Programme strategy

Health and inclusion

Sightsavers

Cataract patient Khadijah, 6, recovering after her eye surgery in Sokoto, Nigeria.

Contents

Cover image

Portrait of Salihu Hawakulu, a person
living with disability, at the cataract
screening in Okene, Kogi State, Nigeria.

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Introduction

We live in an unequal world where access to health, education, employment and political rights depends on factors beyond the control of the individual. But the means to improve quality of life and solve many of the problems we face in our areas of work are within reach. Cataract surgery, treatment to avoid trachoma, inclusion of people with disabilities in education can all be met cost-effectively. And yet, in countries across the globe barriers to these solutions continue to exist, often due to broader social and economic systems which perpetuate inequality.

Any organisation working to tackle complex and wide-ranging development issues needs to be focused, strategic and innovative in how it engages with systems and people. Sightsavers is no different, and this programme strategy gives an overview of what we will prioritise and why. There is no time period attached; instead, we will take an evolutionary approach: monitoring progress, learning, analysing where things are slow, and adapting our strategy in response. This will help us to be open to opportunities and maintain relevance in all contexts where we have a presence.

The accompanying thematic strategies explain how we will go about this in the different areas of our work, but this document establishes the core principles and practices that we will apply across everything we do.

Our starting point is our organisation's vision and mission:

Vision

Our vision is of a world where no one is blind from avoidable causes, and where people with disabilities participate equally in society.

Mission

We are an international organisation working with partners in low and middle income countries to eliminate avoidable blindness and promote equality of opportunity for people with disabilities.

In addition to our vision and mission, the following strategic principles will underpin what we do.

Leave no one behind

In all of our programmes, we aim to achieve this central principle of the Sustainable Development Goals, which holds that it is not enough to make progress unless that progress includes all people within the communities where we work. This requires working with government and other partners on an integrated, people-centred approach. We will have a specific and human rights-based focus on marginalised people, including people with disabilities from particularly excluded disability groups, in line with our mission. We have reviewed our organisation's approach to gender and this learning is reflected in the thematic strategies that underpin all of our work. This principle also requires us to work in communities which currently lack service provision.

With all this in mind, we will promote specific targeted services for marginalised groups and broader inclusive policies and practices to bring about access to mainstream services. This principle will be reflected in our collection of data and evidence, as well as in our programme design and implementation.

Coherence

We are increasingly bringing our two areas of programmatic expertise – health and inclusion – together, so that all our of programmes are designed and implemented in an inclusive way, with a particular focus on disability and gender. This is in line with a public health approach to maximise the number of people we reach, with effective use of available resources.

We will continue to advocate, in partnership with others, for this to be done in an inclusive way, to achieve Universal Health Coverage (UHC). However, we know that changes in approaches and priorities within health systems take time and consistent stakeholder engagement. Part of our role is to demonstrate ways of ensuring that marginalised groups who may otherwise be excluded are able to access services. Our inclusive eye health portfolio is increasing and the Ascend programme with its Leave No One Behind strategy is a big step forwards within our NTD work. Making inclusion a systematic part of our approach is now a key focus, including addressing issues of intersectionality (the combination of multiple factors within an individual's context which create complex and interconnected barriers to their inclusion, putting them at risk of even greater marginalisation).

Sustainability

We aim to develop sustainable programmes in partnership with organisations that already exist in the countries where we work, so changes will continue effectively once our direct inputs have ended. This involves considering the political, financial, technical, technological, socio-cultural, institutional and environmental and climate change-induced aspects of our programmes. We are developing long-term planning which includes our exit strategy from programmes, and we will revisit these when developing new programmes to judge progress and adjust our long-term approach, as required. In particular, we intend to work harder with governments to ensure that they factor in future financial resourcing of programmes that we work with them to develop.

System strengthening

We work to strengthen the systems that deliver sustainable services and drive social change. This includes working with government, private and civil society organisations which exist as part of those systems of policy, delivery and accountability, as well as activities and initiatives which strengthen and support those systems. We work closely with the individuals and structures with responsibility for them and we design and implement our programmes so they integrate with those systems, rather than working in competition with them or duplicating their efforts. We also seek to demonstrate to donors that the costs associated with this integrated approach are good value for money. This is closely linked to our sustainability principle.

