



Social inclusion strategy

Creating a disability inclusive world



Sightsavers

Nasiru Muhammed Adamu, 43, a man with a physical disability, climbs his handcycle and moves it around, at home in Rigasa community, Kaduna state, Nigeria.



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Cover image

Josephine, a student and youth disability advocate; Mohamed, an entrepreneur, father, and youth disability advocate; and Sadah, a youth disability advocate, in Karene District, Sierra Leone.

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Acronyms

CSOs	Civil society organisations
GBV	Gender-based violence
GEMS	Gender equality mainstreaming
ILD	Inclusive local decision-making
NCDs	Non-communicable diseases
NTDs	Neglected tropical diseases
OPDs	Organisations of people with disabilities
SBC	Social behaviour change
SDGs	Sustainable Development Goals
SRHR	Sexual and reproductive health and rights
UHC	Universal health coverage
UNCPRD	UN Convention on the Rights of Persons with Disabilities
WHO	World Health Organization

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Youth senator Ousmanou is Vice President of the youth committee of the organisations of people with disabilities national platform in Cameroon.

Executive summary

The Sightsavers social inclusion strategy sets out a bold and adaptive approach to advancing the rights and inclusion of people with disabilities in all their diversity, particularly women and girls. Developed in the context of rapid global change, the strategy reaffirms our commitment to the principles of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the centrality of equality and equity within the Sustainable Development Goals (SDGs).

Our long-term vision is that people with disabilities are valued members of society and are able to claim and exercise their full rights and participate actively in decisions that affect their lives. This strategy focuses on dismantling barriers created by negative social and gender norms and stigma, while promoting inclusive citizenship and equitable access to health services.

The strategy concentrates on two thematic pillars:

- **Inclusive citizenship**
Ensuring people with disabilities, especially young people and women, are meaningfully engaged in political life, governance processes and civil society. This includes promoting disability inclusive elections, local decision-making and civic spaces, as well as addressing barriers such as inaccessible infrastructure, discriminatory laws and stigma.
- **Inclusive health**
Advancing health equity by improving access to general and specialist health services and embedding disability inclusion within universal health coverage (UHC). Our approach prioritises primary healthcare, sexual and reproductive health and rights (SRHR), mental health, nutrition and integration within non-communicable diseases (NCDs) and infectious disease programmes.

To make progress towards these thematic pillars, we focus on change across three interrelated domains:

1. Individuals and communities

Empowering people with disabilities and their representative organisations to exercise agency and hold duty bearers accountable.

2. Systems and services

Building inclusive, accessible and responsive health and governance systems.

3. Governance and policy

Influencing international, national and local policies to ensure rights-based frameworks and adequate resourcing.

Grounded in the principles of Leave No One Behind, sustainability, systems strengthening and evidence-based practice, this strategy positions Sightsavers as a catalyst for inclusive development. Through partnerships, research and advocacy we aim to deliver transformative change that ensures people with disabilities enjoy their rights, can access essential services and fully contribute to society.

Context

This iteration of our social inclusion strategy is being written at a time of rapid change in the international cooperation sector. This comes on top of existing mega-trends such as climate change, demographic shifts and restrictions to civil society space.

We do not detail all of these here as to do them justice would require a great deal of space and much of what is written would be rapidly out of date. However, the strategy does take this wider environment into account and we recognise that, above all, we will need to be adaptable and flexible

in our approach while remaining committed to central pillars such as the implementation of the UNCRPD and the centrality of equality and equity to Agenda 2030 and the Sustainable Development Goals.

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Participants and inclusive champions talking during an inclusive family planning workshop with married women in Kaduna State, Nigeria.



Sarah, who has polio, is a leader in several organisations of people with disabilities in Singida, Tanzania.

Goals and objectives

The social inclusion strategy focuses our work on two thematic pillars, **citizenship** and **healthcare**, to complement our work in **education** and **economic empowerment**. These areas are critical for people with disabilities to be able to thrive, contribute to society and enjoy their rights equally.

With equitable access to all forms of healthcare, people with disabilities will have the capability to engage in society, access educational services and generate a livelihood.

Through equitable access to democratic processes, people with disabilities will be able to ensure their voices are heard and their rights are respected.

