the way political, economic and social power is distributed within and between communities.⁵⁷

For Sightsavers, SBC is about influencing healthy and inclusive behaviours – the actions that people carry out – and creating a supportive environment for more inclusive behaviour to flourish. SBC helps us influence a wide range of stakeholders and social norms, and contributes towards the sustainable impact and effectiveness of Sightsavers' social inclusion strategy. It aims to:

- increase community demand for inclusive and accessible health and other services by helping to eliminate barriers of stigma, provider bias, social norms, negative stereotyping and misinformation.
- gather insights and reduce negative attitudes, stigma and social norms in order to foster social inclusion across all our work.
- support a system-strengthening approach, by progressively seeking to influence the behaviours and practices of different parts of that system, such as decision-makers, service providers and policymakers.⁵⁸

Sightsavers will deliver SBC interventions that are inclusive and accessible for all people, in line with Sightsavers' content accessibility guidelines and brand book. To ensure our SBC approach is inclusive and accessible, we will:

- prioritise behaviours that are focused, well defined and help us leave no one behind in terms of access to and use of information, education and health services, prevention of NTDs and the right to participate in community, political and work life.
- gather and analyse evidence that is embedded in an SBC framework to avoid assumptions and to help us understand the barriers and enablers to behaviour change. We will use these insights to design, deliver and monitor changes in attitudes, perceptions, stereotyping and behaviours.
- use participatory analysis, design, delivery, feedback and monitoring of SBC activities, by involving local stakeholders – especially those who are marginalised.
- prioritise the accessible design of messages, visuals and activities that are contextual and suitable for our priority audiences (people with disabilities, particularly women and girls) and allow time and resources for pre-testing, innovation and adaptation.



To view the content accessibility guidelines visit: www.sightsavers.org/perspectives/2018/04/make-your-work-accessible/

Sustainability and system strengthening

With our partners, we design and support programmes that will achieve sustainable impact by strengthening systems.

This strategy focuses on making the impact of our work sustainable. Development funding remains unpredictable and funder priorities change over time. For that reason, everything we do within a project must leave a legacy; it must have a focus on contributing to positive change that will have long-term impact for people with disabilities.

We do not deliver services. We strengthen the system within which service delivery sits. System-strengthening includes thinking about the system more broadly, beyond the institutions of government, to include private and civil society sector organisations, populations, communities and individuals. By focusing on strengthening a system we aim to contribute to its improvement.

People-centred approaches are central to ensuring development programming strengthens systems in an inclusive way. We firmly believe that being aligned to the CRPD and SDG frameworks goes hand-in-hand with a system-strengthening approach, and is key to achieving sustainability of impact.

Environmental protection and climate resilience

Climate change is a pressing issue that is only going to increase in importance, and people with disabilities are particularly impacted. It is also linked to the achievement of the SDGs. Sightsavers will focus on the global and local environmental aspects of what we do. This relates to responding to climate-associated risks within our programming and also understanding and mitigating our own environmental impact as an organisation in all areas of work.

Our social inclusion work, linked to the CRPD principles of full and effective participation, will address the climate crisis in two ways. The first is to expand our understanding of how to influence disability inclusion in climate change and environmental adaptation discourse and decision-making processes.⁵⁹ The second is to explore the development of programmes to promote inclusive, climate-resilient livelihoods, access to disaster risk financing and inclusive employment within the environmental sector.

Operating environments

Many of the countries where we work are complex or termed as 'fragile' (noting that fragility is multidimensional and multifaceted). We continue to evolve as an organisation and will remain flexible in adapting our programming focus and our way of working as contexts change. Our largest social inclusion projects are taking place in countries currently classified as 'fragile', although often in parts of those countries that are relatively stable and secure. Over the next strategic period, we will capitalise on existing situational analysis processes to develop a deeper assessment of each country's fragility, alongside an assessment of country office capacity. The objective will be to anticipate the planning and resources that will be needed in order to bolster our preparedness planning institutionally. At the same time, we will support OPDs and systems, in order to strengthen the inclusion of disability rights in emergency preparedness planning. This may mean we choose to work in higher risk environments when needs and opportunities arise and where we feel we have the capacity and knowledge to deliver positive impact and do not risk making the situation worse.



Rose and husband Nicholas work on their farm in Bisso, Uganda.

Public policy influencing

Influencing public policy at the local, national, regional and international level is a central focus of Sightsavers' work, and critical to achieving the objectives set out in the strategy. Influencing governments is one way in which we ensure sustainability. We also influence international actors, recognising they play an important role in setting global agendas and influencing the national level policies.