Quality

We see improving quality as a continuous process and not a fixed point. We recognise that the perception of quality is a key driver for individuals to take up services, and that to be effective and sustainable, changes in systems and services must be of good quality. We also understand that quality improvement is a complex process, involving many inter-related parts, and that the evidence base on effective quality improvement strategies in low-resource environments is patchy. Finally, our ability to influence different levels and aspects of systems is variable within and between contexts. We will not assess progress on quality solely through simplistic output-based measures, although these can be useful data points. Specific aspects of quality that we will focus on are effectiveness (evidence-based and demonstrating improvement), efficiency (maximising outcomes for investment levels

available), accessibility (timely, as close to point of need as possible), acceptability (person-centred, taking into account individual satisfaction and cultural norms), equity (quality and access does not vary due to personal characteristics), and safety (minimising risk of harm).

Evidence-based

We will contribute to and learn from the available evidence base in all our areas of work, including understanding and sharing what has not worked, as well as what has. We will use appropriate methodologies, comply with national ethics regulations, ensure that the evidence we generate from our programmes is relevant, communicated well and understood by stakeholders – including communities – and that we reflect on, analyse and use evidence in the design and implementation of our programmes. We will also promote a culture of evidence-based action among our partners and increase the participation of communities where we work in the choice of topics and the way in which evidence is gathered and used. We will continue to develop and practise approaches to disaggregation of data, which will assist in the delivery of several other principles.

This principle requires giving priority to evidence in our programme planning and in our resourcing decisions, including at country office level.

Partnership and participation

Close partnerships with organisations embedded in the countries where we work are key to ensuring the sustainability of what we do. These range from national government ministries to local community groups, and include the public, civil society and private sectors. In all programmes, we will work to make our own role either redundant – strengthening partners, services and systems to be able to continue without us; or adaptable – ensuring that any role we play in supporting or monitoring change is enabling and not competing with those structures. Simply put, we implement programmes with partners who are rooted in the systems and communities where we work. While we undertake research, implementation and influencing activities directly in some circumstances, our principal route to encouraging participation directly by communities in the development process is through these partnerships, to help build, enable and strengthen sustainable accountability mechanisms, rather than to insert ourselves into them. We must also exercise caution that our due diligence and other contractual requirements do not prevent organisations with limited financial or systems resources from working with us, as they can have other resources that are of equal value. Ethics and accountability are core to this principle, and we will ensure that our approach to partnership and participation enables organisations and communities to work with us on an equal basis, to provide feedback to us, and for us to hold each other to account.

Alliances

We will work in strategic partnership with other like-minded organisations and institutions to maximise shared learning and mutual impact beyond themes and geographic areas where we work directly. These include global disability and health partners; INGOs working in health and/or inclusion; sectoral and geographic networks; UN institutions; universities and research centres; and bilateral donors. We will partner with other general development actors and the private sector, where relevant, in line with our growing consortia-based approach.

Safeguarding

We recognise that there are potential power relationships involved in any development programme and the chance of exploitation or abuse by those holding the power. Our operating model focuses on local and national partnerships and programme staff up to the most senior levels, working in their country or region of origin, which reduces some of the risks inherent in other models. Nevertheless, significant risks remain. Our approach is based on a clear Code of Conduct, contextually informed risk assessment of both partners and programmes (including our own role within these), training of Sightsavers and partner staff, rigorous reporting mechanisms, and swift and proportionate action when incidents occur. We will continue to promote the same level of safeguarding awareness and architecture within partner organisations and build understanding and awareness at community level through these partnerships – strengthening, rather than replacing, existing accountability mechanisms.

In practice, these strategic principles mean that we have ways in which we do and don't work.

We don't:	We do:
Implement programmes without partners	Provide technical, financial, learning, contract and programme management experience to enable high quality, sustainable programmes to be delivered, both testing approaches and supporting them to be scaled up geographically (for instance, taking learning to new areas within and across countries); horizontally (such as, taking learning from one sector to others within the same country); and systematically (like other actors adopting our approaches/learning). Linked to the principles outlined above, through this process, we do not create any parallel structures to existing systems that cannot be sustained in the future without our direct support.
Measure impact only by counting outputs	Want to see good quality outputs achieved, but through the system itself improving its ability to deliver them, rather than with our direct role increasing proportionately. Replacing our catalytic role in providing financial, technical, and evidence and influencing resources will take time in many of the contexts in which we work.
Work in areas where we do not have demonstrable relevant expertise	Base our approach on our ability to add technical value to all programmes and sectors that we support. We will continue to explore where our expertise can be useful to other development sectors, including broadening our expertise in inclusive eye health to support health programmes in other areas, for example, sexual and reproductive health, maternal and child health care and NTDs. We will develop additional technical expertise in areas we feel are essential to the delivery of our mission, such as social and behaviour change communications, environmental impact and response to health emergencies.
Chase our growth as its own aim	Make decisions on how we can deliver against our organisational, programme and thematic strategies, not based on where resources are available. We take account of where other agencies are active and, in many cases, we will look to sub-contract on broader development programmes, bringing relevant technical expertise and helping to influence those agencies to take on board our mission in future – for example, making their broader programmes more disability inclusive.