Theme 1: Inclusive citizenship

Goal 1: All people with disabilities are engaged in political life, governance processes and civil society - exercising their rights and influencing inclusive policies.

Objective 1: People with disabilities are equitably and meaningfully participating in national and local decision-making processes and civil society.

Objective 2: National and local public policies, decision-making processes and civil society organisations are more inclusive for people with disabilities.

“Where few take part in decisions there is little democracy; the more participation there is in decisions, the more democracy there is.”¹



Eveline, who is blind, and a longstanding advocate and Organisation with disabilities (OPD) leader, at an event to promote assistive voting in Yaoundé, Cameroon.

Barriers to inclusive civic and political participation

People with disabilities have the right to effectively and fully participate in political and public life on an equal basis with others, as enshrined in international law, such as the UNCRPD², and in regional and domestic legal frameworks. However, our evidence shows that multiple barriers to their participation persist:

- People with disabilities are **less likely to have voted in an election** and less likely to have the civil documentation required to vote³.
- Lack of accessible infrastructure and information in key political and civic spaces, such as at polling stations, as well as a lack of access to assistive technology⁴.
- **Policy and legislative barriers**, such as restrictions on who can run for public office, also limit participation⁵.
- People with disabilities, in particular **young people with disabilities, face stigma and discrimination from family and community members** which impacts their confidence and undervalues their contribution to the political process⁶.



People with disabilities have the right to effectively and **fully participate in political and public life on an equal basis**

Women of all ages, young people and marginalised impairment groups, are critical groups to engage with to ensure no one is left behind. However, they experience civic and political exclusion in different ways.

- Globally, women's political participation is low⁷. Women with disabilities experience the same gender barriers as women without disabilities, as well as discrimination based on disability.
- Young people are a major interest group, with 70 per cent of sub-Saharan Africa under the age of 30⁸. Young people with disabilities face multiple barriers and discrimination yet want to be politically engaged to support the development of their countries⁹.
- People with intellectual disabilities are a highly excluded group from political participation. They are rarely in decision-making roles, even in organisations of people with disabilities¹⁰.

If people with disabilities do not meaningfully participate in decision-making processes, then the specific issues affecting them are not visible to policymakers. As a result, the rights of people with disabilities are overlooked and services are not responsive to their needs.

Strengthening the civic and political participation of people with disabilities

Since 2017, Sightsavers has been implementing evidence-based inclusive citizenship approaches in partnership with OPDs and government stakeholders. These focus on the following three areas:

- **Inclusive elections**

Elections are a fundamental way for people with disabilities to shape political outcomes. Our work to promote inclusive electoral systems includes collaborating with electoral management boards to make polling stations and key voter information accessible. We work with OPDs to advocate for change to electoral policies, supporting women and men with disabilities to be elected to public roles, and generating learning around good practices for inclusive elections.

- **Inclusive local decision-making**

The growing transition towards decentralised governance is a strong opportunity for the increased participation of people with disabilities.

The Sightsavers inclusive local decision-making (ILD) approach¹¹ focuses on:

- participation in local governance through strengthening the capacities of people with disabilities, political actors and decision-makers
- development of monitoring tools on the participation of people with disabilities in local decision-making spaces for social accountability
- advocating for inclusion in local government policies, budgets and programmes.

- **Inclusive civic space**

Active citizenship provides a voice for people with disabilities to contribute to governance and exercise their rights. We strengthen the capacities of people with disabilities to advocate for their rights and support access to civil documentation such as identity cards. We take a twin-track approach, working closely with OPDs, as well as with broader civil society and human rights networks, to promote disability inclusion and collectively advocate for the rights of people with disabilities.

Climate change is a global crisis that disproportionately affects people with disabilities¹². Therefore, we promote the meaningful participation of people with disabilities in political decision-making and civil society initiatives to address climate change.

The participation of people with disabilities in civic and political life is a catalyst for greater inclusion across the board¹³. Inclusive citizenship works jointly across our programme areas. For example, the participation of people with disabilities in local governance will better ensure inclusion in services such as health, education and economic empowerment programmes.

Our aim is that people with disabilities are meaningfully involved in governance and feel represented, which will ultimately strengthen inclusive and resilient democracy.

