cbm
global disability inclusion

see you

including everybody

Advocacy toolkit
Inclusiveness and health equity in national eye health strategies

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Acronyms

CBM Global: CBM Global Disability Inclusion

IAPB: The International Agency for the Prevention of Blindness

IPEC: Integrated People-centred Eye Care

OPD: Organisation of Persons with Disabilities

SDG: Sustainable Development Goals

SWOT: Strengths, Weaknesses, Opportunities and Threats

UHC: Universal Health Coverage

UN: United Nations

WHO: World Health Organization

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About the toolkit

What is the aim of the toolkit?

- To provide support with ensuring that national eye health strategies are inclusive and strive towards health equity for persons with disabilities.

- To provide support on agenda setting and develop core advocacy messages around inclusive eye health.

- To hold governments accountable and sensitise them for more inclusive eye health and accessible eye care strategies.

Target group of this toolkit?

This toolkit assists CBM Global country teams and partners, including Organisation of Persons with Disabilities (OPD) partners and other eye care Non-governmental Organisations (NGOs), in advocating for more inclusive eye health.

What is Inclusive Eye Health?

CBM Global is striving towards equitable eye health and accessible eye care for everyone, including persons with disabilities. It means proactively creating an enabling environment within the eye health sector for marginalized groups, and in particular persons with disabilities.
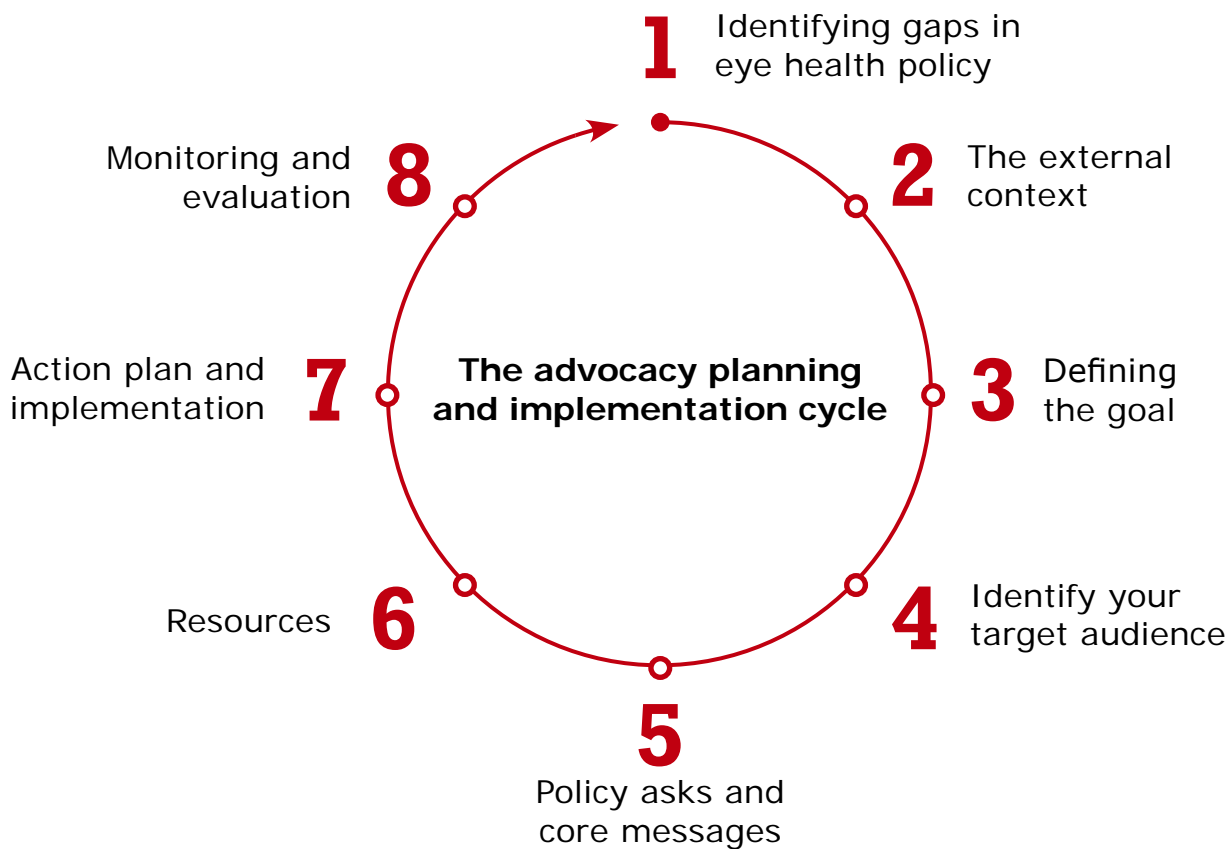
What is advocacy for Inclusive Eye Health?

Advocacy for inclusive eye health is the purposeful and engaged process intended to actively influence decision-makers and duty bearers responsible for the development, modification and execution of policies related to eye health to bring meaningful changes that make eye health more equitable for persons with disabilities.

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The advocacy planning and implementation cycle for inclusive eye health

The list below demonstrates the eight-step advocacy and implementation cycle which can be employed to plan your advocacy strategy from start to end.

The advocacy planning and implementation cycle

1 Identifying gaps in eye health policy

2 The external context

3 Defining the goal

4 Identify your target audience

5 Policy asks and core messages

6 Resources

7 Action plan and implementation

8 Monitoring and evaluation

Step 1

Tools for identifying gaps in eye health policies

The first step to setting up your advocacy strategy is to identify the policy-related gaps in your country's current national eye health care strategic plan. There is no one universal way to approach this step. You might, for example, easily determine gaps in policy based on your programme experience or from hearing feedback from persons with disabilities and OPDs on their experiences in accessing eye care. However, it is always good practice to have a tool for analysis to help identify these gaps. The tool below can help to identify gaps in health equity for persons with disabilities in eye health in national legislation. The list of questions in the tool are based on the action points suggested in the WHO Global report on health equity for persons with disabilities and has been adapted to fit the eye health sector. You can conduct an analysis of relevant national policies in eye health using this tool as a checklist to conduct the gap-analysis. For more information on how to interpret the different action points, you can consult the WHO Global report on health equity for persons with disabilities (page 153 to 246).

