



Sightsavers

# Research Strategy



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## Abbreviations and Acronyms

<b>FTI</b>	Fast Track Initiative
<b>iNGO</b>	International Non-Governmental Organisation
<b>MSc</b>	Master of Science
<b>NTD</b>	Neglected Tropical Disease
<b>PhD</b>	Doctor of Philosophy
<b>SIM</b>	Strategy Implementation and Management
<b>SPIDER</b>	Strategic Programme Innovations and Development, Evidence and Research
<b>STH</b>	Soil-transmitted helminths

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# Executive Summary

Sightsavers' vision is of a world where no one is blind from avoidable causes and where people living with visual impairment and other disabilities participate equally in society. High quality evidence and research play a key role in our journey towards achieving this. By setting out this five-year strategy, Sightsavers aims to emphasise the importance of research evidence to achieving its organisational goals and provides guidance to its staff, partners and other stakeholders on why and how it will do so.

Gathering and disseminating sound research evidence is the best way of ensuring our programmes are demonstrating scalable and cost-effective approaches that are meeting the needs of the people they are designed to serve. Research evidence is also a strong tool for advocating with governments and policy makers for improved policies and environments that allow people with disabilities equal opportunities for participation within society.

This document sets out our strategy for strengthening the role of research evidence in our programmes and advocacy as well as the role of our organisation in the global research agenda. The document aims to provide Sightsavers' staff, partner organisations and wider stakeholders with a clear understanding of why we are committed to research, our strategic goals and priorities in the next five years; and our plans for delivering these to high standards. This document supports the organisational strategy, 'Making the Connections: 2012-18', as well as the thematic strategies for eye health and education and the fast track initiatives for eliminating onchocerciasis and trachoma.

We have identified four objectives that will guide our decision making around research over the next five years:

**Objective 1:** Keep up to date with the existing body of evidence and ensure its effective use in our programmes and advocacy.

**Objective 2:** Conduct high quality research to generate new evidence to address global knowledge gaps and our operational challenges. In particular:

- Understanding and describing needs, systems and contexts of our programmes;
- Testing new approaches to the delivery of health, education and social inclusion services;
- Assessing the impact and cost-effectiveness of our interventions.

**Objective 3:** Build organisational capacity and effective partnerships to generate, understand and use research evidence.

**Objective 4:** Ensure effective dissemination of research findings within and outside the organisation.

Research is a collaborative process, and for Sightsavers research conceptualisation, design, implementation, use and dissemination are the responsibilities of multiple stakeholders within and outside the organisation. Although this strategy and the Research Governance Framework set out broad frameworks for collaborative working, early and clear communication with key stakeholders are important components of all successful research

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initiatives. Collaborative working with a broad range of research partners is key to developing research capacity both within the organisation and among our partners, and we will continue to strive to extend our network of partnerships in the countries we work, and further afield.

Finally, this strategy describes how Sightsavers will monitor its research work and identifies a number of indicators that will be used to monitor its progress towards these objectives.

## What this strategy adds

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This strategy:

- articulates Sightsavers' organisational approach to undertaking and using research evidence;
- defines objectives and priorities which will guide our decision-making around research;
- reflects a strong focus of our research portfolio on testing innovative approaches to service delivery and evaluating cost-effectiveness and impact;
- explains how we envisage the delivery of our research through partnerships between Sightsavers' research staff, other teams within the organisation and academic collaborators;
- outlines how we plan to maximise the impact of our research through enhanced dissemination, partnerships and capacity building; and
- provides indicators for measuring our progress and achievements.