Theme 2: Inclusive health

Goal 1: People with disabilities, in all their diversity, particularly women and girls, have improved access to healthcare and best possible health outcomes.

Objective 1: Reduce health inequities, improve access to general and specialist health services and support the achievement of the highest attainable standard of health for people with disabilities.

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



Staff nurse Rebecca talks to patients at Nankese Health Centre in Ghana.

People with disabilities experience health inequities

People with disabilities, in all their diversity, have the right to the highest attainable standard of health, as enshrined in international law, such as the UNCRPD, and in domestic legal frameworks. However, evidence shows that people with disabilities:

- Experience up to a 20-year gap in life expectancy compared to people without disabilities¹⁴. During the COVID-19 pandemic, people with intellectual disabilities were eight times more likely to die than those without an intellectual disability.¹⁵
- Are seven times more likely than people without disabilities to not have access to healthcare when they need it. Over 50 per cent of people with disabilities cannot afford healthcare costs and up to 80 per cent indicate that health facilities are not accessible.¹⁶
- Have a higher incidence of communicable and noncommunicable diseases and lower coverage rates of receiving population-wide interventions compared to people without disabilities. This includes interventions such as cancer screening, HIV testing and treatment, family planning or prevention of noncommunicable diseases.
- Have an increased risk for developing mental health conditions and often rate their mental health as being worse than those without disabilities.
- Are often excluded from social protection mechanisms and health insurance schemes. Even when they are included, these systems may not include key services and products required by people with disabilities (such as assistive devices, personal assistants or interpreters, and specialist health services).

- Children with disabilities are significantly more likely to experience all forms of malnutrition compared to children without disabilities¹⁷ and nutrition programmes reach 20 per cent fewer young adults with disabilities compared to the general population.¹⁸

Women and girls with disabilities face even more barriers accessing the health services they require, resulting in worse health outcomes. For example:

- Women with disabilities are less likely to be registered at birth¹⁹, seek antenatal care and have a skilled attendant at birth,²⁰ and are more likely to experience adverse birth outcomes (such as low-birth weight, pre-term birth and postpartum depression).²¹
- More women with physical (32.9 per cent), sensory (30 per cent), intellectual (48.8 per cent) or multiple impairments (42 per cent) have a postpartum emergency visit compared to those without these impairments (23.5 per cent)²².

These differences in health outcomes are largely the consequence of health inequities. These can be understood as unfair and avoidable factors which include, for example, widespread barriers and discrimination in broader society and within the health sector. Also, a higher exposure to negative social determinants such as poverty, stigma and discrimination, violence and abuse.

Advancing health equity for people with disabilities

For the past ten years Sightsavers has been working in partnership with ministries of health, mainstream health agencies, OPDs, the World Health Organization (WHO) and other development stakeholders to promote equitable access to healthcare for people with disabilities. We also contribute to the integration of disability inclusion in health systems through our programmatic research and influencing work at country, regional and global levels.

Throughout the next strategic period, we will be delivering targeted interventions and supporting broader health sector programmes to incorporate disability health equity. Our work will be grounded in a primary health care approach and aligned with the WHO disability health equity strategic framework.²³ Where relevant, we will explore cross-thematic synergies (for example, with the social protection theme under our economic empowerment strategy).



We will be delivering **targeted interventions** and supporting broader health sector programmes to incorporate disability health equity.

Our operational model will be articulated across six cross-cutting entry points:

1. Voice and agency

Promoting free and informed choices and meaningful engagement of people with disabilities in health sector decision-making.

2. Social norms

Improving health literacy and behaviours among people with disabilities and reducing disability stigma within society and the health sector.

3. Health workforce

Ensuring health workers are better equipped to provide equitable healthcare to people with disabilities and countering negative stereotyping and attitudes.

4. Service delivery

Promoting a twin-track approach to disability health equity, to improve quality of care and accessibility throughout the continuum of care and across essential public health functions.

5. Evidence generation

Demonstrating what works (and what doesn't) in making healthcare services and programmes inclusive, as aligned with Sightsavers' **Research, evidence and learning strategy**.

6. Leadership, governance and financing

Influencing and supporting governments and decision-makers to develop, resource and implement disability-inclusive health policies and strategies – including through cross-sectoral collaboration (for example, expanding inclusive social protection and health insurance schemes).

