

# Annual inclusion report 2017



Sightsavers



Mouhamed is a student of a Sightsavers supported inclusive education project in Dakar, Senegal. In partnership with the Ministry of Education, it aims to ensure children with disabilities can access mainstreamed education.

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**Cover image: Women queue for  
an eye health screening in Jessore  
district, Bangladesh.**

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## A word from the Director

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“We are failing, but more importantly, I’m glad that we know we’re failing.” At first glance, it might seem an odd thing to say, especially for the Director of an organisation dependent for funding on some of the audience its being shared with. And yet I’ve found myself sharing it a lot over the last year: in a seminar on disaggregation of data at the UK Department for International Development; at the World Data Forum in Cape Town in January; in conversations in Nairobi just a few weeks ago at a High Level Meeting on data, and internally within Sightsavers on many occasions.

Failure is of course sometimes the reality in any activity. And there is no reason it shouldn’t be so in development. Fortunately, the days when the sector believed that doing anything was automatically good because it was well intentioned are long gone. This has (largely) been replaced by a drive to do the right thing, in a way that works. Any organisation that claims to be evidence-based in its work, as Sightsavers does, is signing up to a pledge that when we fail, we share and we learn. If not, our evidence base is at best skewed, at worst non-existent, and in the middle somewhere is kept secret, so we can improve our own programmes. Not good enough.

Once again, while not being entirely happy that it’s the case that we’re failing to consistently deliver universally accessible health programmes, I am more than happy to share that fact. What’s important is that we’re also successfully working out where, when and why. For example, 50 per cent of people accessing the eye health programme we support in Malawi are from the top two wealth quintiles and represent the population groups with the lowest rates of self-reported functional limitations. Or, in English, this eye health programme is serving the wealthiest, least marginalised populations in the areas where we work. It may not be a surprise that this isn’t how we see our organisational mission. But that’s what was happening. If we hadn’t asked the question, it would probably have continued



The leaders of local self-help groups for people with disabilities in Narsingdi, Bangladesh.

to happen for a long time. We'd have hit our output targets, we'd likely have seen increasingly good health outcomes and more complex service provision in time. But in the meantime, we'd have continued to leave behind the more marginalised, least wealthy population groups. And do we think this is the only place where this, or similar, is true?

That's a large part of what our global inclusion initiative and our annual report are all about. Sightsavers recognises that we are likely to have a systemic issue with our programmes – that they are likely to be reaching particular population groups and that, without action, they will continue to do so. The questions are: which groups? Who is missing out? And how can we address this so that programmes run by governments, supported by us, deliver what we say we want – universal access to health care and equality of opportunities for people with disabilities?

That won't happen if we carry on as we are. It won't happen simply because we hope it to be so. And it won't happen if we make assumptions about the situation or the steps needed to change it. It will happen because we challenge ourselves to be inclusive, gather data on which groups are benefiting

from programmes, seek to understand why, develop the evidence base on how to address this and share that knowledge widely. All of it, not just the bits that work.

Making development more inclusive is an increasing priority globally. There is a risk that in the race to 'leave no one behind', the need to develop the evidence base, (both of the realities of exclusion and approaches to tackle it), is lost. That's what this report seeks to do, at least within our fields of expertise. I hope you find it as useful to read as I did. We have come a long way in a short time on this initiative and I remain hugely encouraged both by the broad internal participation in a wide range of efforts and also the external response to what is being delivered. I look forward to sharing more on our failures, and our successes, in future reports.



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



## Section 1

# Overview and global context

In 2015, Sightsavers launched its first social inclusion strategy. The empowerment and inclusion strategic framework was developed in close collaboration with disability groups internationally and explains our rights-based approach to social inclusion and the progressive mainstreaming of disability throughout our programming and operations. The framework complements our other global strategies on eye health, education, neglected tropical diseases and research.

The purpose of this annual report is to share learning both internally and externally, and to highlight our work on inclusion covering the period July 2016 to June 2017.

The report is also designed to stimulate and challenge both ourselves and our partners: past, current and future.



Our empowerment and inclusion framework focuses on the seven objectives below. Of these, two are focused specifically on the empowerment of people with disabilities, and two (on gender and influencing) are cross-cutting objectives applicable to all our work.

1. Mainstream disability inclusion in our health programmes
2. Develop demonstrable models of effective inclusive education
3. Scale up efforts to achieve diversity in the workplace
4. Support people with disabilities to realise their potential by determining, advocating for and claiming their rights (voice, agency and participation)
5. Facilitate economic independence of people with disabilities
6. Address gender inequalities and women's empowerment
7. Develop effective influencing interventions/approaches

Globally, the transition towards disability-inclusive development took some clear and important steps in the past year.

Most notable over this period was the UK government's commitment to become a global leader on disability. In December 2016, the UK government announced (as part of its celebrations for International Day of People with Disabilities on 3 December) its intention to ensure that "people with disabilities are systematically and consistently included in development assistance and humanitarian aid"<sup>1</sup> – and, even more importantly, its intention to lead this agenda globally and encourage other governments and partners to do likewise.

The UK government's Department for International Development (DFID) – has also introduced a policy marker on disability inclusion which means that it will have to assess whether its programmes are inclusive of people with disabilities, and be able to track and monitor the amount it spends on disability inclusion. This is a critical milestone and follows on from the UK's commitments to disability as set out in the UK government's disability framework. DFID has also been supporting the development of a disability policy marker among OECD DAC member countries, and is continuing to engage with the Global Action on Disability (GLAD) network, working with other governments and multilateral organisations to enhance the inclusion of people with disabilities in development policy and programmes.

The Sustainable Development Goals – particularly the implementation, monitoring and review of the goals – have continued to frame the global aid architecture and Sightsavers' policy engagement. In particular, we sought to focus our engagement at the global level – as we have so successfully done previously – but with an increasing focus on national monitoring and review mechanisms.

There is much to celebrate in this area over the past 12 months, but of course there is a long way to go. Sightsavers, working with our partners, hopes to continue to contribute to this change.



## Section 2

# Progress against our strategic objectives

### Objective 1: Mainstream disability inclusion in our health programmes

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

Zamurrad Bibi leaves hospital with her husband, daughter and niece, after having her bandages removed a day after her cataract operation, in Mandra, Pakistan.

## Inclusive eye health

Our first inclusive eye health pilot initiative, in Bhopal, India (see case study page 10) came to an end in June 2017. The project was an opportunity to develop our learning in this area and has successfully paved the way for the development of Sightsavers' inclusive eye health model and toolkit (which will be tested in the coming months).