# Introduction

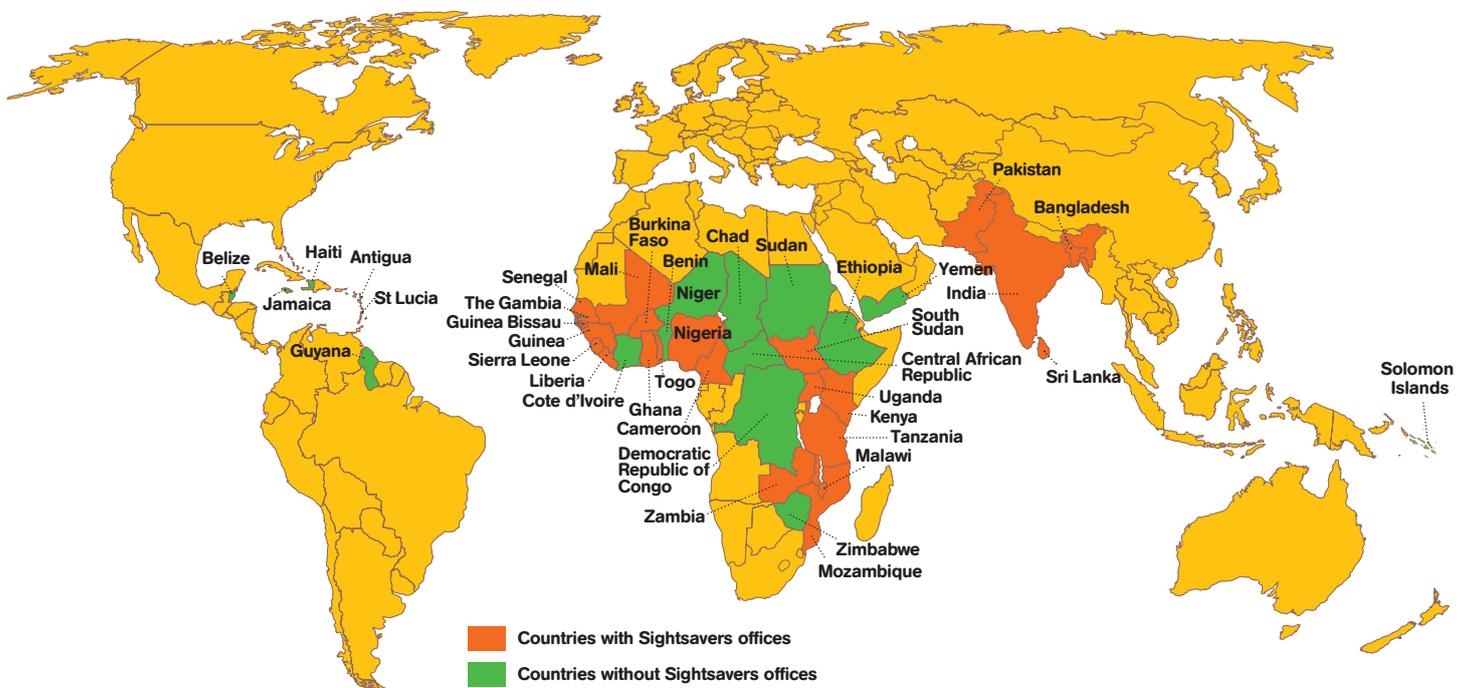
Sightsavers is an international non-governmental organisation (iNGO) working with partners in low and middle income countries to eliminate avoidable blindness and promote equality of opportunities for people with disabilities. To achieve our goals, we implement demonstration programmes and advocacy with the aim to improve population eye health and remove barriers to the participation of people with disabilities in society. The key principles on which our approaches are based include

- effective long-term national and international partnerships;

- demonstration of interventions, which are scalable and cost-effective; and
- strengthening local delivery systems and capacities to ensure sustainability.

As of 2014 we work in 37 countries in Africa, Asia and the Caribbean (Figure 1). High quality evidence and research are critical for the successful implementation of our interventions and we are committed to increasing our investments in both generating new evidence and improving the use of available evidence across the organisation.

Figure 1 **Countries, where we currently work, 2014**



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This document sets out our strategy for strengthening the role of research evidence in our programmes and advocacy as well as the role of our organisation in the global research agenda. The document aims to provide Sightsavers' staff, partner organisations and wider stakeholders with a clear understanding of why we are committed to research, our strategic goals and priorities in the next five years; and our plans for delivering these to high standards.

The strategy has been developed through a consultative process with both our staff and colleagues outside the organisation. We undertook a historical review of research supported by Sightsavers and conducted a series of consultations on evidence gaps within our programmes. We considered our priorities in the wider context of health, education and disability research to ensure that the new evidence we generate is pertinent to the global research agenda. We also undertook a rapid review of our internal systems and capacities for generating and sharing research evidence with the view of how these can be strengthened to ensure effective delivery of this strategy.

The strategy is congruent with our overall organisational strategy *Making the Connections, Strategic Framework 2012-2018*<sup>1</sup>, our thematic strategies on Eye Health<sup>2</sup> and Education<sup>3</sup>, the two Fast Track Initiatives (FTIs) for the elimination of blinding trachoma<sup>4</sup> and onchocerciasis<sup>5</sup> and our position papers on Social inclusion<sup>6</sup> and Innovations<sup>7</sup>.