We don't:	We do:
Employ expatriate staff to run our country offices	Employ staff who are nationals of the countries where we work to lead our initiatives, develop the relevant national and local level partnerships that are at the heart of our approach, and to lead on how these partnerships work in practice. We support these country level leaders and their teams with regional and global level expertise recruited from and located across the globe, to ensure our programmes are informed by, and inform, the available evidence base and good practice in every thematic area. We encourage shared learning across regions and countries through visits and reviews, and help country offices to source local and national level technical expertise.

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Ariane sees well with her glasses during lessons at her primary school in Mali.

The global and policy context

The global context in which we work is constantly changing, so we need to be flexible and able to adapt to both large-scale shifts, as well as changes in local contexts. This is something Sightsavers has at the heart of our management principles: that we have an agile governance structure behind programmes; we ensure context is at the heart of specific project design processes; and that our global policy work is focused on influencing as well as being influenced by key international frameworks and actors.

This document does not analyse overall current global trends in development or international relationships, as any such analysis would quickly be out of date, or its impact unclear. However, it is essential that as an international development actor we remain aware of trends and rapid changes and seek to work within them.

Analysis of many of these trends will form part of our overall organisational strategy review process; at the strategic level we will take into account the interconnection between development and environmental analysis and action, and the increased role of the private sector – both in direct delivery of services and in the financing of national economies.

We will continue to conduct our work within the following frameworks, which are critically important to the work Sightsavers does.

We are an international organisation and work in a constantly-changing global landscape. Our work starts with our vision. Everything we do moves us towards achieving these big aspirations.

The global context
Global frameworks critically important to Sightsavers' work

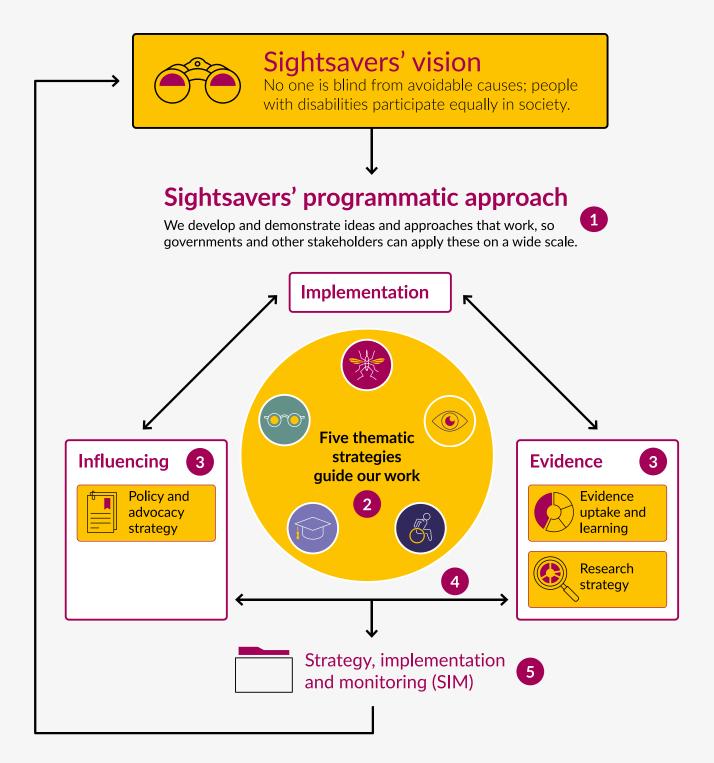| Sustainable Development Goals (SDGs)	The WHO road map on neglected tropical diseases	United Nations Convention of the Rights of Persons with Disabilities (UNCRPD)	The WHO World Report on Vision

Sightsavers' vision
No one is blind from avoidable causes; people with disabilities participate equally in society.