Zainab, an inclusive champion of the IFPLAN inclusive family planning project, smiling after an interview session with Sightsavers staff in Nigeria.



In partnership with a wide range of actors, Sightsavers will continue to invest in generating evidence on what works to increase healthcare access, improve health outcomes for people with disabilities in all their diversity, and strengthen the systematic integration of disability inclusion in health policy, planning and financing.

Through our work, we will aim to:

- Expand our comprehensive sexual and reproductive health and rights (SRHR) portfolio – with a particular focus on scaling up tested inclusive family planning interventions and tackling gender and disability norms that prevent women and girls with disabilities from exercising their bodily autonomy and making free and informed choices.
- Consolidate our inclusive gender-based violence (GBV) prevention and response approaches – promoting multi-sectoral coordination, embedding inclusive GBV standards into broader health system quality-of-care frameworks to reinforce accountability and equity within national health systems, and ensuring women and girls with disabilities and their representative organisations are meaningfully engaged at all stages.
- Strengthen our commitment to health equity for people with disabilities in eye health and neglected tropical diseases (NTDs) programmes – as articulated in our NTD and vision and eye care strategies.
- Develop a twin-track approach to disability inclusion in the mental health sector – and promote cross-thematic integration of mental health and wellbeing interventions across Sightsavers' work.



Gboin, who has a physical disability, with his wife and daughter in Nkoteng, Cameroon.

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14-year-old Amina, from Khanewal District in Pakistan, has a physical disability which makes it difficult to walk or stand without support. Her new wheelchair has transformed her life for the better.

Additionally, we will explore entry points to scale out tested solutions to new areas, including:

- Prioritising disability inclusion in maternal, newborn and child health and nutrition programmes – replicating and adapting our tested methodologies to improve quality of care and reduce maternal mortality among women with disabilities.
- Promoting health equity for people with disabilities in noncommunicable diseases (NCDs) initiatives, especially focusing on disability inclusion in health promotion, prevention and management of NCDs.
- Working with partners to mainstream disability inclusion in infectious disease areas - including malaria, tuberculosis and HIV/AIDS programmes.
- Advancing health equity for people with disabilities at the intersection of climate and health – embedding disability inclusion in adaptation and mitigation strategies and supporting the development of climate-resilient inclusive health systems.

We envision a future where people with disabilities are meaningfully included in efforts towards the achievement of UHC – including through an increment in the range and number of people with disabilities in all their diversity being able to access the healthcare they need (population coverage); the expansion of quality, accessible and inclusive health services and systems (service coverage); and the reduction of catastrophic health expenditure among people with disabilities, especially through the reduction of out-of-pocket health expenditure and the expansion of truly inclusive health insurance and social protection mechanisms (financial coverage).

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, ensuring no one is left behind.

Theory of change

What needs to change?

Progress and transformation are needed across all of Sightsavers' inclusion themes to positively influence the lives of all people with disabilities in all their diversity, especially women and girls with disabilities.

Negative social and gender norms remain significant barriers for people with disabilities to enjoy their rights, because they affect individual choices and control numerous aspects of their lives. Social and gender norms, stereotypes and misconceptions about people with disabilities must be understood, reduced and/or shifted to achieve sustainable

change. Additional focus and attention must be given to the most marginalised people with disabilities, including women.

Disability stigma can result in discrimination and exclusion at all levels of society and is a significant barrier to social inclusion. Therefore, addressing stigma in all its forms is intrinsic to our theory of change.

Our theory of change has three interrelated domains of change. These pathways inform our project design as shifts must take place to enable progress towards our goals.



Caterina, a photographer participant of the 'Hear Me See Me' climate inclusion project, talking to the audience at an exhibition in Nairobi, Kenya.



Individuals and communities

People with disabilities should have knowledge, capabilities and agency to seek health services and participate in decision-making on an equal basis with others. Their empowerment can hold duty bearers accountable to respect, protect and fulfil their rights.

By communities, we mean geographic communities (such as the people within a village), but also other communities of association - such as women's groups, youth groups and OPDs.

To achieve this, community structures, families, local organisations of people with disabilities (OPDs) and civil society organisations (CSOs) need to understand, support and actively promote the rights of all people with disabilities.