Although research is not new to Sightsavers, this strategy for the first time explicitly describes our organisational approach to research, the areas of our focus and how we deliver them and monitor the progress. We believe that by articulating our research priorities and principles we will:

- provide a clearer understanding of the role of research evidence within the wider organisational objectives;
- maintain focus on areas and questions that are of most strategic importance to the organisation;
- achieve better coherence between generating evidence and improving our programmes and advocacy;
- articulate to our funders and research collaborators the added value of Sightsavers as a research partner organisation;
- maximise the effectiveness of our existing academic partnerships;
- provide a basis for developing new academic partnerships and collaborations with other INGOs;
- promote a culture of evidence-based decision-making within the organisation; and
- maximise the benefits of research evidence for our beneficiaries.

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## Strategy context

- 15% of the world's population lives with some form of disability and 2-4% experience significant difficulties in functioning.<sup>8</sup>
- 285 million people globally are visually impaired; 39 million of them are blind.<sup>9</sup>
- 85% of people affected by visual impairment live in low and middle income countries.<sup>10</sup>
- 80% of blindness is either preventable or treatable.<sup>9</sup>
- Disability is inextricably linked to poverty through the adverse impacts of exclusion on education, employment, earnings, expenditure and social participation.<sup>11, 12, 13</sup>

Since the establishment of our organisation in 1950 we have supported a wide range of prevention, treatment and rehabilitation programmes for people affected by visual impairment in low and middle income countries.

This included setting up some of the first mobile eye units and eye screening camps, pioneering community directed programmes for treatment of river blindness (onchocerciasis) and investing in schools to accommodate needs of visually impaired children.

In 2009 we launched a new organisational strategy which changed the way we work. We are still supporting our partners to carry out essential eye health, education and rehabilitation services but are increasing our efforts to advocate long-term systemic changes and government investments in scaling up the approaches that proved to be sustainable and cost-effective. Our roadmap to the implementation of the new organisational strategy is described in the Strategy, Implementation and Monitoring (SIM) card. The SIM card breaks down our long-term goals into tangible objectives across each part of the organisation (Figure 2). Sound evidence and research are included as a building block on which effective programmes and advocacy are built.

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# The role of research evidence in our work

Evidence based decision-making has become increasingly prominent on the national and international development agendas. An evidence-based approach helps policy-makers and practitioners make well informed decisions by putting the best available evidence at the heart of policy and programme development and implementation.<sup>14, 15, 16, 17, 18</sup>

**Evidence** is the available body of facts or information indicating whether a belief or proposition is true or valid.<sup>19</sup>

Research is an important, but not the only, source of evidence utilised by Sightsavers. The evidence base that underpins our programmes and advocacy is developed through the analysis of our service output statistics; programme evaluations; quality assessments and organisational audits. Research has a particular niche within this mix of evidence, as rigorous scientific scrutiny and transparency make research findings most credible and comparable sources of evidence, which are accorded a greater weight among decision-makers and practitioners.

For Sightsavers research is a core organisational activity which contributes to organisational learning, improved quality of programmes and effective advocacy. We therefore support research which has practical implications for our programmes and the policies we advocate. The knowledge gaps we address can be generic or context-specific but the relevance of research findings to our work is critical.