TOOL: Thematic analysis using action points for disability inclusion in eye health.

Political commitment, leadership, and governance for Inclusive Eye Health

- Is there a mention of prioritising health equity for persons with disabilities?

- Is there mention of an established human-rights-based approach to eye health?

- Does the eye health sector take a stewardship role for disability inclusion?

- Is disability inclusion integrated as a topic in national eye   strategic plans?

- Is disability inclusion integrated in the accountability mechanisms of the eye health sector?

- Are there disability networks, partnerships and alliances set up (to unite for a shared vision for an inclusive eye health sector)?

Health financing for Inclusive Eye Health

- Is progressive universalism a core principle and driver of health financing (are the rights and needs of the most disadvantaged groups put first financially), with persons with disabilities at the centre?

- Are health services specific for disabilities and eye health conditions considered in packages of care for universal health coverage (UHC)?

- Is the cost of making eye health facilities and services accessible included into the health-care budget?

Engagement of stakeholders and private sector providers for Inclusive Eye Health

- Was there engagement of persons with disabilities and their representative organizations in the design and planning of the national eye health care strategic plan?

- Is there a mention of gender-sensitive actions that target persons with disabilities?

- Is there engagement with the providers of informal support for persons with disabilities?

- (Inclusive research) Is there engagement with persons with disabilities in research?

- Are there some mechanisms to ensure that the delivery of health services and products by the private sector are inclusive for persons with disabilities?

Models of care for Inclusive Eye Health

- Is the provision of integrated people-centred eye care that is accessible and close to where people live enabled?

- Is there a reference to striving towards universal access to assistive products?

- Is there a reference to more finances for support persons, interpreters, and assistants to meet the health needs of persons with disabilities?

- Is the full spectrum of health services along a continuum of care for persons with disabilities considered?

- Is there a strengthening of models of eye care for children with disabilities?

- Is there a reference to promoting deinstitutionalisation?

Health and care workforce for Inclusive Eye Health

- Is there a mention of disability inclusion training for eye health service providers?

- Are there measures being taken to ensure the availability of a skilled health and care workforce?

- Is there a mention of the non-medical staff receiving training around accessibility and respectful communication?

Physical infrastructure for Inclusive Eye Health

- Is there a reference to a universal design-based approach to the development or refurbishment of health facilities and services?

- Are appropriate, reasonable accommodation for persons with disabilities provided?

Quality of care for Inclusive Eye Health

- Is there a reference to the specific needs and priorities of persons with disabilities being integrated into health and safety protocols and emergency guidelines?

- Is there a reference to disability-inclusive feedback mechanisms for quality of health services?

- Are the specific needs of persons with disabilities considered in systems to monitor care pathways and referral systems?

Monitoring and evaluation for Inclusive Eye Health

- Are there disability indicators included in the monitoring and evaluation framework of the national eye health system?

Meeting with persons with disabilities and OPDs and discussing this list of themes might give you an indication of what priority entry points are relevant for the community. You can then choose to focus on these priority items during your thematic analysis of the policies. Resource limitations such as time and lack of staff might also make it difficult to cover all questions outlined above. Therefore, we suggest a shorter list of questions for the gap analysis based on the strategic points of the WHO Global report on health equity for persons with disabilities and some key elements of CBM Global's goals.

11 core questions

01. Is there a reference to the provision of sign language in eye health facilities?

02. Is disability disaggregated data being collected in the eye health sector?

03. Is there a mention of measures on accessibility audits/barrier removal in eye health facilities?

04. Is there political commitment, leadership, and governance for Inclusive Eye Health?

05. Is there designated health financing for Inclusive Eye Health?

06. Is there engagement of stakeholders and private sector providers for Inclusive Eye Health?

07. Are there measures taken to improve the models of care in eye health for persons with disabilities?

08. Are there measures taken to train the eye health and care workforce to provide inclusive services?

09. Are there measures being taken to improve the physical infrastructure for Inclusive Eye Health?

10. Is there attention to the quality of care for Inclusive Eye Health?

11. Is Inclusive Eye Health being monitored and evaluated?

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Example of a comparative assessment of national eye health plans

This link shows an example of a comparative assessment of national eye health plans conducted through a collaboration between CBM Global and See You Foundation.

The assessment was done based on the WHO Global report on health equity for persons with disabilities, as described in Tool: Thematic analysis using action points for disability inclusion in eye health. This assessment can be used as a starting point to identify the gaps in a specific country. However, this assessment only looked at the national eye health policy, while other policies that influence the eye health sector might be relevant also. For example, it could be that gaps found in this assessment are covered in other plans, such as operational plans or are included in the national health strategies.

Assessing the national eye health care strategic plans was approached in the following way: first the researcher got acquainted with the action points of the WHO Global report by reading the report (especially pages 153 to 246). Next, the national strategy was read with the check list side-by-side. When it was unclear if a certain item was covered or not, a keyword search on an item was used to double-check it. The part of the national strategy describing the background and situational analysis can be interesting to get the external context, but it is the part of the national plan where the strategy/goals/action plan are described, which should be assessed when going over the different questions.

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Key considerations when identifying gaps in eye health policies

When reviewing legislative documents, it can sometimes be difficult to find direct answers to some of the questions previously listed in Tool: Thematic analysis using action points for disability inclusion in eye health. Especially when there are no specific references being made to a specific area, or when these are not clearly formulated it might be difficult to answer these questions. In those cases, the following two considerations might be helpful.

Is the goal/objective/indicator that contributes to inclusivity and health equity formulated as disability specific or for all persons with disabilities?