Sightsavers' programmatic approach

We develop and demonstrate ideas and approaches that work, so governments and other stakeholders can apply these on a wide scale. **1**

Implementation

Five thematic strategies guide our work **2**

Influencing **3**

Policy and advocacy strategy

Evidence **3**

Evidence uptake and learning

Research strategy

4

Strategy, implementation and monitoring (SIM) **5**

1 Strategic principles help steer our programmatic approach

2 Five thematic strategies guide our work (neglected tropical diseases; refractive error; eye health; social inclusion; inclusive education)

3 Research, monitoring, evaluation, learning and policy approaches feed into our thematic work

4 We adapt and adjust our work to ensure we deliver real change

5 Our SIM card monitors our effectiveness and progress towards delivering on our vision

Sightsavers

Sustainable Development Goals (SDGs)

Working with a range of civil society and government partners, we were heavily involved in the development of the SDG framework, which brings together traditional development issues and environmental and climate-related areas of policy and focus. This began with influencing the framework to be more inclusive of people with disabilities and supportive of UHC, and has more recently evolved into looking at how our work contributes to various goals, targets and related indicators. This will further strengthen how we conceptualise our programmes and report on their impact. As stated above, we are committed to the central tenet of the SDGs – that no one should be left behind. Equity in progress is as important as progress for the overall population; achieving 80 per cent of any target, when those left behind are marginalised groups, such as people with disabilities, women and girls, older people, people living in rural areas or economically marginalised groups, does not mean we are 80 per cent of the way there. Instead, it means the processes and systems that have been set up are failing a fifth of the population and are fundamentally flawed. We will remain committed to UHC, Education for All and the many other promises contained within the SDGs.

Sightsavers adds high positive impact to these SDGs:

| 1 NO POVERTY | 3 GOOD HEALTH AND WELL-BEING | 4 QUALITY EDUCATION |
| 5 GENDER EQUALITY | 8 DECENT WORK AND ECONOMIC GROWTH | 10 REDUCED INEQUALITIES |

Sightsavers contributes to, and is influenced by, these SDG goals:

| 2 ZERO HUNGER | 6 CLEAN WATER AND SANITATION | 11 SUSTAINABLE CITIES AND COMMUNITIES | 16 PEACE, JUSTICE AND STRONG INSTITUTIONS | 17 PARTNERSHIPS FOR THE GOALS |

Progress of these SDGs impacts the contexts Sightsavers operates in:

| 7 AFFORDABLE AND CLEAN ENERGY | 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE | 12 RESPONSIBLE CONSUMPTION AND PRODUCTION | 13 CLIMATE ACTION | 14 LIFE BELOW WATER | 15 LIFE ON LAND |

The UN Convention on the Rights of Persons with Disabilities

The UN Convention on the Rights of Persons with Disabilities (CRPD) is a key framework, guiding not only our work on inclusion, but increasingly our work in health. Our work on inclusive health will be a growing part of our portfolio in areas where we currently excel – in eye health and neglected tropical diseases (NTDs) – and in building the evidence base and implementing projects in other areas of the health system. It will demonstrate the most cost-effective ways to remove barriers to access for people with disabilities to health care. In line with article 4.3 of the Convention, we will work in close partnership with people with disabilities and their representative organisations in all aspects of our disability inclusion work. This will help to ensure that the outcomes of our work are positive, and that our processes are inclusive and rest on the principle of Nothing About Us Without Us – so individuals with disabilities and OPDs play a leading role in the realisation of disability-inclusive development.

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

The WHO World Report on Vision (WRV)

In 2019, the World Health Organization published the World Report on Vision (WRV). The WRV estimated that at least 2.2 billion people have a vision impairment, and at least 1 billion of these cases could have been prevented or are yet to be addressed.

The report draws particular attention to the health inequities that exist and the predicted rise in global prevalence. Ageing, lifestyle choices and population growth will lead to a substantial increase in the number of people that need eye care globally, posing significant challenges for national health systems. To address this, the report recommends action to:

- Make eye care integral to UHC
- Deliver integrated, people-centred eye care

To achieve this, the WHO will develop the Package of Eye Care Interventions (PECI) and Package of Rehabilitation Interventions (PRI) to support countries in planning, budgeting and integrating eye care interventions into their national health services' packages and policies.