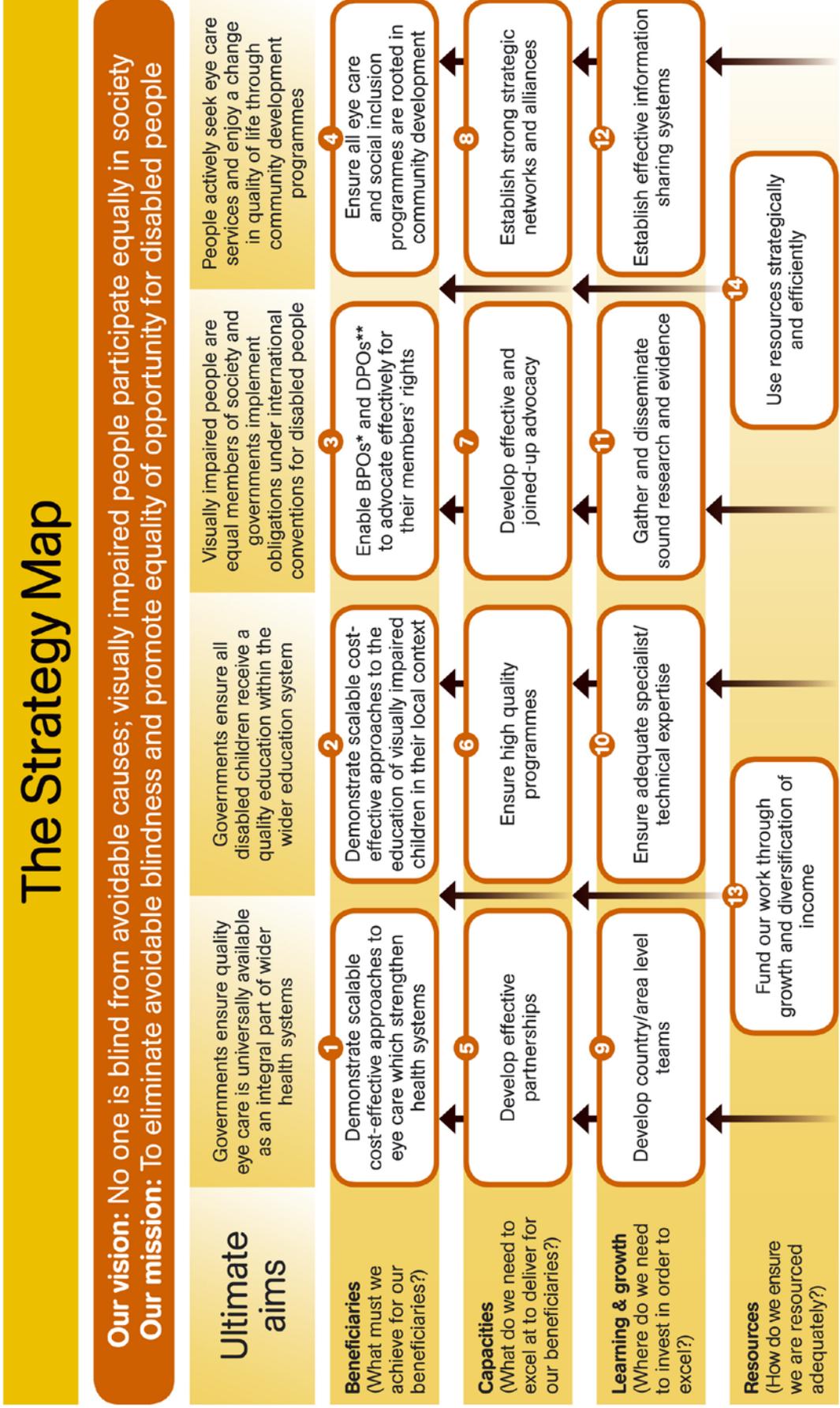
**Research** is a scientific investigation of phenomena undertaken systematically to increase the stock of knowledge. It can be used to establish or confirm facts, reaffirm the results of previous work, solve new or existing problems and support or develop new theories.<sup>20</sup>

**Organisational learning** is a continuous process of systematic integration and collective interpretation of new knowledge that leads to collective action.

**Advocacy** is a process whereby an organisation or individual seeks to influence change, usually in policy or practice.

Figure 2 Sightsavers' Strategy. Implementation and Monitoring Framework

# The Sightsavers SIM Card (Strategy Implementation and Monitoring Card)



\*BPO: Blind People's Organisation \*\*DPO: Disabled People's Organisation

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# Our strategic objectives and priorities

Our aim in research is to provide a sound evidence base to support scalable and cost-effective programmes and related advocacy in health, education and social inclusion.

To achieve this aim we will work on four interrelated objectives:

- keep up to date with the existing body of evidence and ensure its effective use in our programmes and advocacy;
- conduct high quality research to generate new evidence to address global knowledge gaps and our operational challenges;

- strengthen organisational capacity and partnerships to generate, understand, and use research evidence; and
- ensure effective dissemination of research findings within and outside the organisation.

The theory of change supporting our research strategy is shown in Figure 3.

Specific activities to achieve each strategic objective are agreed annually and described in our annual work plans. Below we describe our broad vision of the key areas of our work in the next five years.