When goals are formulated disability specific, within the eye health sector this usually means that the goals around improving health equity focus on blind and partially sighted persons, which is of course the focus of the national eye health sector. However, we want to analyse if there are also indicators and frameworks addressing all persons with disabilities, including sensory, physical, and intellectual disabilities, and those with mental health conditions, within eye health services.

For example: An objective to improve accessibility in eye services with an operational strategy of creating low vision and rehabilitation centres. This objective is formulated disability specific and doesn't have a strategy on mainstreaming facilities for all persons with disabilities.

Are Inclusive Eye Health goals made operational with concrete actions, indicators and an earmarked budget?

There might be references to accessible eye health care or to equitable eye health for everyone. Ideally, we want to see these reflected in the strategy, the objectives and the implementation framework. Most national eye health strategies start with a background and situational analysis and then go forward to the strategies, objectives and the implementation framework. However, some plans do mention the lack of inclusivity in the eye health sector as a problem in their situational analysis and in their SWOT-analysis but fail to address them in their strategy or make concrete indicators evaluating the progress.

Understanding the needs of your community

What are the needs of your community? What is the gap between the ideal reality of your community and the current one? What changes are needed?

Through asking these questions, you can get a better understanding of what the highest priority issues are for your community or your country specifically, among the priorities of CBM Global or the international community in inclusive eye health. Meetings and surveys, for example with deaf people visiting an eye centre, can help create priority items for your advocacy strategy. See example below on deaf led research on barriers to healthcare access for deaf Nigerian women and girls during emergencies.

Some questions to start from:

- What is the problem?

- Who is experiencing this problem?

- How common is this problem in your community?

- What are the demographic characteristics of the people experiencing this problem?

Example: Barriers to healthcare access for deaf nigerian women and girls during emergencies

This report is an example of research into the specific barriers a specific community experience within healthcare. The World Federation of the Deaf collected surveys and conducted interviews to identify barriers to healthcare of a community, in this case deaf Nigerian women and girls. The report identified **the absence of sign language interpreters to be the most common challenge to communicating with health care professionals**. Conducting this research allowed the organisation to make evidence-based recommendations to health professionals, decision-makers and government authorities. **The recommendations coming out of this report could be used to inform the eye health sector how to be more inclusive towards the deaf community. Moreover, this report can inspire similar research endeavourers to identify barriers other groups experience in eye health**.

The external context

Eye health doesn't happen in a vacuum and neither does advocacy for eye health. Therefore, it is important to analyse the external context in which you are doing your advocacy work. Framing your goals into the external circumstances can help you identify opportunities and threats to your advocacy work. The PESTLE-tool is a helpful tool to get a systemic understanding of the external context. If you already carried out a situational analysis for another project or for example your individual organisation's strategic plan, you could also make use of that.

Tool: PESTLE-analysis

- **Political:** What are relevant political factors and trends in the country?

- **Economical:** What are economic factors and trends in the country?

- **Social:** What are the relevant social factors and trends in the country?

- **Technological:** What are the technological factors in the country?

- **Legal:** What are the legal factors and constraints that are relevant to advocacy work?

- **Environmental:** What are the major environmental trends in the country?

P	**Political**	• Political and goverment stabiity • Political orientation • Local and National elections • Taxation (current and future) • Trade Unions • Wars (both home and international) • Pandemic policies • Grants, and other funding • Pressure groups
E	**Economical**	• National debt • Consumer spending • Goverment Spending (current and future) • Inflation • Unemployment • Taxation • Exchange rate • Supply chain volatility • Overall economic situation
S	**Social**	• Demographics • Consumer attitudes and buying patterns • Media • Influencers and role models • Brand image • Ethical issues • Consumer spend • Post pandemic lifestyle changes • Cultural shifts
T	**Technological**	• Technology demand • Technology development (current and future) • Levels of research and development funding • Intellectual porperty rights and copyright • Lifecycle of a product • Goverment investment in technology • Internet connectivity
L	**Legal**	• Legislation in areas such as competition, Health & Safety and employment laws • Environmental legislation • Changes and effects of EU law and Brexit • Pandemic law changes • Regulatory bodies
E	**Environment**	• Global warming • Pollution levels • Plastic waste • Attitude of customers, media, protestors, and law makers on the environment • Renewable energy • Deforestation • Green issues • Sustainability • Environmental protection

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Source: LOCALIQ

Example of linking an external factor to eye health: Climate change

- Reduced access to clean water and sanitation increases the rate of eye infections.

- Higher temperatures, dry air and increased particulate matter in the air (sand, dust and air pollution) will increase the incidence of eye conditions and infections. Furthermore, air pollution is linked to an increase in glaucoma, allergic eye diseases and age-related macular degeneration.

- The rise in ultraviolet radiation due to atmospheric pollution can result in premature onset of conditions like cataracts.

- Climate-related extreme weather events can lead to eye injuries. Blind and partially sighted persons are disproportionately impacted in these events due to reliance on assistance and care.

- The degradation of land induced by climate change and extreme weather events will have repercussions on health infrastructure, access to health infrastructure and supply chains.

- Food insecurity resulting from climate change can cause Vitamin A deficiency, which in turn has implications for eye health.

Moo 2021; Syrett and Blanchard 2021; Zhang et al 2022

Similar research can lead you to advocate for responses to the climate crisis. And since persons with disabilities are disproportionately affected by climate change, there is a need to partner with the disability movement to advocate for climate-just responses.

Additionally, the healthcare sector itself is one of the biggest contributors to global warming, having produced a 5 percent share in greenhouse gas emissions globally (Watts et al., 2021). For that case, the call to action for Environmentally Sustainable Practices in the Eye Health sector with 10 action areas from the IAPB can guide your advocacy efforts.

Defining the goal

In this step, you want to clarify what changes you seek, who should enact it, by how much and when. Advocacy goals should be clear and specific. Ideally, goals are formulated SMART: Specific, measurable, achievable, realistic and time bound. Clarifying these specific elements of the goals will make it easier to keep focus and evaluate your advocacy efforts. The difference between this step 3 (defining the goal) and step 5 (policy asks and core messages), is that the goals in this step are the ambitious vision of change, while the asks in step 5 are the more tangible objectives that need to be accomplished in the medium-term to reach those ambitious change.