The inclusive eye health toolkit is aimed at supporting Sightsavers' staff in embedding inclusion in our health programmes. We are also developing a training module on gender mainstreaming and disability inclusion for health workers, plus checklists and guidelines on accessibility, gender and participatory approaches.

A cross-departmental inclusive health task team was established in May 2017 to facilitate the embedding of inclusion in eye health and neglected tropical disease (NTD) programmes, and to establish Sightsavers as a leading organisation in inclusive health programming. And as part of our drive to share our learnings and experiences and promote inclusive practices, last year Sightsavers presented two papers on universal design\* in the context of inclusive eye health at the 3rd International Universal Design Conference in York (UK), and the 6th International Conference for Universal Design in Nagoya (Japan).

We've also been busy implementing new assessment and training plans – in the second half of 2016 we rolled out an updated version of our Quality Standards Assessment Tool (QSAT), which has been reviewed to incorporate inclusion elements in the HR, infrastructure and processes, and overall programme effectiveness sections of the tool. In March 2017, staff from our Bangladesh, India and Pakistan country offices attended a one-day training session on inclusive eye health during a regional workshop in South Asia. Our efforts to institutionalise our inclusive approach continued in June 2017 when country directors and programme managers from Sightsavers' country offices and staff from our headquarters attended a half-day session on inclusive eye health at our annual programme meeting organised at the University of Chichester.

\*Universal design is the planning of environments to make them accessible, understood and usable by all people regardless of age or disability.



To find out more please visit:

[www.sightsavers.org/inclusive-health](http://www.sightsavers.org/inclusive-health)



## Bhopal, India: inclusive eye health

The inclusive eye health project in Bhopal achieved a lot during the past year, thanks to the proactive engagement of our partners Sewa Sadan Eye Hospital and the local development agency AARAMBH. Implementing infrastructural changes in the hospital and vision centres proved to be challenging and time-consuming, but by working closely with our partners we have established more accessible primary and tertiary health facilities.

AARAMBH had limited experience in working with people with disabilities and disabled people's organisations (DPOs), so Sightsavers took a direct lead in the development of a stakeholder network which included various local agencies working with people with disabilities. By collaborating with these local organisations and organising targeted outreach camps, we also managed to increase the number of people with disabilities and other marginalised groups (such as people with HIV/AIDS and the local transgender community) who accessed our healthcare services.

Initially, there was no organised DPO in the region, and this was a major limitation for us in generating sufficient demand for eye health services among people with disabilities. However, the experience of our local staff in implementing social inclusion projects in nearby districts came in handy in filling this gap. We collaborated with the newly-formed Madhya Pradesh Disability Network and developed training sessions and awareness-raising activities, which resulted in greater visibility in the community and increased knowledge on gender mainstreaming and disability inclusion among health staff and community health workers.

The project has also engaged with the local health administration to implement similar initiatives in public sector services, but a lot of work still needs to be done. A formal review of the inclusive eye health pilot initiative will be available at the end of 2017.

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Participants of the inclusive eye health project in Bhopal, India.



Amarchand, who is visually impaired, has hearing loss and mobility limitations, was able to access treatment through a Sightsavers-supported outreach camp in Bhopal, India.



DJ Musasizi Robert (far left) hosts a radio talkshow about onchocerciasis, lymphatic filariasis and mass drug distribution in Masindi, Uganda.

## Neglected tropical diseases (NTDs)

Within our NTD programmes we are exploring interventions designed to ensure the most marginalised people are included in mass drug administration (MDA) activities.

We have made great progress in developing methods and strategies to mainstream disability inclusion in our NTD programmes. The nature of the delivery of these programmes requires a different approach to that taken in our mainstream eye health programmes.

In 2016, we launched a new strategic framework identifying the priority areas of focus for our work on NTDs. We have committed to ensuring that NTD projects promote gender equity and are inclusive of people with disabilities.

To achieve this, we have sought to improve our internal approach to inclusion and promoted disability-inclusive thinking within the wider NTD community.

Within the neglected tropical disease non-governmental organisation network (NNN), we have worked to raise the profile of disability and evolve how the community thinks about inclusion of people with disabilities within all NTD programmes. Within NTD programmes, disease management and disability inclusion were commonly linked, meaning that disability was only often considered in relation to impairments caused by NTDs and long-term chronic care needs. We have promoted a broader understanding of disability inclusion and address these issues separately. This means recognising that all NTD work such as MDA, water, sanitation and hygiene (WASH), surgery and case management should be aiming to be disability inclusive, not just projects that focus on the long-term health care needs of individuals affected by NTDs.

To this end we have worked with other NNN members to develop the BEST framework.



# BEST framework

Through the NNN, Sightsavers has been one of the leading organisations contributing to the recent development of the BEST framework (behaviour, environment, social inclusion and equity, and treatment) for NTDs.

BEST embeds social inclusion in the NTD response. Sightsavers has led the development of the behaviour and social inclusion components of the framework, which are strongly aligned to and reflect positions from our work. The behaviour component comprises social inclusion – including negative community and individual attitudes which can lead to stigma and discrimination – as well as addressing institutional behaviours through system strengthening. The social inclusion element of the framework emphasises universal health coverage and access to healthcare for populations at risk, as well as addressing barriers to participation and mainstreaming inclusion in health and other services.

BEST recognises that without targeted strategies, we will not be able to reach women or people with disabilities – and if they're not reached, the goal of eliminating NTDs will never be achieved.

Sightsavers has contributed to a framework that is the strongest recognition by the NTD community to date that successfully achieving social inclusion is fundamental to addressing NTDs.

It has created pathways to increase knowledge and action on inclusion of people with disabilities in NTD programmes, plus opportunities to further develop communities of practice.



Patricia, Fines and Alice take great pride in their work as community volunteers, helping to screen people for trachoma in Zambia's Southern Province.

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## Developing the knowledge base – onchocerciasis and lymphatic filariasis (LF) programme

In Uganda, our country office team decided to find out how inclusive our NTD projects already are, and to identify key gender and disability issues that might need to be addressed in order to ‘leave no one behind’ (a commitment of the 2030 Agenda and the global Sustainable Development Goals) by undertaking a mixed methods survey. The purpose of the survey was to understand the perceptions, stigma and needs around LF from the perspectives of both those with long-term morbidity and the communities in which they live, to generate ideas to support planning for a large-scale morbidity intervention and to obtain baseline data. By holding group discussions and taking time to talk to key individuals, we’re better able to deliver projects that support more inclusive project implementation without directly or indirectly excluding people. We have discussed the findings with the Ugandan Ministry of Health and are incorporating them into our inclusion strategy for the UK Aid funded onchocerciasis and LF programme.