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## Objective 1

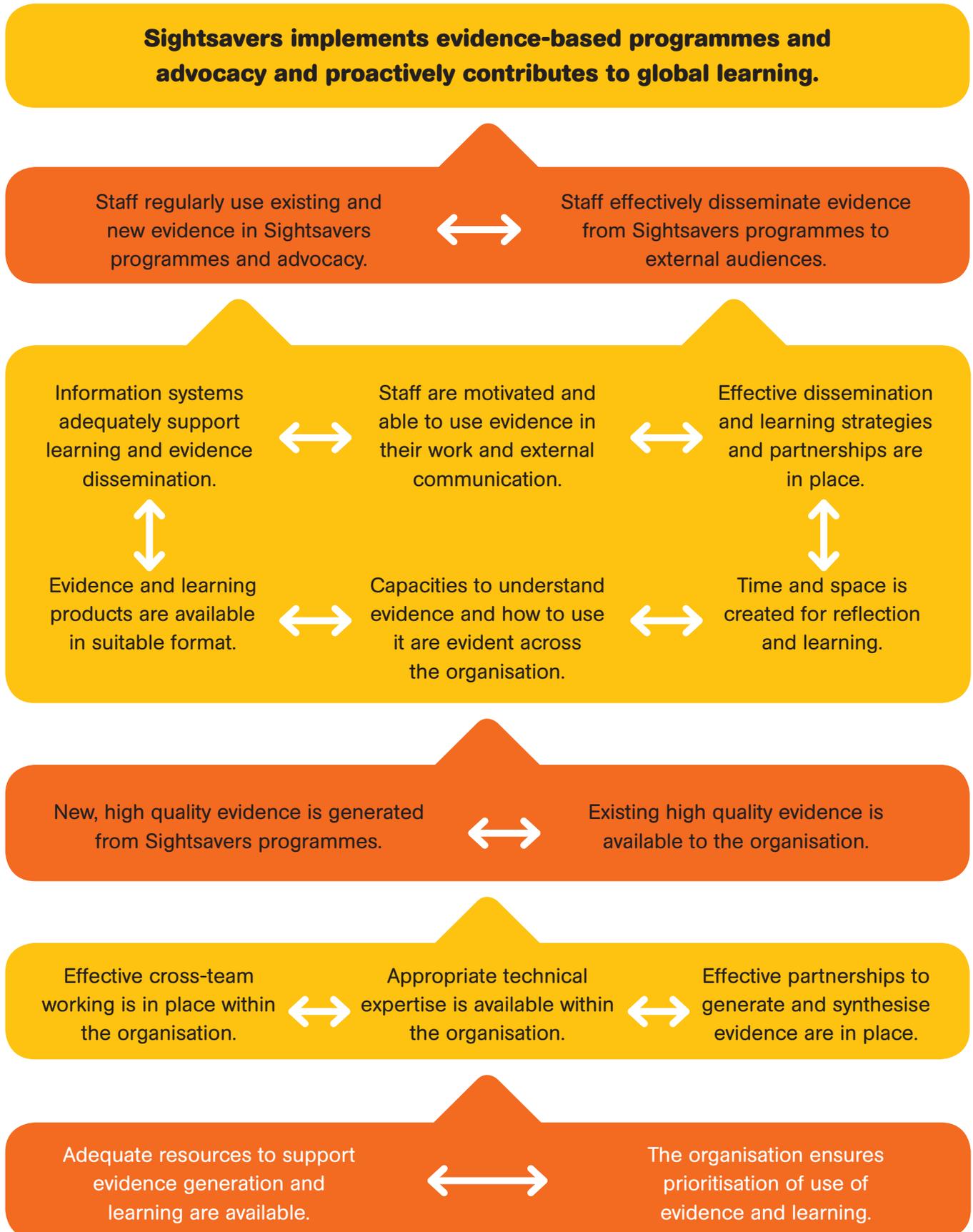
### **Keep up to date with the existing body of evidence and ensure its effective use in our programmes and advocacy**

Our organisational strategy explicitly states that “we underpin our work with the best available evidence and research”.<sup>1</sup> Therefore staying up to date with the existing body of knowledge and ensuring that this knowledge is effectively used is the responsibility of all staff involved in the design, implementation, evaluation and advocacy of our interventions.

In the next five years we will strengthen the use of quality evidence in everything that we do from project proposals and technical guidance through to awareness raising materials and media communiqués. To achieve this we will:

- increase our investments in comprehensive and systematic reviews of literature and analyses of knowledge gaps;
- work with other development organisations and iNGOs on joint initiatives, which aim to consolidate and improve access to available sources of information, for example data repositories, indicator databases, and disease maps; and
- develop our organisational infrastructure to support the effective storage, retrieval and sharing of research evidence across the organisation. This will include developing a repository of all our research and evaluations, links to relevant peer-reviewed publications and a compilation of systematic reviews using evidence gap maps.