Systems, services and organisations

Should be more inclusive, accessible and responsive to the rights, requirements and aspirations of people with disabilities and value their participation. To achieve this change, inclusive national and local development policies, programmes and plans 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 organisations. Relevant actors in the health and political sectors, and those working on climate action and disaster preparedness and response, must have the knowledge, skills and confidence to include people with disabilities without discrimination.



Governance and policy change

Should take place at international, national and local levels. Policies are more inclusive - respecting, promoting and protecting the rights of people with disabilities. To achieve this, OPDs and civil society organisations need the capacity to meaningfully engage with relevant stakeholders and adequate financial resources need to be allocated to ensure the implementation of inclusive policies and regulations.



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

People with disabilities are valued members of society who can claim and exercise their full rights, as outlined in the UNCRPD, and participate actively in society through accessing health services and contribute to the decisions that affect their lives.

Impact: People with disabilities, in all their diversity, access health services and contribute to the decisions that affect their lives.



Goal 1: Inclusive citizenship		Goal 2: Inclusive health
Populations, individuals and communities	Systems and services	Governance and policy
People with disabilities and their representative organisations have knowledge and capabilities and are empowered to seek health services and participate in decision-making on an equal basis with others.	Systems, services and organisations are more inclusive, accessible and responsive to the rights, requirements and aspirations of people with disabilities and value their participation.	<ul style="list-style-type: none"> • Policies/regulations that respect and promote the rights of people with disabilities are adopted at all levels. • Inclusive governance structures/mechanisms promote the implementation of, and compliance with, disability inclusive policies, regulations at all levels. • Adequate financial resources are allocated to ensure the implementation of inclusive policies and regulations.



Social and gender norms support the inclusion of people with disabilities in all their diversity

Relevant actors in the health and political sectors have the knowledge, skills and confidence to include people with disabilities, with a particular focus on those who are marginalised, especially women with disabilities of all ages.		
Community structures, families and local OPDs/CSOs support and actively promote the rights of people with disabilities to access health and other services.	Mechanisms are in place to hold systems, services and organisations accountable to protect, respect and deliver on the rights of people with disabilities.	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.
People with disabilities have the capability and agency to enact their citizenship rights and participate in decision-making and development opportunities - including climate action and disaster reduction processes.	Mechanisms are in place to reach people with disabilities and ensure they can equitably engage with systems, services and organisations.	
People with disabilities have access to appropriate tools, resources, information, support mechanisms and skills to access their rights in an informed manner.	People with disabilities and their representative organisations are meaningfully involved in and influence decision-making structures and processes.	OPDs and CSOs have capacity to advocate with governments, donors 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.	Relevant climate action and development programmes, plans and regulations are implemented through inclusive guidance and protocols.	Governments, donors, multilateral agencies and other relevant stakeholders commit to promoting and protecting the rights of people with disabilities.

Social and gender norms are understood and relevant actors work to reduce any barriers.

Underlying principles: Leave no one behind. Coherence. Sustainability. Systems-strengthening. Quality. Evidence-based. Partnership and participation. Alliances. Safeguarding.

Cross-cutting priorities

Climate action

With climate change increasingly impacting all people, the lack of attention paid to those who are more vulnerable to its negative impact, including people with disabilities, especially women, is concerning.

Given the organisational commitment to climate action, we have taken a pragmatic approach to build our experience in this area. The three main gaps when investigating the nexus of disability and climate change include:

- The scarcity of documented disability inclusion or mainstreaming approaches within climate-related development interventions.
- A minimal focus on women with disabilities and the diversity of impairments. Disability is often approached as a generalised topic, which does not represent the different experiences to climate change that people with different disabilities will have.
- People with disabilities are calling for inclusive and accessible communications around climate change and disaster management and response.

Since 2023 we have tested approaches aiming to ensure that the voices of people with disabilities are included in climate action decision-making, disaster preparedness and response. Building on this, Sightsavers will:

- Continue to document and widely disseminate learning from disability inclusive climate action initiatives to increase the evidence base and maximise impact.
- Scale up our work and approach to developing and supporting the development of inclusive and accessible communications related to climate action or disaster management and response for people with disabilities in all their diversity.
- Strengthen the leadership of youths and women with disabilities in climate action through working with their representative organisations and networks to strengthen skills and knowledge.
- Work with other stakeholders in the climate and disability space to amplify the voice and visibility of women with disabilities and youths with disabilities at national, regional and global levels - for example, supporting contributions to reporting on the nationally determined contributions of the Paris agreement.
- Invest in staff capacity strengthening at all levels - sharing learnings and developing skills.