In 2016, the start-up workshop was held for our four-country onchocerciasis and LF programme, funded by UK Aid. This programme supports country-led plans to ensure all target populations have similar access to elimination interventions through MDA and disease management). Specific inclusion strategies were developed at the workshops for each country (Guinea Bissau, Uganda, Democratic Republic of Congo and Nigeria), aligned with Sightsavers’ empowerment and inclusion strategic framework, with these objectives:

- Assess the extent to which MDA promotes equity
- Ensure inclusive planning
- Develop DPO partnerships
- Conduct community sensitisation and mobilisation
- Identify and remove barriers that restrict the involvement of people with disabilities in community-directed distributor training
- Ensure disability inclusion is integrated within community directed interventions approach
- Introduce gender and disability disaggregated data to analysis and reporting



**Hassana Dadi Ibrahim, from Lokoja, Nigeria, was identified during house to house MDA activities by a CDD who referred her to the local health team. She now receives advice on how to care for her affected leg as part of the Sightsavers-supported onchocerciasis and LF programme.**

The inclusivity of MDA is taken into account as part of a checklist in the Ministry of Health supervision templates. For example, in the Democratic Republic of Congo (DRC) we are discussing with local disabled people's organisations and the Minister of Health and Social Affairs in Katanga how to more effectively undertake inclusive MDA. In Guinea-Bissau, we ensured that people with disabilities participated in the start-up workshop to get a full understanding of the project approach. We also trained people with disabilities as supervisors, which helped to ensure that people with disabilities were reached by community-directed distributors (CDD's) during MDA. In Nigeria, specific, inclusive NTD plans were produced.

Treatment coverage surveys have been completed in DRC, Guinea-Bissau, Uganda and Nigeria. The tool that was used for this collected information on MDA coverage for all integrated NTDs incorporated both the Washington Group Short Set of questions on disability and our equity tool. The equity tool is a set of questionnaire items based on ownership of assets and dwelling characteristics used to estimate an individual's wealth status compared to the national and/or urban population. During year two (once all the results are available), we will analyse the data to identify reasons for gaps in population coverage in recent MDA campaigns and the most common methods for awareness generation in communities, and to determine whether there is any difference in drug coverage/compliance by sex, age, education and disability.

## **Objective 2: Develop demonstrable models of effective inclusive education**

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

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### **West Africa**

In the reporting period, we have established new inclusive education projects in Cameroon, Mali, Senegal and Sierra Leone, thanks to funding from donors including Irish Aid, the European Union and USAID. In all four countries, Sightsavers is working closely with ministries of education, and all projects have a strong gender focus, aiming to address the gender-specific barriers preventing girls and boys accessing education.

In December 2016, our five-year education programme in West Africa concluded, and our pilot projects in Mali, Senegal, Cameroon, Sierra Leone and Liberia demonstrated to the ministries of education that inclusion of children with disabilities in mainstream school is possible in a cost-effective way, while still providing good-quality learning. With Sightsavers' technical support, ministries have proved increased commitment to inclusive education.

#### **Specific achievements include:**

- In Cameroon, the Ministry of Education has agreed to revise the teacher-training curriculum so that it addresses the needs of children with disabilities.
- In Mali, the Ministry of Education has agreed – after advocacy from Sightsavers – to deploy additional teachers to support children with visual impairments in the classroom.
- In Sierra Leone and Senegal, we have begun the process to support the design of inclusive education policies.
- In Senegal, the Ministry of Education has embedded disability and inclusion within the revised teacher-training curriculum.
- In Liberia, disability criteria have been added to the disaggregated school database.



## Look closer...

Thanks to funding from the European Union, we started a new education project in Sierra Leone in 2016. The project will strengthen the capacity of communities and primary and junior secondary schools in the northern area to provide inclusive education for children with disabilities in Bombali District. The University of Makeni will establish a resource centre to provide increased access to information and learning materials on disability, in particular resources targeted at children with disabilities. Through increased capacity, the university will be able to expand the reach of its pan-disability inclusion and special needs education provision both locally and nationally. The community empowerment for rural development (CEFORD) group will carry out evidence-based advocacy and influencing and identify the specific impairment-related needs of children with disabilities – particularly girls. CEFORD will provide participatory training with teachers, head teachers and community members. We have organised a successful orientation workshop for teachers from the 45 primary and junior secondary schools with which we will be working.

## East, Central and Southern Africa

In Uganda, we are increasing the capacity of primary teachers' colleges across the country to provide trainee teachers with the knowledge and skills to include children with disabilities in their classrooms. With support from the University of Sussex, a new certificate course in inclusive education has been established at Kyambogo University that will be delivered to tutors from the primary teachers' colleges across the country. Initial training has been provided to 108 tutors from 58 primary teachers' colleges.

In Kenya, we have supported the development of new quality standards for the national network of education assessment and resource centres (EARCs), and these are currently being considered by the Ministry of Education. We have refurbished the EARC in Homa Bay to provide a safe and accessible environment for assessing children with disabilities, and a workshop has been conducted with staff from the Ministry of Education to identify new quality standards for the EARCs nationwide.

In Malawi, with funding from Comic Relief, we have assisted 10 community-based childhood care centres in Chikwawa to include young children with disabilities, and we will be expanding this programme to 10 more centres in this year. With support from the University of Birmingham, we are developing the capacity of national training organisations to provide high-quality training in early childhood development for children with disabilities. Training has been provided for government extension workers and caregivers working in community-based childhood care centres.



## India

Our inclusive education programme, which covers five states, is developing the capacity of state education departments to include children with visual impairments in their education systems. A resource pack has been published to train teachers on appropriate pedagogic practices, increasing the access to information and communications technology (ICT) of children with visual impairment, and making textbooks and other print materials available in appropriate formats for children with disabilities.

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Kiran Kumari, from Jharkhand, India, is a student in the Sightsavers-supported inclusive education programme which has seen her supplied with a braille kit and ICT devices for learning.

In Bihar, we have successfully demonstrated the need for the state education department to assess the progress of students in ways which are more sensitive to the needs of children with visual impairments. The state education department has significantly increased funding for the education of children with disabilities in the state budget, and Sightsavers India has signed an agreement with a US-based NGO which will result in blind children (and other print-disabled children) being able to access print materials – including textbooks – in electronic formats. The state education department in Rajasthan will also distribute a large number of ICT devices (400 plus) to children with visual impairment, free of charge.

Sightsavers India has produced a high-quality resource pack for classroom teachers on inclusive teaching practices, and in collaboration with the state government of Jharkhand, we have established an ICT resource centre which will enable children across the state to access ICT and use it as a tool for learning enhancement.