Figure 3 **Theory of Change underpinning our Research Strategy**



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## Objective 2

### **Conduct high quality research to generate new evidence to address global knowledge gaps and our operational challenges.**

Under this strategy we will support research in eye health, neglected tropical diseases (NTDs), education and social inclusion. Our research questions will be guided by our thematic strategies and the fast track initiatives as well as operational challenges experienced by our programmes. In eye health we will focus on opportunities for the scale-up of quality cataract services; sustainable ways of delivering refractive error and low vision services; the feasibility and cost-effectiveness of diabetic retinopathy care in low income contexts; and innovative approaches to strengthen eye care services in the context of broader health systems.

Our research in NTDs will be driven by the agendas of eliminating blinding trachoma and onchocerciasis and questions around how best to achieve this and how to establish cost-effective systems of post-treatment surveillance and early identification of recrudescence of the infections. We will also expand our involvement in other NTD research, namely lymphatic filariasis, schistosomiasis and soil-transmitted helminths (STH), and questions around coordinated NTD mapping and treatment and integration of NTDs into national and local health systems.

We will increase our portfolio of education and social inclusion research. We will invest in studies which measure disability and its impact on individuals and societies; identify social, economic and political determinants of disability-related exclusion; describe systemic contexts of our education and social inclusion programmes; and test innovative approaches to increase social participation and empowerment of people with

disabilities. Our specific focus in education will be on early years development and quality of school education for children with disabilities. Our social inclusion research will prioritise questions around the access of people with disabilities to health and social structures, essential services and labour markets. A distinct area of our work will be around disaggregating data by disability and methodologies for measuring equality of access for people with disabilities to public goods and services with a particular focus on access to healthcare and education.

Under this strategy we will support research in three broad areas:

#### **a. Understanding and describing needs, systems and contexts of our programmes.**

We will support a variety of research ranging from epidemiological studies of prevalence of eye diseases, NTDs and disability through to the analyses of legal, financial, structural and cultural aspects of the systems within which we work. We will conduct both primary research and analyses of routinely collected data to understand and describe different individual, community and structural factors, which facilitate or undermine the implementation of health, education and social inclusion interventions and how these vary across different settings.

#### **Examples of research questions: Understanding needs, systems and contexts.**

- What are the key structures involved in the delivery of eye health and NTD services, how do they vary across countries and how are they linked to wider health systems?

- What are the main approaches to educating children with disabilities used in our programmes and what are their key weaknesses and strengths?
- Which factors determine patients' health seeking behaviour and what are the major determinants of eye health and NTD service coverage and uptake?
- Which factors are associated with high and low rates of educational transition of school children with disabilities and how do they vary between different educational settings?
- What are the main sources and mechanisms of funding of eye health, NTD and inclusive education services in the countries where we work?
- What are the key barriers to inclusion of children and adults with disabilities in society and how do they vary across different contexts?

**b. Testing new approaches to the delivery of health, education and social inclusion services.**

Innovation is central to the improvement of quality of our programmes. We define innovation as a process, which adds value to our activities by addressing a problem in a new way.<sup>7</sup> This may mean an entirely novel way of delivery of services or modification of existing practices using novel ideas, technologies and methods.

In health we will focus on innovative approaches to the delivery of primary and community-based models of care and the integration of eye health into other services. We will also test changes in specific aspects of health systems, for example new ways of health financing, information

management or training and supervision of staff.

In education and social inclusion we will test new approaches to support the inclusion of children and adults with disabilities within their communities. Examples of such interventions may include innovative ways to identify children with disabilities and increase their enrolment and retention in schools, opportunities for family and community-based education and development or introduction of new technologies to increase independent living and social participation.

We will use research methods to assess operational aspects of innovation delivery and to evaluate the impact of innovation on quantity, quality, acceptability and equity of services delivered.

**Example of research questions:  
Testing new approaches to service delivery.**

- What is the package of eye health interventions that can be effectively delivered at the primary and community levels and what are the costs and benefits of shifting services from secondary to primary level?
- How to improve access to quality refractive error services for children and adults in a sustainable way?
- What is the best model for the delivery of integrated NTD interventions?
- How to set up and sustain a functional quality assurance system for cataract surgery?
- Which models and technologies can be effectively used to identify and recruit eye health patients from the community?
- What are the optimum models of financing of eye care services and how to ensure that the services benefit the poor?

- What approaches are effective in supporting pre-school children with disabilities in the communities and early years settings?
- Which strategies are effective to improve children's retention and transition in schools?
- What are the best approaches to disaggregate statistical data by disability and to assess equality of opportunities in our programmes?