Over the next strategic period, we will continue to support implementation of the recommendations of the WRV at national and global levels and provide continued technical support to implement and monitor the progress of PECI and PRI, in line with our mutual strategic priorities.

The WHO road map for neglected tropical diseases

The WHO road map for neglected tropical diseases 2021-2030 sets global targets and milestones to prevent, control, eliminate or eradicate 20 diseases and disease groups. To support attainment of the 2030 NTD targets, Sightsavers is committed to concerted action in the three pillars defined in the WHO road map:

Pillar 1: Accelerate programmatic action

Pillar 2: Intensify cross-cutting approaches

Pillar 3: Change operating models and culture to facilitate country ownership

In addition, we will support country governments to achieve the NTD-specific elimination targets outlined in the road map. Our approach will be guided by the WHO's 13th General Programme of Work and the SDGs.

We contributed to the current WHO road map, and we will offer suggestions for any future updates. In turn, we will make it our priority to adapt our own strategy to work with those updates.

Environmental impact

During this strategy period, we will put more focus on the global and local environmental aspects of what we do. This relates to responding to climate risk within our programming and to understanding and mitigating our own environmental impact as an organisation.

In terms of climate risk, we need to ensure that we have the relevant skills and capabilities to:

- Assess the national climate context as part of our long-term planning process

- Incorporate that analysis into project planning, taking a risk-based approach, for example, assessing the potential impact of climate change on the effectiveness of approaches to health and inclusion in communities

- Respond to the global evidence base of how climate change will impact on specific countries, communities and groups where we work

- Take account of the potential impact on the environment of projects we support when assessing the cost-effectiveness of different approaches
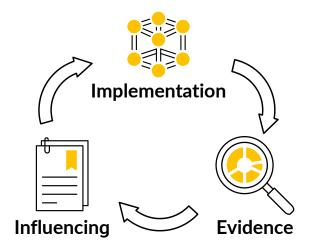
There are many other global conventions and development frameworks to which specific aspects of our work are related; these are discussed in our thematic strategies.

Sightsavers' programme approach and thematic areas

Sightsavers has been working on the combined areas of health and inclusion since our founding in 1950 by Sir John and Lady Jean Wilson.

The early interconnection between the need for health services for people with river blindness (onchocerciasis) and the need for broader inclusion in all aspects of society for those already visually impaired by that disease, remains the lynchpin for our areas of programme focus and expertise today. We continue to broaden our work on eye health issues, neglected tropical diseases, all disabilities, and support for a wider social inclusion activities, and our thematic strategies explore how this expansion will continue into the future.

Over the past 10 years, Sightsavers has developed a robust approach to strategic programming, based on a cycle of implementation, evidence generation and external influencing. The relationship between each of these stages is two-way and can create a series of loops within Sightsavers' teams and with external stakeholders.

This reflects the philosophy behind our programmes that our role in the development process of countries where we work is to demonstrate to governments positive approaches that work, which they can take up and which can be implemented at scale. We recognise the limited fiscal space within many countries, so we look at the cost, effectiveness, efficiency and equity of the different initiatives we undertake. That way, we are able to advise governments on where best to invest (often limited) national development plan resources.

Fundamentally, this approach is based on understanding that the path to sustainable change in the delivery of quality, accessible and equitable health services, and the realisation of the UN Convention on the Rights of Persons with Disabilities and other human rights frameworks, cannot rely on the role of International NGOs, such as Sightsavers. In the long run, it is the decisions taken by national governments, related to international commitments made within global frameworks – particularly the UN Sustainable Development Goals – that will bring about lasting change.

Implementation

Influencing

Evidence

Our five thematic areas of focus are:

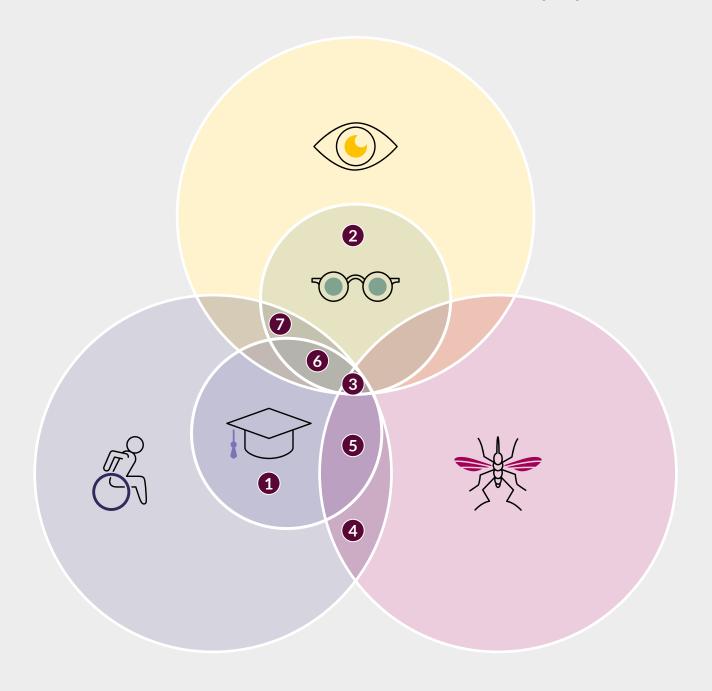- Eye health
- Refractive error
- Neglected tropical diseases
- Social inclusion
- Inclusive education

Each of these has its own thematic strategy, which sets out the ways in which we deliver programmes in that area. The strategies identify key objectives for what we will implement, where we will generate evidence and who we will influence. They are underpinned by the principles outlined in this document, and are also guided by thematic principles.

There are many ways in which these thematic areas overlap and allow us to create useful learning and interconnected programme interventions. Some of these are shown in the following diagram.

1

Making school accessible for girls and boys with disabilities.

See our Sierra Leone project at:
www.sightsavers.org/ from-the-field/2020/12/ voices-sierra-leone-girls-disabilities/

Strengthening links with citizenship and political participation programmes to ensure local councils promote educational quality and access for children with disabilities.

See our inclusive education project in Senegal at:
www.sightsavers.org/ programmes/inclusive-education-senegal/

4

In Nigeria, the COUNTDOWN programme is tackling negative social norms, stigma and discrimination associated with skin conditions caused by neglected tropical diseases such as leprosy.

See how we are tackling negative social norms, stigma at:
www.sightsavers.org/ from-the-field/2021/05/ living-with-skin-ntds/

2

Ensuring the importance of vision correction and wearing spectacles are part of eye health messaging.

See our eye screening pop-up camps at:
www.sightsavers. org/from-the-field/2020/10/9-steps-pop-up-eye-screening-camps-marginalised-communities/

Integrating refractive care into eye care programmes to facilitate a continuum of care.

See our India truckers programme at:
www.sightsavers.org/ from-the-field/2019/10/ helping-indian-truckers-stay-safe-behind-the-wheel/

5

Drawing on the behaviour change expertise of our NTD team to develop and execute strategies for engaging with communities.

See our Super School of Five study at:
www.sightsavers.org/ programmes/super-school-of-5/

3

Collaborating in school and community screening with refractive error, inclusive education and NTD colleagues, particularly integrating vision screening into deworming programmes and education principles across both.

Read more about SHIP in Liberia here:
www.sightsavers.org/ programmes/school-health-integrated-programming/

6

Making national health services inclusive and equitable for people with a range of disabilities, women and girls and marginalised groups, such as transgender people.

Read the story here:
www.sightsavers. org/stories/2021/01/ reaching-bangladesh-transgender-community/

7

Pop-up eye screening camps brought to areas where communities face barriers to accessing mainstream services – for example, the Bihari community in Bangladesh.

Read the story here:
www.sightsavers.org/ from-the-field/2020/10/9-steps-pop-up-eye-screening-camps-marginalised-communities/

Operating environments

Sightsavers' programmes are focused on low and middle income countries. While we do take into account evidence and experience generated in other contexts, our limited resources are best focused where they are needed most, in line with our mission. Our main geographical programme areas are sub-Saharan Africa and South Asia, although through partnership with others we support programmes across the globe. Our approach to working in new areas will continue to include an assessment of the specific development context of the country concerned, the value we feel we can add, and the presence of organisations with a similar approach to ours. Above all, any decisions to work in new areas will include an assessment of the impact on our work in existing focus countries, which has an intrinsic value in terms of relationships, partnerships and knowledge.

This strategy retains our focus on long-term sustainable development approaches, in contexts which allow us to do so. We have also always considered the resources we can bring to support government and other partners in response to a wide range of short and long-term crises in locations where we are already working. However, during this strategy period we are further exploring specific areas of work in higher-risk environments – these are detailed in the thematic strategies.