Committee members and mothers of the children who attend a community-based childcare centre in Nyangu, Malawi.

Sightsavers faces a number of challenges in all the countries in which we work. For instance, ministries of education may be reluctant to invest sufficiently in the education of children with disabilities or may struggle to use existing funds effectively. In addition, schools may be unwilling to enrol children with disabilities or may struggle to provide these children with a good-quality education. Parents may even be reluctant to send children with disabilities to school. Sightsavers has adopted a variety of strategies to address these challenges.

These include: in partnership with disabled people's organisations, advocating with ministries of education; raising community awareness about the rights of children with disabilities; strengthening the capacity of education support systems (eg inspectorates, teacher training colleges); linking education with health and social services to provide integrated support for children with disabilities; and working with teachers and other stakeholders to identify cost-effective, contextually-appropriate approaches for including children with disabilities in schools. It is important that we adopt evidence-based approaches: one example of this is our recent study in Senegal to identify the costs of educational inclusion for children with disabilities.

### Objective 3: Scale up efforts to achieve diversity in the workplace

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

#### Social inclusion working group

Since July 2016, our efforts to mainstream inclusion have been led by a vibrant inter-departmental community of practice, the social inclusion working group.

In July 2016, members of staff representing every team in the organisation (including country directors) formed the group with the aim of making Sightsavers an increasingly inclusive and diverse organisation.

#### The objectives are:

- To promote staff commitment to inclusion through organising awareness-raising activities and supporting capacity building
- To monitor inclusion efforts to identify organisational gaps
- To steer Sightsavers towards becoming an employer of choice for people with disabilities

In the first year of the working group, we launched a lunchtime speakers programme with talks from disability and inclusion experts, including our co-founder Lady Jean Wilson, who gave us a history of Sightsavers' work in inclusion, and Joshua Marshall, accessibility lead at the UK Government Digital Service, who spoke on making accessibility-friendly online content.

We have also developed and launched an internal disability awareness training session – this has become a core training element for staff worldwide and is being rolled out globally. The working group has also provided in-house training sessions in British Sign Language, run by the Sussex Deaf Association.

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Team GB Paralympian Georgie Bullen visited Sightsavers as part of the lunchtime speakers programme.

We are building accessibility resources for staff, which include guidelines, templates and an accessible events checklist, which has now been rolled out with our global events team. We're auditing our website to review and improve its accessibility and have developed our online induction modules to make them more accessible with a screen reader (assistive software used by some people who are blind or partially sighted). We are also testing the release of new software to make sure these are accessible and, where possible, working with the software developers to make them aware of the areas which can be improved.

The group meets on a monthly basis to discuss as a team our progress and make actionable plans for the coming month. With a reporting line to Sightsavers' management team, on a quarterly basis, we advise and make recommendations on strategic interventions for mainstreaming inclusion and diversity within the organisation.

As an organisation, we are testing more of the things we produce for accessibility, talking more about inclusion and sharing knowledge, experiences and best practice.

## Human resources

The past 12 months have seen us make solid progress in our aim of becoming an employer of choice for people with disabilities. The global HR team has focused on attracting talented people with disabilities to our organisation and creating an open, supportive and nurturing culture internally. Initiatives have included a revamped sickness, health and wellbeing policy that focuses on supporting employees with new or ongoing conditions, and provision of a confidential support service available to staff 24 hours a day.

We have joined the Business Disability Forum and gained 'Disability Confident Level 2' accreditation from the UK government's Department for Work and Pensions in recognition of the commitments we have made to recruiting and retaining people with disabilities.

These commitments include guaranteed interviews for candidates with disabilities who meet the minimum criteria for our vacancies, and the expansion of the adjustments available at interview, with technology (for example induction loops) now provided. We have also signed up with a leading jobs board specialising in reaching potential applicants with disabilities.

A remaining challenge is to quantitatively demonstrate the impact of the initiatives that we have undertaken. We plan to do this by developing metrics (such as number of applicants with a disability, percentage of employees declaring a disability) and looking at the retention and career progression of staff in this demographic. By gathering reliable data and tracking it over time, we hope to gain further insight into areas of development.

## **Objective 4: Support people with disabilities to realise their potential by determining, advocating for and claiming their rights (voice, agency and participation)**

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

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The final months of 2016 saw the wrapping up of our existing Irish Aid-funded social inclusion programmes in West Africa. This process included the roll-out of 25,000 equity cards (with benefits including free medical insurance, public transport and secondary education) to people with disabilities and vulnerable individuals in Senegal.

In Cameroon, another positive change involved the signing of a memorandum of understanding between the Ministry of Social Welfare and the Sightsavers-supported DPO federation. Until now, the Ministry had avoided such memorandums of understanding due to the fractured and competitive nature of the numerous DPOs. Also in Cameroon, Sightsavers successfully lobbied for the use of the Washington Group Short Set (WGSS) of questions on disability (see data disaggregation case study on page 16) in the next national population census in 2018.

Irish Aid awarded a new grant to support two new projects in Cameroon and Senegal, focusing on political participation at various levels, including elections and local development decision-making. Workshops have been held in both countries, gathering together relevant ministries, local councils, community structures, DPOs and women's associations. These exercises will empower DPOs to identify and map their members at regional levels, to identify gaps within the laws and barriers faced by their members – with a focus on women – and to suggest contextually-based solutions.

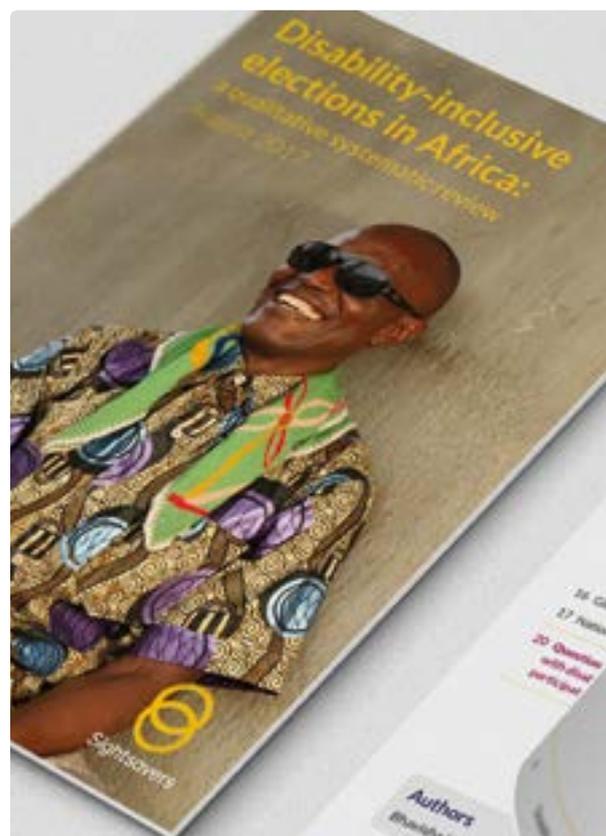
We have established a new collaboration with United Nations Development Programme (UNDP) Senegal to ensure women with disabilities are included as a target intervention group for UNDP projects and as a result are included in trainings on leadership, rights and laws, and networking.