### **c. Assessing the impact and cost-effectiveness of our interventions.**

Our primary organisational objectives defined in the SIM card focus on demonstrating scalable cost-effective approaches, which can be replicated and rolled out by local governments and/or non-governmental organisations. Therefore generating sound evidence on the impact and cost-effectiveness of our interventions is essential for effective advocacy and scale-up.

Similar to other development organisations, we recognise methodological, financial and logistical constraints to carrying out rigorous impact evaluations.<sup>21</sup> However, we are committed to make the necessary organisational steps to expand our portfolio of studies to measure the impact of our interventions on various population outcomes ranging from uptake of services and health behaviour change through to economic productivity and quality of life. Where possible we will use existing methodologies and tools to measure both generic quality of life and specific aspects of functioning and social participation. Where such tools are not available we will invest in tool development and validation. We will also expand our investments into economic analyses of our programmes and the portfolio

of cost-effectiveness studies. Where possible, we will unite our efforts with other INGOs and development organisations.

We recognise that many of our programmes had been in place for many years. Therefore one of our immediate priorities will be to work with our country offices to conduct comprehensive analyses of the current scope and scale of our programmes and establish baselines for all newly developed programmes.

### **Examples of questions: Impact and cost-effectiveness.**

- What is the impact of refractive error correction on economic productivity of patients?
- How does school-based provision of glasses impact academic progress and educational outcomes of children?
- What is the impact of rehabilitation devices on quality of life of patients with low vision?
- What is the impact and cost-effectiveness of integration of eye care into primary health care services?
- What is the added value of environmental and behaviour change interventions in trachoma endemic areas?
- Are mobile technologies effective in increasing the uptake and coverage of eye care services?
- What is the impact of early childhood interventions on the developmental, educational and social outcomes of children with disabilities?
- What is the impact of vocational training on labour market participation of people with disabilities?

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### Objective 3

#### **Build organisational capacity and effective partnerships to generate, understand and use research evidence.**

We are aware that the availability of evidence alone is not sufficient to ensure evidence-based programmes and advocacy. It is therefore important that in addition to generating new evidence, we contribute towards the development of evidence-based culture and practices within our organisation and in the countries where we work.

Historically our capacity building investments in evidence and research have been externally focused and included MSc and PhD scholarships, financing short-term courses and support to professional bodies and networks. Although we will continue supporting these types of activities where appropriate and relevant, priority will be given to initiatives which

- demonstrate direct relevance and benefits for our programmes;
- develop sustainable technical expertise in the countries where we work;
- contribute to building long-term research partnerships with our programmes;
- have multicounty or regional focus;
- demonstrate formal recognition by national professional bodies; and
- use cost-effective approaches and provide value for money.

These activities may include but are not limited to specific training programmes, university student placements, e-learning resources and other knowledge exchange initiatives. We will be particularly interested in joint capacity building activities with other iNGOs, academic institutions and research funding bodies.

One of our key priorities in research in the next five years is to expand our research partnerships, particularly in the areas of health economics, health systems, NTDs and behaviour change. We will also strengthen our collaborations with academic institutions in the countries, where we work. Our aim is to establish long-term sustainable in-country partnerships by building upon the expertise, which is already available and developing it further through joint research, publications and facilitation of new research collaborations.

Another distinct area of our work will be building internal organisational capacities for generating new evidence and learning from it. To facilitate this, we will enhance our research and evaluation functions at the programme level by appointing cross-country or where appropriate in-country staff with research and evaluation expertise to build a critical mass of Sightsavers' staff with skills to collect and analyse programme level data and to provide advice and support to our country offices and partners.

We will also expand our efforts to improve the capacity of our programme staff to understand different types of evidence, appraise its methodological quality and interpret its implications for programmes and advocacy. The capacity building mechanisms will include research seminars, reflection workshops, knowledge sharing meetings and research and evidence training. We will work with our country and regional offices to ensure that specific research capacity building needs of programme staff are identified and monitored alongside other skills and that individual staff and country offices have the necessary time to ensure effective professional development and learning.

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## Objective 4

### **Ensure effective dissemination of research findings within and outside the organisation.**

We are committed to consolidating and strengthening our evidence dissemination efforts with the aim to:

- support our decision-making processes and programmes;
- inform national and international policies and advocacy campaigns;
- contribute to the international body of evidence; and
- increase Sightsavers' profile as a credible research collaborator.