TOOL: Criteria analysis

As seen in the comparative assessment, there are many gaps that can be addressed as there are also many strategic entry points from the WHO. Therefore, there will be a need for prioritising when you define your goals. **The first and most important step to take to prioritise the gaps in the national plans, is to consult with OPDs and the local communities**. Additionally, a tool to help you prioritise among goals is the criteria analysis. The criteria analysis is an intuitive tool to guide your decision-making process. Create a matrix that assesses policy options against a list of agreed-upon criteria. For each goal, score the criteria on level of importance to determine which is the most favourable policy goal. This is a subjective evaluation, which should be based on careful judgement and qualitative debate.

Advocacy Goal	Goal 1	Goal 2	Goal 3
Likelihood of success	5	3	3
Achievable in timeframe	4	3	4
Cost	5	4	4
Collaboration with partners	5	4	3
Links to wider govt. agendas	4	4	3
Total (out of 25)	**23**	**18**	**17**

An example of potential criteria to use in the criteria analysis to help you prioritise among goals.

Suggested key advocacy messages

As mentioned in this step, depending on a lot of criteria, national priorities and context, the goals will differ for every country. However, based on the comparative assessment looking at health equity for persons with disabilities in national eye health plans (see Example of a comparative assessment of national eye health plans) and the evidence-based recommendations from the WHO report, a few suggested key advocacy messages were extracted.

Meaningful participation

Ensure empowerment and meaningful participation of persons with disabilities and their representative organisations in all stages of the design of any eye health policy and when implementing any eye health sectoral action.

- Evidence to support message: the assessment found only 1 out of 13 countries mentions the involvement of associations of persons with disabilities in the development of the plan. 9 out of 13 plans refer to the involvement of a representative organization but not to OPDs.

Collect disability-disaggregated data in eye health

Collect disability-disaggregated data in eye health, not just visual disability specific data. The Washington Group questionnaires provides a consistent way to disaggregate data by disability. Consider the Washington Group questionnaire for collecting disability-disaggregated data.

- Evidence to support message: the assessment found only 1 out of 13 countries specifically refer to collecting disability disaggregated data.

- In the Rapid Assessment of Avoidable Blindness (RAAB) methodology, there is now the option to include a module with the Washington Group questions, this provides a great opportunity to collect data on visual impairment and disability and it is highly recommended that this module is used when a RAAB is being implemented.

Earmark budget for inclusion of persons with disabilities

Budget sufficiently and specifically for objectives and actions that promote health equity and inclusion of persons with disabilities in eye health, such as the cost of making eye health facilities and services accessible.

- Evidence to support message: the assessment found throughout all assessed action points, there are barely any objectives that have an earmarked budget. For example: No countries specifically budget the cost of making eye health facilities and services accessible in their eye health care budget.

Monitor and evaluate

Monitor and evaluate the extent to which eye health sector actions are leading to health equity for persons with disabilities. Include disability indicators into the monitoring and evaluation framework of the national eye health system. Monitor and evaluate improvement of determinants of eye health for persons with disabilities.

- Evidence to support message: the assessment found only 1 country that included 1 disability indicator (number of citizens who had eye screening disaggregated by disability) included into the M & E framework of the national eye health system. Furthermore, 0 out of 13 countries has a system to monitor care and referral systems that specifically consider the needs and priorities of persons with disabilities, except for one country who has an assessment tool taking human rights into account.

Put health equity for persons with disabilities at the center of the actions of the eye health sector

National eye health policies should take a stewardship role for achieving health equity for persons with disabilities and show political commitment to leaving no one behind in eye health. Actions that could be taken are raising awareness on the importance of health equity for persons with disabilities and highlighting this topic in the strategy; formalizing governance mechanisms that ensures and evaluates health equity for persons with disabilities among others.

- Evidence to support message: the assessment found only 3 out of 12 countries mentions equity for persons with disabilities. 6 out of 12 national plans don't refer to human rights. Only 2 out 12 plans take some strategic action to ensure inclusivity in the eye health sector.

Improve access, utilization and quality of eye health services for persons with disabilities

Provide sign language in eye health facilities and communication around eye health, finance support persons, interpreters and assistants, disability-mainstream eye health facilities, organize accessibility audits by OPD partners and provide appropriate, reasonable accommodations to persons with disabilities in the eye health facilities and services. Accessibility GO! A Guide to Action (see Resources) is a practical guide to action to make an organization, including eye health facilities, more accessible. Countries have to plan and budget for support persons, sign language interpreters or personal assistants and collaborate with the social support sector for availability of these persons. National plans should incorporate universal design into the development or refurbishment of health facilities and services and implement minimum standards for the accessibility of facilities and services. Accessibility audits and tools such as Accessibility GO! A Guide to Action can help to make organizations, including eye health facilities, more accessible. Another important element to consider is the accessibility of transportation to the health facilities. The principles of universal design are equitable use, flexibility in use, simple and intuitive use, perceptible information, tolerance for error, low physical effort, size and space for approach and use. Appropriate and reasonable modifications are essential where universal design has not yet been applied to ensure equal access to health services and goods.

- Evidence to support message: the assessment found no plan has a reference to the provision of sign language. No national eye health plan mentions support persons, interpreters and assistants to meet the health needs of persons with disabilities and thus also not to investing more finances in these persons. Only 2 out of 12 countries had objectives on disability-mainstreaming eye health facilities. No plan makes a very good reference to providing appropriate, reasonable accommodations for persons with disabilities, because the only one addresses it is purely disability specific.