A systematic review of inclusive elections in sub-saharan Africa was undertaken during the reporting period. This found that although many of the sources suggested that a number of countries in Africa and their international partners are working towards removing barriers to political participation of people with disabilities, the theory of change underpinning these strategies tended to be poorly articulated. This has meant that the effects of the tested interventions were not being reported in any quantifiable way. Learning from this, our initiatives in West Africa have since been specifically designed in a way which we are able to monitor the impact of our work and a large-scale survey has been undertaken in both countries to measure the baseline.

In Uganda, we recently completed field research to better understand the experiences of people with disabilities in participating in the last presidential elections.

Through evaluating our previous programming, we recognised that within our projects and our DPO partners, women with disabilities were not equitably represented (often DPOs are led by older men). As a result, it was challenging to have equal participation of women, meaning their voices in accessing services, influencing policies and engaging in decision-making were limited. We have started to identify the specific barriers impacting women's participation and are considering how to better incorporate gender requirements within our interventions. Strategies include providing adequate training to women with disabilities and women-led DPOs, and linking them with other civil society structures that promote women's rights.

Another change for Sightsavers is a shift in government partnerships. Having collaborated with ministries of social welfare for many years, we are now diversifying our state partners by targeting other relevant ministries such as economy and finance, decentralisation and local governance, and interior. We are collaborating more systematically with local and city councils to ensure critical stages in demonstrating inclusive development – stages such as embedding disability within laws, codes, general development plans and budgets, and revising existing regulations to take advantage of key events such as elections – are achieved, to facilitate greater political participation of people with disabilities.



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**Sightsavers' systematic review of inclusive elections.**

To bolster knowledge around political participation, Sightsavers produced an information sheet on inclusive elections as a tool for capacity building and engagement. A similar tool is in development tackling the theme of inclusive local development approaches.



Juthika Rani Das (left) and Ranu Akter, both of whom are visually impaired, make containers at their workshop in Narsingdhi, Bangladesh.

## Objective 5: Facilitate economic independence of people with disabilities

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

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Economic empowerment is an area of increasing importance for Sightsavers and we continue to invest in learning and documenting past achievements and approaches with a view to refining our approaches.

In Bangladesh, learnings from an EC-funded project have been summarised into fact sheets and published on Sightsavers' website for wider dissemination.

In India, our social inclusion programme in the state of Jharkhand led to the government of Jharkhand recognising the value of the programme by signing a memorandum of understanding with Sightsavers and the Jharkhand State Livelihood Promotion Society (JSLPS) in March 2016. In collaboration with JSLPS, we organised an inclusive employment fair for people with disabilities. A total of 335 people were registered at the fair and of these, 54 were selected for vocational placements and a further 50 for skills development training. As part of our social inclusion programme in India, we have also succeeded in organising approximately 2,300 people with disabilities into self-help groups which were trained on selected trades relating to livelihoods such as agriculture, poultry and tailoring. As a result of the training, participants of the programme were able to almost double their income from their previous roles as daily-wage labourers.

Our youth economic empowerment work (see Connecting the Dots case study on page 26) has generated a lot of interest as part of our Put Us in the Picture campaign, which calls for disability-inclusive development; and opportunities for more active engagement by project participants have emerged. For example, former Connecting the Dots project participant Harriet Ngendanabo from Uganda was able to submit a question via video to the UN Secretary-General at an event in London in May 2017: "People with disabilities have been left out of global development discussions for too long – how will you change this?"



To find out more please visit:

[www.sightsavers.org/  
economicempowerment](http://www.sightsavers.org/economicempowerment)



## Connecting the Dots

The European Union-funded Connecting the Dots project, which provided skills training for young people with disabilities in Uganda, concluded in 2016. The EU approved funding for a follow on initiative and a new youth economic empowerment project started in August 2016. This builds on the existing achievements and adds interventions, such as a greater focus on how to systematically address discrimination through behavioural change and greater emphasis on financial inclusion. It also extends the geographical scope from four districts of Western Uganda to five. We have expanded our partnership with the private sector, and volunteers from Standard Chartered Bank have supported project participants through the provision of financial literacy training.

The evidence gap on what works for economic empowerment will be addressed through two pieces of work embedded in our programme. The first will assess the impact of the project on participants through a participatory and peer-led methodology; the second will explore the barriers to the inclusion of people with disabilities as banking clients, from the perspective of financial structures.

At its awards event in Vienna, the Zero project (supported by the Essl Foundation and set up to recognise creative solutions to the problems faced by people with disabilities around the world) gave an award to Sightsavers Uganda for 'Innovative Policy/Practice 2017 on Employment, Work and Vocational Education and Training'. Edith Kagoya, Project Coordinator from Sightsavers Uganda, was in Vienna for the presentation.

This global recognition was validated by an external evaluation of the project, which concluded that it "succeeded in meeting its objectives and has impacted positively on the lives of youth with disabilities and their families." The evaluation also noted that "the project was successful in addressing both

the practical challenges of individual persons with disabilities as well as the institutional barriers that inhibit their full participation in the socio-economic life of their communities." A key learning point was the need to integrate a gender approach from the start of programming in order to systematically understand and address specific barriers affecting the choice of training courses and equitable recruitment into the project.

The Big Lottery Fund\* recently approved funding to support our youth economic empowerment project in Uganda and committed additional resources to scale up the work. New aspects funded include the provision of soft skills, such as communications and customer service skills, to support participants to become 'work ready', and a participatory gender assessment of the project, working closely with local DPO partners and project participants. The Big Lottery Fund's funding is part of a strategic intervention on disability rights in Uganda and Tanzania, and through the funding and collaboration with other Big Lottery Fund partners there are huge opportunities to make an impact in this area.

\* Funded by the National Lottery through the Big Lottery Fund



Monica Friday, a participant in the Connecting the Dots programme, is training to become a plumber.

# Cross cutting

## Objective A: Address gender inequalities and women's empowerment

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

Cataract surgery patients and their parents arriving at Muhimbili hospital, Tanzania.