We are committed to disseminate our work widely both internally and externally and through a variety of sources. To achieve this we will

- maximise our efforts to ensure that the findings of our research and evaluations are submitted to peer-reviewed journals and academic conferences of both international and regional focus;

- maintain up to date information on the Sightsavers website and use a variety of internal meetings and publications to keep our staff and partners abreast with the on-going and completed research;
- ensure that dissemination activities and advocacy are built into our programmes early on and new evidence is disseminated widely to relevant stakeholders using appropriate channels and formats. We are particularly interested in developing opportunities for joint dissemination with other INGOs, academic institutions and development agencies;
- ensure that our research findings are disseminated to the communities who participate in and benefit from our studies;
- put in place mechanisms to ensure regular reviews of our programme approaches and technical guidance in the light of emerging research evidence.

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# How we deliver our Strategy

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## Guiding principles and processes

The key principles guiding our research are outlined in our Research Governance Framework. These state that:

- all research supported by Sightsavers should focus on a clearly defined question or problem and be grounded into existing literature. All research should use pre-defined study protocols, systematic methods, validated tools and internationally accepted principles and procedures;
- all staff involved in research design and implementation should be trained in research methods and have a full understanding of the subject area;
- all participants should be informed about the purpose, methods and intended uses of the research; and all research involving human subjects, their tissues or data should obtain ethics clearance;
- the independence of research should be clearly described, and any conflicts of interest or partiality should be declared; and
- where appropriate, the research should be designed with a disability and equity focus, to ensure the views of people with disability and other vulnerable groups are heard.

Under this strategy we will support both:

- primary research, which collects data first-hand through field research; and
- secondary research, which can involve systematic literature reviews or the collation

and analysis of data that already exists. For example, it is important that routine output statistics collected within our programmes are used not only for monitoring but for analytical purposes to answer specific research questions or develop hypotheses for further research.

With regard to methodological approaches, descriptive studies will remain an important part of our research portfolio. However, with the increased focus of our organisational strategy on demonstration approaches, we aim to expand the number of studies using experimental, quasi-experimental and mixed method designs to examine the impact and cost-effectiveness of our interventions.

Where feasible and appropriate we will undertake a thematic approach to researching. This means we will identify a broad research theme or problem and a set of interrelated questions, which could be addressed through a range of studies, all contributing to the broader research theme.

Although we will continue supporting stand-alone research projects, our aim is that the majority of our studies are integrated within our intervention programmes. This is particularly important for the studies which address specific operational challenges or the questions of costs and cost-effectiveness.

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## Roles and responsibilities

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In the current organisational structure the primary responsibilities for generating new evidence and for putting research evidence into practice lie within the directorate called Strategic Programme Innovations and Development, Evidence and Research (SPIDER). Although this Directorate will be central to the delivery of this Strategy, we anticipate that a range of other teams across the organisation will play a significant role in its implementation. For example, our country offices and the NTD directorate will play a critical role in identifying research questions, programme specific knowledge gaps and putting research findings into practice. Our policy and advocacy team will lead on developing policy and advocacy recommendations arising from new research, while fundraising teams will be responsible for identifying research funding opportunities and supporting research funding applications and reporting.

All our research will be implemented in partnership with academic and research institutions. However, in contrast to many other organisations in the sector we do not limit our

engagement to commissioning and managing research contracts. For all our research projects we will form research implementation partnerships, which will include our academic partners and our research and evaluation staff. Our in-house staff will be an integral part of the research design and implementation and will be involved in all stages of the research process from writing a research protocol and ethics application through to data analysis and dissemination.

We will continue engagement with the academic institutions, where we already have strong collaborations and support research advisory posts. We will also expand our research partnerships, particularly in the new research areas and in the countries, where we work.

We will also work to diversify our sources of research income through joint grant applications with academic institutions to research funding bodies and through research collaborations with other iNGOs.

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# Monitoring progress

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The implementation of this strategy will be monitored annually to assess progress against four strategic objectives and to make adjustments where necessary to ensure the organisation remains on track. We will assess progress by using a set of indicators reflecting both the process and outcomes of the strategy delivery. Some of these indicators are captured in the organisational SIM card; others will be strategy specific.

Process and outcome indicators to monitor the progress:

- number of research projects implemented and completed,
- number of research grants submitted and successful,
- number of internal research seminars conducted,
- number of academic papers submitted and published,
- number of academic conferences attended and papers presented,
- number of visits to and downloads from the internal and external website research pages,
- percentage of organisational income spent on research,
- percentage of projects that generate new evidence through high quality research,
- percentage of completed studies, which disseminate new evidence to external audiences.

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