Train eye health service providers on disability inclusive eye health

Develop inclusive eye health modules and train current eye health service providers and implement modules in institutes where future health service providers are trained. Train non-medical staff working in the eye health sector on issues relating to accessibility and respectful communication. Develop a sign language module for eye health professionals. Stronger efforts should be taken to include disability inclusion in the training and curricula of health professionals so that health-care professionals have the adequate knowledge, (communication) skills and behaviors to be able to provide inclusive care and support. Countries can formulate actions on training non-medical staff in the health sector on accessibility, use of proper language and communication and attitudes.

- Evidence to support message: the assessment found that only 1 out of 13 countries has a reference to the provision of disability inclusive training for eye health care providers. None of the national plans had a concrete reference or action of non-medical staff working in the health sector receiving training on issues related to accessibility and respectful communication.

Identify your target audience

Who to collaborate with?

Allies who are aligned with our objectives and possess some level of influence or power over our targets are good to collaborate with for collective advocacy. Collaborating within a coalition or network or mobilizing broader civil society can amplify impact for change. While starting with organisations similar to CBM Global is a straightforward approach, it is crucial to cast a broader net in the search for people to collaborate with. Some tools to support this are detailed in this next section.

Tool: Power-Influence Matrix

There are different ways of mapping stakeholders, the stakeholder mapping tool presented is the power-interest matrix. This tool will help to identify potential targets, their level of interest versus their influence or power. The stakeholders' places in the high power/high interest group are the most interesting group of allies to collaborate with.
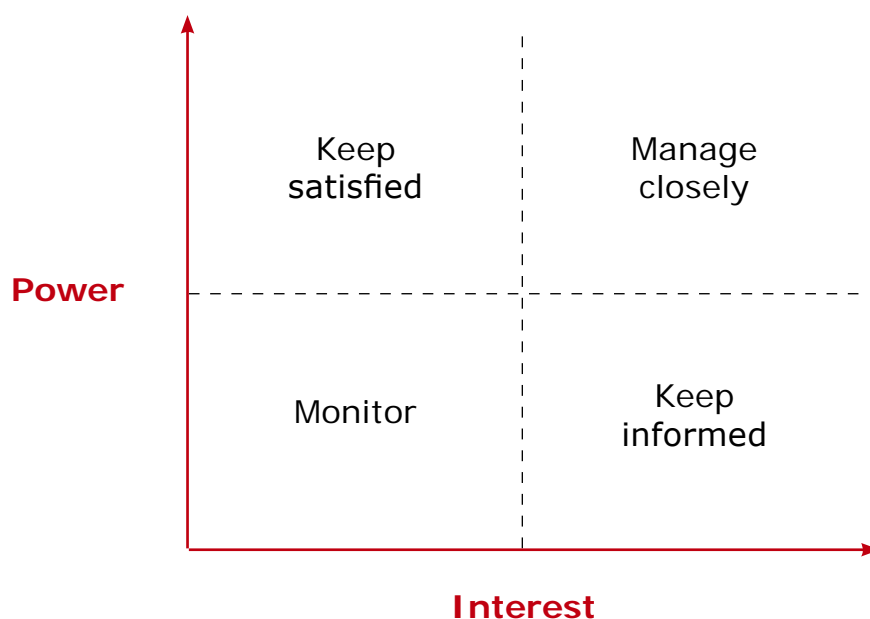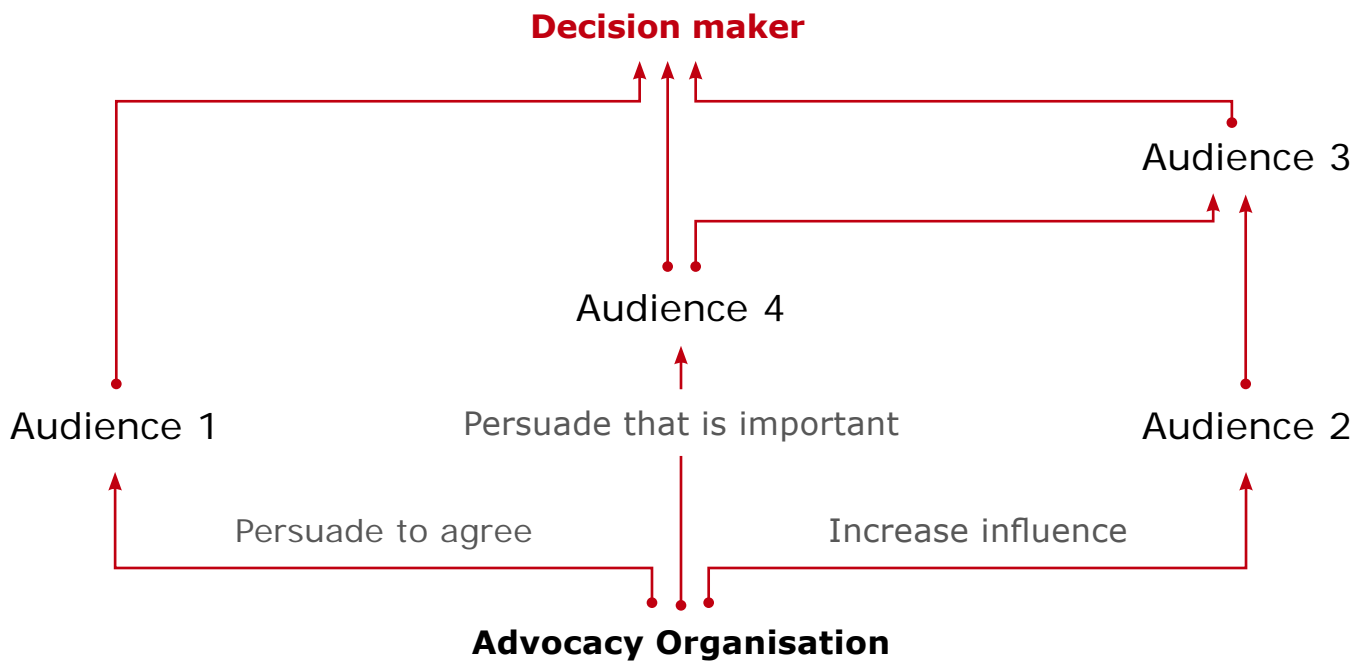