## Gender mainstreaming

Towards the end of 2016, we contracted a gender advisor to share expertise and advice on mainstreaming gender into project design and inception, as well as working with country teams and technical teams on developing comprehensive gender assessments. During this time, we were also able to host a gender analysis training workshop for country teams and project partners from Tanzania and Zambia.

We have also invested in more in-depth analysis of our sex-disaggregated data, using a consultant to conduct a preliminary analysis into performance from a gender equity perspective. The analysis aimed to summarise the available disaggregated data from the past five years, looking specifically at several key programme areas and highlighting some key trends and patterns across indicators. This exercise also looked into the available research identifying gender differences in eye health conditions and, as a result, recommended that we try to ensure we have greater numbers of women accessing our services from a gender equity rather than gender equality perspective. This means that rather than meet a target for women, based on the numbers of women in a particular location, our target should ideally reflect the data on prevalence by sex. If a higher proportion of women are likely to have cataracts, then we should aim to reach that proportion in our project target. Once this data analysis was available, we were able to make use of our innovative new data visualisation software, Power BI, to make the data more engaging. This is particularly useful in programmes such as the Coordinated Approach to Community Health (CATCH), a five-country programme working in East Africa funded by UK Aid, which has recently started using mHealth technology (capturing data using smart phones), which allows for data analysis at the point of collection.

With the support of a gender advisor, we have developed a comprehensive gender analysis for education and disability for our EC-funded secondary education project in Sierra Leone. The findings and recommendations from this report will support gender mainstreaming throughout the duration of the three-year project, which covers 45 schools across the Bombali district of the Northern Province.

As part of our inclusive eye health pilot in Bhopal (see case study on page 10), Sightsavers organised a three-day training session on disability and gender inclusion.

In India, Sightsavers is piloting an adolescent health programme to enable young women with disabilities to respond to real-life situations in positive and responsive ways. As part of this, we have held self-defence training sessions for girls from economically underprivileged backgrounds. Many of the girls have gone on to win medals in the National Blind and Deaf Judo Championships and concerted efforts are being made to encourage them to become trainers and take up judo as a livelihood option.



# Coordinated approach to community health (CATCH)

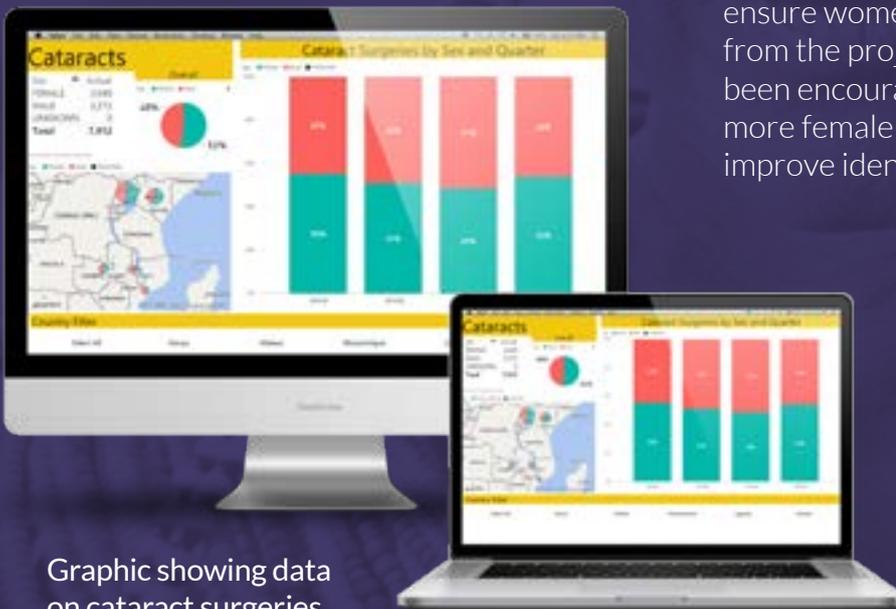
Our UK Aid-funded CATCH programme works in Kenya, Uganda, Malawi, Mozambique and Zambia to address comprehensive eye health issues and system strengthening (alongside The Queen Elizabeth Diamond Jubilee Trust: Trachoma Initiative and UK Aid funded trachoma programme). From effective data analysis of output statistics, the CATCH team identified the need to target interventions to reach more women and girls, and older people. These are some of the steps being taken to enable more people with disabilities to access services:

## Awareness raising

In Mozambique, we have been using local TV shows and radio channels to encourage women and people with disabilities to attend outreach camps and facilities for treatment as well as highlighting the importance of eye health. We are also working with local women's associations, the National Institute of Social Affairs and community leaders to emphasise and communicate the need for increasing access to eye care services for women and girls.

## Mobilisation

Many women primarily remain in or close to their villages, so we're tailoring existing activities and locations to help reach them more effectively and encourage them to access health services: undertaking screening near villages (or at village community meeting venues and health facilities), and using female volunteers and case finders. In Kenya, we have also been sensitising trichomatous trichiasis (advanced trachoma) case finders and community volunteers on the need to ensure women and girls are benefiting from the project, and in Zambia we have been encouraging districts to work with more female community health workers to improve identification and mobilisation.



Graphic showing data on cataract surgeries.



Rosion Lekuye had, as part of the CATCH initiative in Kenya, successful cataract surgery after being blind for 3 years.

### Patient experience

To combat negative perceptions of treatment and surgery, we have been training women who have had successful cataract surgeries to work as project ambassadors and encourage others of the value and importance of health services. In line with village norms in many places, we have also adapted to local customs and offer separate queues for men and women, and we have been working with ophthalmic clinical officers to improve processing times so patients don't queue for too long, in an attempt to encourage more women and mothers with young babies to seek services. In some locations, recognising the barrier of financial constraints, we provide free transport for women and girls, and service fees are waived.

### Understanding the context and needs

In Uganda, we have been running more camps during the dry season to ensure we are not missing women who may be busy working in the fields. In Malawi, we're holding focus group discussions to identify and increase our understanding of the barriers to women accessing eye health services.

CATCH now incorporates two tools which measure wealth status, enabling us to assess whether we are reaching the poorest people within our eye care and social inclusion programmes. As explained on page 15, our equity tool is a set of questionnaire items based on ownership of assets and dwelling characteristics used to estimate an individual's wealth status compared to the national and/or urban population. A wealth index score is generated and allows us to order our data from poorest to wealthiest, in wealth quintiles. We also use the poverty scorecard tool, which is a set of questionnaire items that estimate wealth status, but more specifically allows us to measure a particular individual's poverty likelihood below a given poverty line. Both these tools are innovative in their application as they have not been used in eye health programmes until now.