Sightsavers advocates for the adoption of policies and frameworks that promote and protect the rights of people with disabilities, the effective implementation of these policies, and accountability to ensure that there are strong systems in place to hold decision-makers to account.

We also advocate for, and support the creation of, an enabling environment where people with disabilities and their representative organisations can advocate at the national level and in international forums. Working in close partnership with OPDs and other civil society organisations is central to our approach.

Our national and international influencing is closely linked – for example, through our support for the implementation of international policy and legal frameworks, such as the CRPD, at the national level. Our influencing is also closely related to our programme implementation and evidence generating work, ensuring that we advocate for change based on the best available experience and evidence, and not on principles alone. Advocacy components are integrated into the design of Sightsavers' social inclusion programmes. This helps to ensure a systematic approach throughout the programme cycle.



Sisters Janki and Shanti in the fields near their home in Madhya Pradesh, India.

Evidence-based

Research and evidence generation and uptake

Research and other evidence-generating approaches are core activities, contributing to organisational learning, improved quality of programmes and effective advocacy. We support evidence generation that addresses key identified and sector-wide knowledge gaps. These gaps can be generic or context-specific, but the practical relevance and implications of evidence for our programmes and advocacy are a critical factor in deciding where to focus efforts.

Sightsavers has made a significant investment in research and our internal research capacity. We have an in-house research team, which has the capacity to conduct and publish population-based surveys, economic studies, participatory research and evidence syntheses. We hold independent research organisation (IRO) status and we have also developed a

research uptake and learning (RUL) function, which further strengthens the relationship between research and programmes.

Research uptake refers to the use of research evidence by different people, including programme designers, policymakers, and implementers. Working across the organisation, the RUL team will ensure that implementation of our RUL strategy contributes to and is informed by the objectives of each thematic strategy. The RUL team will ensure a coordinated approach to the effective capture, communication and use of evidence. Effectively engaging stakeholders across public, private and non-for-profit sectors with compelling evidence will encourage uptake and help us to achieve the ambitious goals articulated in this strategy.

Our aim with our evidence-generating activity is to provide a sound evidence base to support scalable and cost-effective programmes and related advocacy.

Driven by the strategic objectives, our social inclusion research will answer a number of learning questions. These will focus on:

- understanding how people with disabilities, in all their diversity, participate in society, with a specific focus on access to health care services, political processes and labour markets.
- understanding the impact of a range of impairment types and associated social exclusion on mental health and quality of life.
- developing, testing and using appropriate measures of participation and inclusion in order to test the impact of different interventions.
- identifying and testing approaches to tackle disability-related stigma and discrimination.
- understanding the costs of exclusion and the costs and cost-effectiveness of different approaches to inclusion with the view of their scale-up in health, education, economic, civic and social sectors.

More specifically, we will use a range of methods to measure how people with disabilities participate – or don't participate – in various social processes, and to understand their experiences. We will look at how different groups of people with disabilities may have different experiences and face different challenges by examining a range of individual characteristics and the interaction and intersections between them. This focus on diversity among people with disabilities will be of critical importance to identify those who are particularly at risk of being left behind.

We will use rigorous approaches to test the effectiveness of programmes and specific interventions aimed at improving participation of, or outcomes for, people with disabilities. In sectors where valid and reliable measures of inclusion are lacking, we will aim to contribute to the development, validation and promotion of such tools.

Disability-related stigma and discrimination are pervasive barriers to the participation of people with disabilities in society. We will identify and test approaches to remove or reduce stigma and discrimination in a variety of settings. Through developing the empirical evidence base, we will aim to further develop knowledge of the underpinnings of disability-related stigma and discrimination and promote understanding of how it is produced, and reproduced, across different cultural contexts.

Our economic research will establish robust methodological approaches to measuring the costs of exclusion, the relative costs and benefits of different disability-inclusive approaches, as well as assessing different financing mechanisms available.

Where possible and practical, we will engage participatory and peer research approaches to ensure the meaningful engagement of people with disabilities in research design, implementation and evidence uptake.

Monitoring and accountability

The intended impact of this strategy is that: 'people with disabilities, in all their diversity, enjoy increased participation in society through accessing health services, being financially independent, contributing to the decisions that affect their lives, and being valued members of society; better evidence has been generated and decision makers use evidence to implement inclusive policies and services that are responsive to people with disabilities.'