- High power/low interest: Keep satisfied (inform – consult)
- Low power/low interest: Monitor
- High power/high interest: Manage closely (inform-consult-collaborate)
- Low power/high interest: Keep informed (inform-consult)

Source: Nielsen Norman group
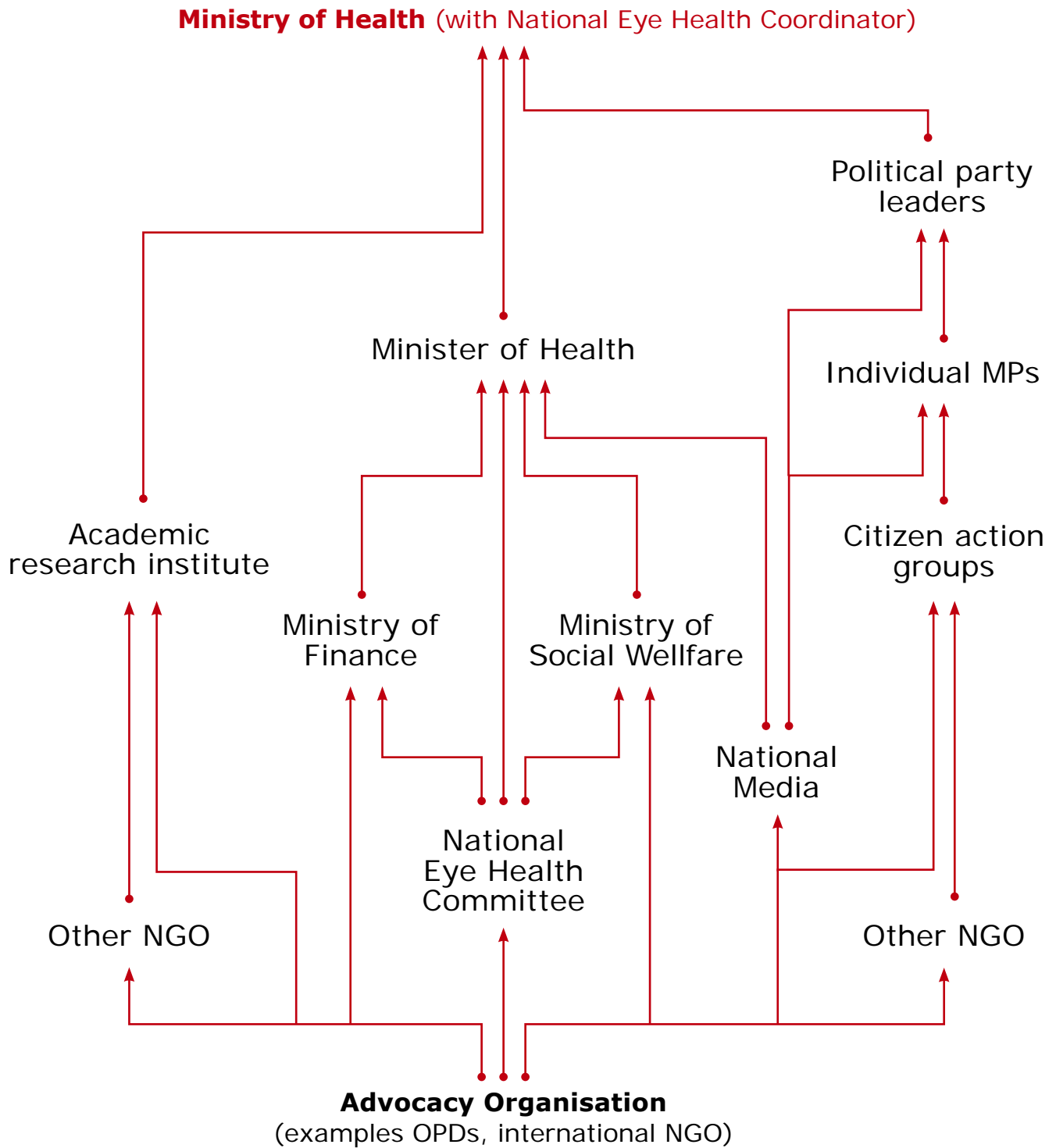
Who to influence?

Tool: Influence map

Developing your strategy graphically with this influence map will help to be clear about your influencing strategy. This tool will assist in selecting the influencing objectives for the different target audiences. With this diagram, you should be able to demonstrate how your influence reaches the decision makers. The first image shows the influence map theoretically, and the second image shows an example.

Influence map: theoretical example

Decision maker

Audience 3

Audience 4

Persuade that is important

Audience 1

Audience 2

Persuade to agree

Increase influence

Advocacy Organisation

Source: IABP

Influence map: practical example for eye health

Ministry of Health (with National Eye Health Coordinator)

Political party leaders

Minister of Health

Individual MPs

Academic research institute

Citizen action groups

Ministry of Finance

Ministry of Social Wellfare

National Media

Other NGO

National Eye Health Committee

Other NGO

Advocacy Organisation
(examples OPDs, international NGO)

Policy asks and core messages

Examples

- During the next policy cycle in 2024, The Ministry of Health of country W will agree to draft and agree on a resolution to include staff professionals and accredited sign language interpreters in all secondary and tertiary health facilities.

- During the next policy cycle in 2024, The Ministry of Health of country X will agree on a resolution to start collecting disability-disaggregated data in all eye health facilities using the Washington Group questions.

- During the next policy cycle in 2024, The Ministry of Health of country Y agrees on a resolution on the development of an inclusive eye health module in the training of all ophthalmologists and optometrists.

- During the next policy cycle in 2024, The Ministry of Health of country Z agrees on a resolution to conduct disability access audits by OPDs partners in all eye hospitals.