## **Objective B: Developing effective influencing interventions/approaches**

Sightsavers has expanded its field-based advocacy team, and this expertise is now systematically part of the project design process. This will help us achieve national and local-level results within the context of the UN Committee on the Rights of Persons with Disabilities (CRPD) and Sustainable Development Goal (SDG) implementation, and provide greater opportunities for global and national linkages.

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Over the last 12 months we have continued to develop effective influencing interventions and approaches to deliver our vision. Ensuring global commitments are implemented by governments at national level, and ensuring that national actors influence global frameworks, is an essential part of our approach. This has proved particularly effective when working in partnership with DPOs and other civil society organisations; for example, through our work in Sierra Leone as part of its 2030 Coalition, and as part of a coalition of organisations working on Uganda's reporting to the UNCRPD. At a global level, we continue to work as a member of both the International Disability and Development Consortium and the Together 2030 initiative, and in partnership with the International Disability Alliance, to ensure that global frameworks are conducive to promoting the rights of people with disabilities.

It is critical to Sightsavers that people with disabilities represent their views in our influencing work. For example, we supported Indian disability advocate Anuradha Pareek to attend the Asia-Pacific Regional Civil Society Organisations Engagement Mechanism (AP RCEM) meetings in Bangkok in May 2017, to present the perspective of people with disabilities in India to governments, civil society and other stakeholders in the region.

At the Conference of States Parties to the UNCRPD, held in New York in June 2017, we co-hosted a side event on the critical importance of disability-inclusive development, with a panel discussion including representatives from the World Bank, the UK government's Department for International Development (DFID), and UN Women.

### **Agenda 2030 and the SDGs**

The realisation of the commitments in the 2030 Agenda for Sustainable Development, including the SDGs, is of critical importance to Sightsavers. We have been monitoring national reports of how countries are implementing the SDGs, through the Voluntary National Review process. Sierra Leone and Uganda reported at the High-Level Political Forum in July 2016 on how they are implementing the SDGs, and in 2017 a further five countries where we work reported on their progress. We have worked in each of these seven countries with our partners and government agencies to ensure the voices of people with disabilities are heard, and to continue our implementation at a national level.

## Put Us in the Picture

The voice and agency of people with disabilities in the development sector, and society more broadly, remains a significant challenge to the realisation of inclusive development in practice. Stigma and discrimination are prevalent and continue to place barriers on people with disabilities representing and accessing their rights. This is why we continue to campaign for the full inclusion of all people with disabilities through our Put Us in the Picture campaign, which calls on the UK and its partners to deliver inclusive development for all. Through this work, we continue to engage with DFID, the World Bank and UN agencies to develop their inclusion policies, collect better disability data and translate this into practice.

## World Bank

We have collaborated with the World Bank Information Centre to influence the outcomes of its environmental and social framework, which as a result now includes references to people with disabilities. We also worked with the World Bank as it put plans in place to support the development of a disability good-practice note, and we were part of a consultation group to support implementation. Separately, we met and engaged with the World Bank on its disability inclusion and accountability framework, attending regional consultations in Kenya and Zambia. The work that the World Bank is delivering on disability-inclusive development is significant, strategic and should soon begin to deliver impact.

## UK government

In December 2016 (as part of its celebrations for International Day of People with Disabilities) DFID announced its intention to ensure that people with disabilities were “systematically and consistently included in development assistance and humanitarian aid<sup>1</sup>”. It also stated its intention to lead this agenda globally and encourage other governments and partners to do likewise. We continue to work with the department to embed its disability framework both with central teams and at country level, where we are facilitating the engagement of people with disabilities and their representative organisations with DFID and government ministries. The disability framework guided a significant part of Sightsavers’ policy and influencing work in 2016 as we worked to support implementation of the framework in the UK, and worked with DFID in Zambia, Sierra Leone, Uganda, Tanzania, Pakistan, Nigeria and Malawi to strengthen country-level implementation and monitoring.



Gertrude Oforiwa Fefoame, Sightsavers' Advocacy Advisor and Ghana's nominee to the UN Committee on the Rights of Persons with Disabilities.



# UN Committee on the Rights of Persons with Disabilities (CRPD)

In 2016, Sightsavers' Global Advocacy Advisor Gertrude Oforiwa Fefoame was nominated by the government of Ghana as its candidate to the CRPD.

Sightsavers supported the government to advocate for Gertrude's election to the committee. Although this was unsuccessful, it ultimately contributed to the discussion about the role and representation of women on the committee, as there was only one woman elected out of a total of 18 members – a lack of gender parity that is deeply concerning for all actors in the disability community.

At this year's Conference of States Parties, Mrs Oforiwa Fefoame highlighted this inequality, as well as emphasising the importance of leaving no one behind within the disability community, in her speech given at the closing ceremony on behalf of civil society. Gertrude has been nominated by the government of Ghana as its candidate for 2018 and we are hopeful that this election will see significantly greater gender balance achieved.



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Sightsavers held a mini-exhibition on women with disabilities and empowerment in June 2017 at the 10th Conference of States Parties to the UN Convention on the Rights of Persons with Disabilities.



### Section 3

## Applying the strategy – learning and evidence building

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



## Community-based participatory research

Our research work in East and West Africa has included an inclusive methodology: community-based participatory research (CBPR). This involves shared decision-making and ownership, with members of the community involved in planning, gathering and analysing evidence and sharing what is discovered. People with disabilities are actively encouraged to participate in becoming community researchers.

Approaching research this way highlights barriers to effective inclusive education as identified by children with disabilities, their parents and teachers; contributes to addressing gender inequalities and women's empowerment; and supports people with disabilities of all ages to realise their potential through voice, agency and participation.

Sightsavers is the first research organisation to use CBPR in the fields of education and social inclusion. CBPR not only encourages inclusivity as an outcome, its very processes are inclusive. The design of this kind of research seeks to break down social injustice and helps everyone to rethink power structures and issues. There is also an alignment between the approaches called for in Agenda 2030 and the nature of CBPR. Agenda 2030 calls for organisations to use approaches that foster shared responsibility, mobilise all available resources, are open, inclusive, participatory and transparent and support reporting by all stakeholders. CBPR can enable this, and Sightsavers' contributions have been recognised by a global research journal<sup>2</sup> as an innovative way forward to approach Agenda 2030.

### Our CBPR research has included:

**Pamoja project (Kenya):** Our community researchers are finding out how boys and girls with disabilities, their parents and their teachers are experiencing school inclusion, and what they suggest as the project's key goals.

**Let's Grow Together (Malawi):** Community researchers have asked caregivers in childcare centres and parents of infants with disabilities how they are experiencing inclusive early-childhood development education, and following those experiences as caregivers go through inclusion training.