We will measure progress towards the changes required to achieve this outcome, as outlined in the theory of change (see pages 14-15). We will regularly review our theory of change and amend it as necessary to reflect new developments, opportunities, challenges and increased knowledge or learning.

Given the dearth of evidence on what works to achieve disability inclusion, we will need to be creative and seek imaginative and progressive solutions. We will ensure that any approaches new to Sightsavers will be piloted to improve knowledge and understanding, and learning applied to enable effective replication and scale-up. Innovation by definition involves a higher degree of risk and we remain committed to sharing evidence of what does not work, and holding it in equal value to evidence of what does, so that others can learn from both.

Sightsavers has developed indicators to measure success within our wider monitoring, accountability and learning framework. Data collected to monitor progress against these indicators will demonstrate whether Sightsavers' social inclusion projects are effectively contributing to the overall aims of the social inclusion strategy and key programmatic goals and objectives.

Regular monitoring and evaluation of progress will include the collection and analysis of qualitative and quantitative data from projects, operational research and engagement with the people and communities we serve. To complement the data collected for measuring progress towards our goals, we have developed a set of specific learning questions to respond to identified and emergent evidence needs.

Grounded in current good practice, we will continue to strengthen the collection and use of data with a particular priority in this strategic period for inclusive disaggregated data, including by disability, sex, age, and geographical status.

Sightsavers will continue to develop the ability to learn from and be accountable to the people and communities we serve by ensuring that local stakeholders, including people with disabilities, actively contribute to the design, implementation and ongoing monitoring and evaluation of social inclusion projects. We will create routine opportunities for stakeholders to feed back in ways that are meaningful for them, and integrate lessons from programme experiences using adaptive management principles and in partnership with community management committees.

In order to advance learning about what works to support disability-inclusive development, we will share widely what we learn via academic publications, our annual inclusion report, our website and social media, and in other learning fora, both international and local, to ensure people with disabilities are part and parcel of the learning feedback loop. We will also report progress against organisation-wide strategic indicators through our strategy implementation and monitoring dashboard.

Innovation

Innovation in development refers to a 'new solution with the transformative ability to accelerate impact'. Innovation can be fuelled by science and technology, it can entail improved ways of working with new and diverse partners, or involve new social and business models or policy, creative financing mechanisms, or path-breaking improvements in delivering essential services and products. The International Development Innovation Alliance (IDIA)⁶⁰ describes innovation as critical, in order to deliver sustained, scalable solutions to the world's complex problems.

Social exclusion and discriminatory behaviour are complex problems. We do not have vast amounts of robust evidence about what works. In order to achieve

sustainable impact with limited financial resources, it is essential to look afresh at the specific problems we are seeking to address. Exploring a problem differently, whether with new partners, or creative methodologies, we are more likely to come up with innovative solutions.

In Sightsavers, innovation is about: (1) Developing and testing creative solutions to known challenges; (2) Being driven by learning and adapting from successes and challenges; (3) Aiming for scalability and the ability to increase impact.



Ronald collects data as part of an EU-funded employment project.

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Sightsavers staff and partners involved in the Inclusive Futures work programme.

Partnership, participation and alliances

One of the ways we approach our work is to engage with a broad range of stakeholders to advance disability inclusion within development policy and programming.

Working in partnership, in alliances and in collaboration with other stakeholders is core to achieving sustainable results and is part of our implementation and exit strategies. The aim is to make our role redundant because we have contributed to the strengthening of robust and inclusive systems, delivered by government, such as the provision of inclusive services and environments; supportive networks championing inclusion in their practice, such as businesses; and accountability mechanisms with robust organisations capable of holding duty bearers to account.

We will analyse the systems we work within in order to identify the most strategic partnerships. The strategic aim will differ, depending on the type, scope and scale of a project. Strategic partnerships offer the potential to take successful initiatives to a scale beyond their own initial scope, and to influence above and beyond the partnership itself. These partnerships may involve multinational employers, global or regional alliances of organisations of people with disabilities, donors, or women's civil society organisations operating at community level. We will develop innovative partnerships across sectors and areas of work, promoting the sustainability of the impact we achieve together, and actively considering the right time to withdraw or adapt our role and reduce



dependency. This will include continuing to work with other like-minded INGOs in the disability and development field, maximising shared learning and reducing unnecessary and inefficient competition and duplication.

The evidence base for what works in inclusive development is currently patchy and we acknowledge that Sightsavers, as well as the sector, has much to learn. We will establish partnerships that are mutually beneficial and generate learning and exchange, looking particularly to partnerships that can achieve more together than we can working separately.