Brenda, a woman with albinism from Kenya, has transformed her life through the 'Hear Me See Me' climate photography programme run by Sightsavers, Gifted Community Centre and Lensational. Brenda discovered that the camera actually served as an assistive tool, allowing her to see objects more clearly through the lens.

Disability inclusion and OPD engagement

We work collaboratively with people with disabilities and their representative organisations using participatory and inclusive processes with a focus on the most under-represented constituencies, particularly women and girls with disabilities. Based on our realisation that women with disabilities were less active in our programmes, we conducted an OPD mapping exercise and we are working to increase the number of organisations of women with disabilities we engage with using an internal OPD dashboard that helps identify new partners.

Our disability inclusion projects will always be co-created with people with disabilities to ensure ownership and relevance. As a minimum standard, our projects must meaningfully engage people

with disabilities and their representative organisations. To this end, we have developed six principles outlining how we, as an organisation, should engage with people with disabilities and OPDs.

We are committed to working with OPDs - both because they have a mandate to represent people with disabilities from their constituency, as well as because they are better positioned to sustain longer-term advocacy engagement within their communities at different levels. OPDs are important civil society stakeholders at all levels - whether at community, national, regional or international level. They help ensure the voices of people with disabilities are heard in policymaking and they can hold duty bearers accountable.

Sightsavers works with OPDs in different ways. We have developed strategic partnerships with organisations that are representative of the disability movement, such as the International Disability Alliance (IDA) and its member organisations, with a view to shaping Sightsavers' vision and the way we work as an organisation in the disability inclusive development sector. We also engage OPDs as programmatic and implementing partners -where OPDs oversee entire components of our initiatives or take responsibility for the implementation of targeted activities. And we collaborate with OPDs to promote diversity and non-discrimination in the development sector - ensuring the inclusion of women with disabilities to achieve gender equality and the meaningful engagement of people with disabilities in all their diversity, including those from more marginalised constituencies.

The role OPDs play in our programming will depend on the project, but a core principle is that the partnership should be based on amplifying the voice and visibility of people with disabilities. It is key that partnership with an OPD 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, young people and the inclusion of the most marginalised groups. We will grow together and ensure that we partner well, managing expectations and exploring opportunities for capacity sharing and reciprocal learning.

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. In these areas where Sightsavers is gaining more experience programmatically we are endeavouring to work with OPDs and people with disabilities from the start to support their leadership.

Key to our approach is alliance building and networking. We will continue to utilise our convening power to bring different stakeholders together to develop dialogue and build consensus. 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.



The partnership should be based on **amplifying the voice and visibility of people with disabilities.**



Basiru, a political science graduate and now law student, who is based in Freetown, Sierra Leone. Basiru lost his sight as a child and started advocating for the rights of young people with disabilities as early as primary school.

Social norms and stigma reduction

Why are social norms and stigma important?

Social norms are the informal unwritten rules that define acceptable and appropriate actions within a given group or community.

Positive disability norms can lead to greater inclusion within society, systems and services - whereas negative disability norms lead to exclusion and limit opportunities

for people with disabilities. This can be experienced via the negative language used to label and describe people with disabilities and through negative stereotypes about the ability of people with disabilities to live independently, have a relationship or a family.



Sadah, a youth disability advocate, at a Sightsavers citizenship and political participation workshop in Karene District, Sierra Leone.

Stigma

Stigma is 'a social process that leads to the marginalisation of individuals or groups'.²⁴ Stigma is driven by norms, stereotypes and an imbalance of power which can lead to the use of negative language, labelling, exclusion and discrimination. People with disabilities are often subject to stigma which is a critical barrier to disability inclusion. Non-discrimination is a core principle of the UNCRPD as a fundamental component of full and effective participation in society.



Stigma - what we have done so far?