**Connecting the Dots (Uganda):** Young people with disabilities have asked other young people with disabilities how they perceive their development of skills and chances of sustainable livelihood as they undergo training. The research is bridging the end of one project and the beginning of another.

**Education for All (Sierra Leone):** Community researchers are finding out how children with disabilities, teachers, carers and community members experience or perceive disability in primary schools in the Bombali region of Sierra Leone. They are also helping to identify the implications of these perceptions on the participation and quality of learning of boys and girls with disabilities.

## Equity and costing studies

Our research on equity seeks to assess whether we are reaching the most vulnerable individuals accessing our programmes, defined by factors including disability, gender, age and socioeconomic status.

The findings from our pilot study on equity in Malawi as part of the UK Aid funded CATCH programme (see case study on page 12) indicated that the majority of respondents (50%) belonged to the two wealthiest quintiles of the population, while only 27% of respondents belonged to the poorest, despite setting up camps in rural areas. Evidence from a pilot initiative has led us to conduct a study in Kasungu, Malawi, to evaluate the wealth status of our CATCH eye health programme beneficiaries

further. This data is linked to patient clinical diagnosis and Washington Group questions to assess poverty, disability, and health status trends.

In Senegal, we have also undertaken a pilot costing study through our Irish Aid funded inclusive education programme in Dakar. Through this research, we have sought to identify the additional cost associated with including children with disabilities in mainstream schools, with a particular focus on children who are blind or visually impaired. Cost estimates show that the greater majority of costs were due to inclusive education system-strengthening activities, followed by activities supporting children with disabilities.

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Flash Odiwuor (centre) attends the Nyaburi integrated primary school in Homa Bay, Kenya. Community researchers worked with the school to understand the experience of school inclusion by teachers, children with disabilities and their parents.



# Disability Disaggregated Data (DDD)

The commitment to ‘leave no one behind’ is a central thread of Agenda 2030. But for this to become a reality, it is imperative that we understand who is being excluded and why. To understand how people with disabilities are accessing our programmes, we are piloting approaches to capture data on disability within our programme data systems. In 2016, Sightsavers published Everybody Counts, a report detailing our work to test data disaggregation by disability, using the Washington Group Short Set (WGSS) of questions on disability.

We have continued to test the WGSS (which focuses on functional limitations) in a number of programmes: to build an evidence base on how to disaggregate data by disability; to analyse and use data to improve our programmes; and to share our learning to drive the collection of better data on disability.

We have appointed a DDD project manager in recognition of the growing importance and profile of this area of work, and we are developing a DDD framework that will outline our approach for monitoring the inclusiveness of our health programmes.

In all our data disaggregation work, we’re working to improve the accessibility of our health programmes and our information, education and communication materials. As well as increasing our organisational knowledge of how best to collect and share data on disability, the lessons we’ve learned so far have led to discussions within Sightsavers about what we’ll do next in other programmes, and how best we can contribute to the global knowledge base on disability data.

As part of our engagement with global data networks and initiatives on DDD, we have:

- contributed to the UN Flagship Report on Disability through the UN Monitoring and Evaluation for Disability-Inclusive Development (MEDD).
- published two blog posts on the Washington Group website.
- joined the Washington Group Disability and Data Working Group.
- joined the Global Partnership for Sustainable Development Data and co-facilitate, with DFID, the Data Disaggregation Task Team.
- attended the High-Level Meeting on Data in Kenya.



## Section 4

# Looking ahead

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

Arman, who's four years old, looks through a picture book with his mother at his home in Kushtia district, Bangladesh, days after undergoing cataract removal surgery.

## **Inclusive health**

An evaluation of the inclusive eye health pilot in Bhopal is scheduled for Q4 of 2017 and our activities will continue after the end of the pilot phase. We are currently looking at how we can scale up the approach in our other eye health programmes in India.

We will be expanding our portfolio in inclusive health and are in the process of planning an inclusive eye health project in Nampula (Mozambique), which will start in Q4 2017 in partnership with the Ministry of Health, Nampula Central Hospital and a leading national DPO. In March 2018, we will also be starting up new inclusive eye health programmes in eight districts across Bangladesh and Pakistan funded by UK Aid.

## **NTDs**

During year two of our UK Aid onchocerciasis/LF programme, once all the results are available, we will analyse the data from the most recent MDA campaigns to identify reasons for non-compliance (or not being reached) disaggregated by drugs distributed, sex, age, wealth status and geographic location/region. We will also identify the most common methods for awareness creation in communities and determine if there is any difference in treatment coverage/compliance by sex, age, education and disability to understand whether treatment coverage is equitable.

## **Inclusive education**

We are in the process of finalising a manual on inclusive education for children with disabilities, another manual on the education of children with visual impairments and a training module on child safeguarding.

## **HR**

We plan to revamp our recruitment process, introducing new ways to apply including an online application form that is accessibility compliant and approved by our organisational inclusion coordinator. This will increase the number of ways an applicant can apply for our vacancies and allow us to gather equalities data, making quantitative measurement of our progress possible and informing decisions on further improvements.

## **Public engagement**

Building on the 'Put us in the Picture' policy campaign, Sightsavers Ireland will implement a Public Engagement programme with the aim to ensure that the Irish public demonstrates support and understanding of the inclusion of people with disabilities in developing countries, as set out in the Irish government's policy 'One World, One Future'.

## Political participation

The establishment of cross-country learning between Senegal and Cameroon will enable us to validate our theory of change and refine approaches that will achieve sustainable results. We will continue to reach out to other stakeholders both to influence inclusive political process and to build internal capacity-building in this thematic area.

## Economic empowerment

Our youth economic empowerment programme in Uganda is potentially a replicable model and Sightsavers is currently focusing on achieving additional funding for the economic empowerment of young men and women with disabilities. There are two new projects in the pipeline similarly focused on this theme and we are collaborating closely with other disability and mainstream NGOs.

## Research

As Sightsavers' use of CBPR has been recognised as innovative and inclusive, a group of researchers within the international development sector is creating a learning network to share successes, tensions and dilemmas. It will be co-led by Sightsavers and University College London (UCL). We plan to roll out our equity tool and poverty scorecard in additional countries as part of a more comprehensive equity analysis framework (including gender, age, disability status and other factors), which will lead to further programmatic responses.

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2. Disability and the Global South, 2017 OPEN ACCESS Vol.4, No. 1, 1143-1163 [Back]



Babita Goud is a Bronze medal winner in the 4th National Blind and Judo Championships in India. Sightsavers is piloting an adolescent health programme to empower and develop the skills of young visually impaired girls, this has included self-defence training.

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

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