No sustainable and equitable health system nor wider inclusive society can be achieved without change occurring in a range of contexts within each country. It is of particular importance to Sightsavers that we develop approaches shown to deliver effectively in both urban and rural settings. There are many aspects to the social/political economy of each country, and regional as well as national differences, so in many areas of intervention, approaches that work in some contexts in urban areas will not deliver effectively in rural districts, or vice versa. It will continue to be important that where we seek to impact at a national level on development planning, that we work in both contexts. Resource constraints mean that this won't always be possible, but we will continue to look for opportunities to influence countries with similar structures and systems to those where we are present, to more widely demonstrate approaches which remain relevant across internal and external borders.

We recognise that operating environments continuously evolve and change. This evolution occurs as a result of societal and developmental change or from the advent of shocks and stresses, such as the COVID-19 pandemic, environmental impacts of climate change and economic instability. Through our programme approach we can adapt in response to contextual shifts by making specific changes to what we implement, what evidence we generate, or what we influence on; always ensuring alignment to the goals and objectives set out in our thematic strategies. Adaptation is managed through our programme cycle management systems and processes.

Primary school students supported by our European Union-funded education project in Bombali District, Sierra Leone.

Evidence, monitoring, accountability and learning

A learning, accountability, monitoring performance framework has been drawn up for each thematic strategy, which articulates how each strategy will be monitored and progress measured. These frameworks are connected to the overall strategic monitoring (SIM) dashboard that enables us to assess how we are performing.

There are 10 key factors that are core to our organisation's strategy and critical to our successful demonstration of cost-effective approaches, and which are measured through the SIM.

- Effective programme implementation partnerships

- High-quality programmes

- Effective and joined-up advocacy

- Strong strategic networks and alliances

- Internal capabilities

- Adequate technical expertise

- Ability to generate sound research and evidence

- Effective systems

- Resource mobilisation

- Income growth

Leadership in each area sits within different parts of the organisation, but all factors are part of Sightsavers' interconnected ecosystem. Serious issues in any area could fundamentally impact on our ability to deliver across the entire portfolio.

Further initiatives are underway to ensure that our work is accountable and strengthening all the time. A Research and Evidence Uptake Strategy and a Monitoring, Evaluation and Learning Strategy are being updated and developed to guide our specific approaches to evidence generation within our programme portfolio. These will include mechanisms to ensure that evidence uptake and learning is fed back into our programmes. We are determined that our work will include strengthening accountability by ourselves, the government and other organisations we support, to the people and communities we serve.

We use technology to add efficiency into the collection, analysis and use of data generated from monitoring, evaluation and research activities. For example, GIS analytical software and data visualisation tools, such as ArcGIS and PowerBI, can be used to map locations of primary health facilities or performance of programmes against national gender and disability statistics, to improve the reach and quality of our programmes.

We continue to develop knowledge and expertise in generating and using inclusive data to better understand the people and communities we work with. Disaggregating data by sex, age, disability, socio-economic status and geographic location allows us to identify where specific barriers and exclusion of marginalised groups exist. That way, we can work to remove barriers and ensure that individuals have improved access to services and opportunities, and can ultimately enjoy their human rights.

Critically, generating knowledge informed by data and other evidence at programme, thematic and organisational levels, allows us to see the effect on people, communities and systems. This is crucial in evaluating whether programmes are cost effective and leading to genuine positive change. The connection between thematic and organisational strategy monitoring provides a holistic understanding of our strategic performance, that ultimately enables us, and our partners and communities, to hold ourselves, and be held, accountable.

Resources

UN Convention on the Rights of Persons with Disabilities World Report on Vision (WRV). **www.un.org/development/desa/ disabilities/convention-on-the-rights-of-persons-with-disabilities.html**

World Report on Vision (WRV). **www.who.int/publications/i/ item/9789241516570**

The WHO road map for neglected tropical diseases 2021-2030. **www.who.int/publications/i/ item/9789240010352**

For information on Sightsavers strategies visit: **www.sightsavers.org/how-were-run/sightsavers-strategies/**

Peace, 11, sings a song that helps her remember how to wash her hands and face, a part of the Sightsavers water, sanitation and hygiene project in Meru, Kenya.

We work with partners in low
and middle income countries to
eliminate avoidable blindness
and promote equal opportunities
for people with disabilities.

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