In this step policy asks and core messages that come from the assessment (see also Suggested key advocacy messages) are made into concrete policy asks. It's important to make these messages clear and convincing, and as solutions focused as possible to get government's attention. You want to communicate your message in a way that fits the target audience. The policy asks are the concrete actions that you want to take to achieve your goals. Again, during this step it is important to collaborate with local OPDs about what the concrete policy asks and core messages will be. The following examples of policy asks are based on the comparative assessment (see Example of a comparative assessment of national eye health care strategic plans) on health equity for persons with disabilities in national eye health plans. It is important to strengthen your policy ask with evidence. In this example the evidence is found in the comparative assessment and the evidence-based recommendations from the WHO. Next, it is important to link your policy asks to established normative pieces (see Appendix).

Resources

Now that a clear vision of the advocacy goals and the stakeholders is established, it's important to gather a variety of resources to strengthen your advocacy messages and arguments. These resources can be shared with partners and your target audience.

If your target audience (for example the national government) has published resources that support your message, they can be very powerful support to your message. These could for example be general policies on health, on disability inclusion and so on. Also, most national eye health plans consist of a situational analysis, when the situational analysis mentioned problems with for example inclusion of persons with disabilities in the eye health sector, but does not address it in the strategy, this could also be used.

Examples of resources:

- **Reports and publications** by non-governmental agencies (such as CBM Global), national governments or governmental agencies

- The UN Convention on the Rights of Persons with Disabilities (CRPD).

- Reports and documents published by the Committee on the Rights of Persons with Disabilities such as concluding remarks and recommendations from the committee to your national government reports.

- Research, resolutions and recommendations by international organizations such as the United Nations, the World Health Organization or the European Union.

- International and national law.

- WHO Global report on health equity for persons with disabilities.

- Accessibility GO! A Guide to Action.

- The WHO World report on vision.

- The IAPB advocacy section.

- Resolutions on the UN sustainable development goals and targets.

- Lancet scoping review on advancing the Sustainable Development Goals through improving eye health.

Action plan and implementation

Identifying outcomes and indicators

In this next step, you will combine all of the information from the previous steps into an ambitious but achievable action plan. Starting from the advocacy goals you previously set up, you can identify outcomes and indicators. The outcomes should be a tangible result, such as a change in the behaviour of an organisation. Since it's important to be able to evaluate the effects of your advocacy campaign, you also want to identify indicators. An indicator is a measure of the progress you are making. Different log frames or logic models are available to support this phase of the advocacy cycle.

Identify advocacy methods

A second part of the action plan is to identify advocacy methods or tactics. The decision of the advocacy method can be based on their cost, the experience of your organisation, chances of success in the political environment, and their level of risk among other things. In your strategy it is important to be flexible for when timely opportunities could arise.

Some examples of advocacy tactics to consider:

- Collaboration and relationship building

- High level visits

- Networking

- Relationships

- Coalition building

Risk-analysis

Depending on your country context there can be some risks involved in undertaking advocacy. For example, some governments do not like to be criticised and do not take it well when gaps are highlighted. Often using human rights or accountability as a basis for advocacy can result in negative responses from officials. It is important therefore to know your context well and plan your advocacy accordingly building in a risk analysis. In developing a risk analysis, you will be identifying the risks you may face and a plan for dealing with them.

Care International identify several risks which are important to consider, the list below has been adapted for this toolkit.

- Advocacy can create a security risk for staff and partners, it is therefore important that it is considered when planning an advocacy approach. Inclusive eye health may seem like a safe topic to advocate for. It is however important to be sensitive to the political context, for example, a private advocacy approach over a public statement might be more welcome. In your approach it is also important to emphasise negotiation rather than confrontation.

- Reputational, when developing your advocacy approach, ensuring credible evidence and data is important. Any decision to make a statement, or a speech to the public or media must be based on knowledge and expertise from the field, to avoid potential damage to the organisation's image and reputation.

- Relationship risks, deciding to engage on high profile advocacy either as CBM Global or alongside partners you must consider any risk of straining or damaging existing relationships both in-country and internationally. Maintaining constructive relationships with government officials is important for policy change.

Expectation risks. Advocating for change may seem like it is fast particularly when working on an advocacy campaign that has momentum. However, change takes time and happens incrementally. It is important that our expectations, our partners, and the communities we work with are realistic.

Some tips to minimise risk

Work in **partnerships and alliances** to spread responsibility and share potential risk.

Make judgements about **what risk is acceptable**, or should be avoided.

Plan your initiative to understand the impact and map consequences.

Gather **reliable data** that is backed by evidence and statistics.

Step 8

Monitoring and evaluation

A crucial element of the advocacy cycle is monitoring and evaluation. You can assess the effects and impact the advocacy effort had against the initial goals. The indicators made in step 7 can be used in this step of evaluation. It's crucial to plan when you will monitor and evaluate, and how you will gather the necessary information.

Some questions that can guide the evaluation process:

- Have you been successful in achieving all the objectives? And if not, what are the reasons?

- What are the lessons learned in the process of advocacy?

- What would your organization want to do differently for the next advocacy campaign?

- Were the audiences appropriately chosen?

- Did the advocacy messages effectively influence the opinions or understanding of the issues among the target audience?

- Which messages proved to be the most successful? Which ones failed to convey the intended point?

- Were the voices of those directly impacted by the issue taken into consideration effectively during the advocacy efforts?

- Are policies updated/changed or are new policies been approved?

- Have new policies been implemented at the different levels?

- What factors or decisions hindered or enabled the success of policy change?

- Have policy changes resulted in contributing to protecting, promoting or expanding the rights of persons with disabilities?

- Have policies changes in resulted in improvement in eye health for persons with disabilities.

- Is there evidence of more inclusive eye health services?