- Captured internal and external evidence and learning on what works in reducing stigma in different contexts.
- Conducted and disseminated **research** on stigma reduction interventions and stigma measurement, to progress knowledge and evidence.
- Hosted a social behaviour change (SBC) community of practice and global champions network to increase internal capacity on SBC and stigma reduction.
- Developed digital **guidance** for our country office staff and partners to intentionally design for and deliver stigma reduction interventions.

Reducing stigma and understanding social norms are essential to each of our inclusion thematic areas. Sightsavers will continue to work in partnership with a wide range of actors to:

- Allocate dedicated budget for disability stigma reduction activities in all future social inclusion projects. This was affirmed at the **Global Disability Summit** in 2025.
- Use the Sightsavers **stigma guidance** to develop stigma reduction approaches across projects and programmes.
- Use the **Sightsavers SBC toolkit** to design, deliver and monitor behaviour and social change interventions across projects and programmes.
- Continue to capture and disseminate good practice, learning and evidence on what works in reducing stigma and shifting social and gender norms in different contexts, and embedding that in our work.
- Recognise that stigma is diverse and can include social stigma, internalised stigma, stigma by association and structural stigma. All forms need to be understood and influenced for effective change.
- Recognise that gender and disability norms are significant barriers, especially for women and girls with disabilities. Therefore, those who are most marginalised within the disability movement, including women with disabilities of all ages, require additional focus and attention.

Gender

Sightsavers takes a gender mainstreaming approach to our work, as outlined in our 'Approach to gender'. This is recognition that women and girls would otherwise be left behind in the work we do due to their gender roles, gendered expectations and the power relations which influence their social, economic and political outcomes. By considering gender as a cross-cutting, human-rights issue, Sightsavers can address the different needs, priorities and experiences of women and girls, and men and boys.

Sightsavers also recognises the multiple discrimination faced by women and girls with disabilities which significantly reduce their access to health, education, employment and decision-making spaces.

Our work is aligned with and supports global conventions such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the Convention on the Elimination of All Forms of Discrimination against Women.



Gender - what we have done so far?

- Gender equality mainstreaming (GEMS) working group established to strengthen gender mainstreaming across our thematic areas and programmes.
- Sightsavers' approach to gender (internal) articulates why gender is important to Sightsavers and our approaches to gender mainstreaming in programming.
- **Gender mainstreaming in Sightsavers programmes** - which includes gender analysis; meaningful engagement of women and girls with disabilities; male engagement; participant feedback; challenging stereotypes; disaggregated inclusive data; learning exchanges and building capacity; engaging with external stakeholders; delivering research, monitoring and learning; influencing policies.
- Capturing learning from our programmes and organisational data, including a renewed gender synthesis in 2025 to update our progress and recommendations. This includes setting gender specific targets towards our programmes.
- Gender resources, capacity building and a community of practice which provide support and practical skills to staff so they can mainstream gender in their work.

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Aasiya, who has refractive error, at her home in Pakistan after receiving new glasses which she says have significantly improved her quality of life.

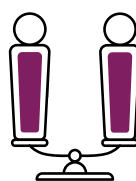
In a global environment where disability inclusion and women's rights remain under threat, Sightsavers will reinforce our commitment to gender equality and women's rights and continue to apply a gender lens in our programming, policy and advocacy work. We will embed our learning, assimilate new global thinking and put it into practice in the local context.

We will continue to:

- Embed gender into programme objectives, interventions, success measurement and impact assessment.
- Prioritise gender analysis and use data to analyse differences and design evidence-informed interventions.
- Influence negative gender norms that prevent girls and women accessing services and exercising their civic rights.
- Engage men and boys as allies and agents of change to promote mutual trust, growth and lasting social change.
- Proactively partner with OPDs and civil society actors that equitably represent and promote the rights of women with disabilities, and learn from that expertise.
- Strengthen the voice, visibility and leadership of women with disabilities in civic spaces - particularly those addressing climate action and participation in political life.
- Seek opportunities to replicate our inclusive GBV approach in other settings.
- Prioritise women's health and wellbeing in our inclusive health portfolio.



Hamidat, a young activist from the Women with Disabilities Self-Reliance Foundation – one of the organisations of people with disabilities partners of the IFPLAN inclusive family planning project in Kaduna State, Nigeria.



Sightsavers will reinforce our commitment to **gender equality** and **women's rights**

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