Partnership takes many forms. We will continue to explore opportunities for seconding experts into other organisations

and welcoming secondees into our own structures. We will expand our horizon to work with other coordination mechanisms and structures, such as those dealing with sexual and reproductive health or the climate crisis, which are new areas for us. We will encourage and convene spaces to engage with individuals and organisations that provide a challenge to ourselves and our partners. We will continue to evolve our participatory approach to project design and implementation to facilitate learning and relevance.

Working with organisations of people with disabilities

We work collaboratively with people with disabilities in all their diversity and their representative organisations using participatory and inclusive processes with a focus on the most under-represented people, particularly women and girls.

Our social inclusion projects will always be designed to have the maximum positive impact on the lives of people with disabilities. As a minimum standard, our projects must include people with disabilities as active participants, whether as individuals or as members and staff of their representative organisations of people with disabilities (OPDs).

As civil society organisations, OPDs are important actors. This is as true at the community level, where OPDs play important roles for their direct membership as well as other people with disabilities, as it is at the national, regional and international levels, where they play a clear role in policy influencing and holding government and other stakeholders to account. They are an important actor and facilitator in any development intervention seeking the participation of people with disabilities.

Sightsavers works with OPDs in different ways: as partners in project implementation and evidence generation; as service providers to people with disabilities; as enablers to help us develop our skills and capabilities in reaching marginalised groups; and as advocates. In our eye health projects, for example, we partner with OPDs in conducting disability accessibility audits of health facilities. In NTD programmes, we increasingly work with OPDs to ensure that people with disabilities are benefiting from mass drug administrations. In consortia programmes,

the International Disability Alliance is a founding partner and member of the governance and decision-making structures, as well as a strategic influencing partner.

The role OPDs play in our social inclusion programming will differ, depending on the project, but a core principle is that the partnership should be based on enhancing the voice and visibility of people with disabilities – whether that be through inclusion in national planning processes or ensuring women with disabilities are engaged in the Commission on the Status of Women, for example. Key for Sightsavers is that partnership with OPDs is based on shared values and approaches. We will seek out partnerships with OPDs that are diverse and representative in their membership, particularly in relation to women's rights and the inclusion of marginalised groups, and we will ensure that every partnership is of mutual benefit. We will grow together and ensure that we partner well – managing expectations and building capacity of both partners, where required.



We work collaboratively with people with disabilities in all their diversity and their representative organisations using participatory and inclusive processes with a focus on the most under-represented people and, in particular, women and girls.



Awa, vice president of the Women's Association within the National Union of Blind People in Senegal.

Alliances, amplifying voices and supporting agency in decision-making

Across all our programming work, access to, and influence in decision-making processes, is a cross-cutting approach to inclusion.

In international development, policy areas such as climate change and humanitarian response are increasingly being recognised as priorities for the disability sector. In these areas where Sightsavers has less experience programmatically, we will work with OPDs to explore how best to amplify the voices of people with disabilities where they may be absent. For example, where we have strong engagement with government structures, we may leverage that relationship to

develop strategies with OPDs and with other stakeholders to negotiate for 'a place at the table' in development and humanitarian preparedness dialogue and planning. Key to this will be alliance building and networking; where we lack capacity, we will utilise our convening power to bring different stakeholders together for consensus building and dialogue. By maintaining a focus on ensuring people with disabilities are part of governance structures and development planning we will support greater inclusion across the development sector.

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Sudama, a judo competitor and participant of Sightsavers' empowerment project for women with disabilities in India, with her sister-in-law Sapna.



Hellen (centre), who is deafblind, plays with her siblings outside their home in Masindi, Uganda.

Safeguarding

Development interventions are at high risk of accentuating both obvious and subtle power dynamics and there is greater recognition that those power dynamics can fuel sexual harassment, exploitation and abuse of project participants, staff and other stakeholders; risks that are often amplified for people with disabilities. Sightsavers is contributing to coordinated approaches to safeguarding, focused both on developing inclusive safeguarding practice (for instance, embedding an awareness of disability-inclusive processes, such as accessibility, in INGO safeguarding efforts), as well as working with OPD

partners directly on developing practical safeguarding support tailored to meet their requirements.⁶¹ We will continue to strengthen our internal practices by developing tools that respond to the safeguarding needs of specific projects, and ensuring that risk and incident management, reporting and response mechanisms are fit for purpose for all project participants, staff and partners.⁶²

Safeguarding, as well as gender-based violence for women and girls with disabilities, will be proactively addressed at both programme and policy levels.

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