4

Case study: Advancing inclusive eye health in Madagascar

Advocacy strategy

The CBM Global country team of Madagascar advocated for a more inclusive national eye health plan. The country team, together with their partner, successfully used the position they had as being the main funder of the national eye health strategic plan to achieve a more inclusive national eye health plan. The goal of the advocacy strategy was to make the National eye health plan disability inclusive and considering of the specific needs of persons with disabilities in the health system and service delivery. CBM Global collaborated with the platform of federations of persons with disabilities in Madagascar (PFPH) to advocate for a more inclusive national eye health plan and had the Ministry of Health and relevant departments as a target audience. The main document that was used as a reference for advocacy was the UNCRPD. As for the action plan, CBM Global, using their influence via the project, participated in every step of the development of the national plan, along with the organizations of persons with disabilities, through a series of meetings and workshops with key stakeholders and decision makers (Ministry of Health and relevant departments).

Regarding the **evaluation and the lessons learned** the CBM Global country team of Madagascar states: "The process took nearly 2 or 3 years and finally the national plan was validated in 2022. The main barrier was that it was not a top priority for the Ministry of Health and also there has been many changes of decision makers (change in the Government and change in the staff within the Ministry) and each person has different priorities (problem of continuity). And now the situation is that the plan is still pending, awaiting the signature of the Minister of Health. What we have learned mainly is to keep pushing and always be present in every key meeting. Also, to identify an influencing person within the executive and legislative bodies that could put forward the agenda of disability inclusion and then do close follow-up until. The role of organizations of persons with disabilities is key to the success of the process. A shift from simple advocacy to a more activist approach would be more effective at some point."

Projects

MAHITA Inclusive Eye Health project in partnership with Health Department of the Lutheran Church of Madagascar (SALFA)

Aims:

- To strengthen the health system to provide inclusive and quality eye care services through the development of the National Eye Health Plan is supportive to include early detection, referral and procurement systems, and health professionals training.

- To support the SALFA eye care clinics to provide inclusive and sustainable quality eye care services.

- To support the eye care clinic at CHU Mahajanga (public hospital) to provide inclusive and sustainable quality eye care services.

MAHITA Paediatric ophthalmology and Training project in partnership with the National Institute for Public and Community Health (INSPC):

Aims:

- To increase the quality of eye care services and to upskill midlevel staff in ophthalmology.

- To increase the quality of paediatric eye care services and to upskill midlevel staff in ophthalmology, through the strengthening of the national paediatric eye health system to ensure disability inclusive and quality service delivery.

- Support to CHU JRA and CHU Analankininina (public hospitals) to provide accessible, disability inclusive and sustainable paediatric eye care services, the provision of high quality training of ophthalmic midlevel staff at INSPC.

Advocacy focused project: TOMADY implemented in partnership with the platform of federations of persons with disability in Madagascar (PFPH)

5 Appendix

World Health Assembly Resolution 2020 (WHA 73.4) "Integrated People-centred eye care, including preventable vision impairment and blindness".

Urging member states to implement people-centred care and integrate eye care in UHC. IPEC is vital for enhancing fair access to eye care. In many low and middle-income countries, it is very hard for a large part of the population, especially those with disabilities, to reach eye care services since they are often limited to secondary or tertiary care. IPEC reorients the provision of care to local communities and primary care facilities and is therefore critical to improving equitable access to eye care.

United Nations Resolution 2021 'Vision for Everyone, accelerating action to achieve the Sustainable Development Goals'

UN Resolution A/75/L.108 – Vision for Everyone
The first agreement designed to tackle preventable sight loss to be adopted at the United Nations and enshrines eye health as a crucial element to achieving the United Nations Sustainable Development Goals. The UN resolution on vision highlights specific SDGs that are directly influence by vision impairment, namely SDG1: No poverty, SDG2: Zero hunger, SDG3 Good Health and Well-being, SDG4: quality education, SDG5: Gender equality, SDG 8: decent work and economic growth, SDG10: reduced inequalities, SDG11: sustainable cities and communities.

The Lancet Global Health Commission on Global Eye Health showed through several reviews the interrelationship between eye health and 16 SDGs, as illustrated in the image below:

This **link** of the IAPB provides more information on how good vision unlocks human potential and is fundamental to achieving the Sustainable Development Goals (SDGs). It provides key facts on why good vision improves health and well-being at all ages, improves economic opportunities, education opportunities and helps tackle inequalities.

2030 agenda, eye health sector strategy for 2030

The 2030 Eye Health Sector Strategy of IAPB, called "2030 In Sight" aims to unite for a collective effort to eliminate avoidable blindness. The goal for 2030 is a world where no one experiences unnecessary or preventable vision loss and blindness, and everyone can achieve full potential. The strategy calls to:

- Elevate: the importance of eye health as a crucial economic, social and developmental concern.

- Integrate: eye health into the broader healthcare systems

- Activate: ground-up demand and promote patient, consumer and market change.

WHO Report on health equity for persons with disabilities

Report aiming to raise awareness among decision-makers about the need for equitable health for persons with disabilities, providing evidence, examples and recommendations.

United Nations Convention on the Right of Persons with Disabilities

Article 9 - Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

a. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces.

b. Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures:

a. To develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public.

b. To ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities.

c. To provide training for stakeholders on accessibility issues facing persons with disabilities.

d. To provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms.

e. To provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public.

f. To promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information.

g. To promote access for persons with disabilities to new information and communications technologies and systems, including the Internet.

h. To promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.

Article 25 – Right to Health

States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. In particular, States Parties shall:

a. Provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes.

b. Provide those health services needed by persons with disabilities specifically because of their disabilities, including early identification and intervention as appropriate, and services designed to minimize and prevent further disabilities, including among children and older persons.

c. Provide these health services as close as possible to people's own communities, including in rural areas.

d. Require health professionals to provide care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of persons with disabilities through training and the promulgation of ethical standards for public and private health care.

e. Prohibit discrimination against persons with disabilities in the provision of health insurance, and life insurance where such insurance is permitted by national law, which shall be provided in a fair and reasonable manner.

f. Prevent discriminatory denial of health care or health services or food and fluids on the basis of disability.