Activity Report
2015/2016

LIGHT FOR THE WORLD
OUR APPROACH
LIGHT FOR THE WORLD

LIGHT FOR THE WORLD is an international organisation specialising in inclusive development. Our goal is an inclusive society that is open to all and leaves no one behind. We champion accessible eye care and support inclusive education and basic living conditions conducive to a self-determined life, so that persons with disabilities can participate with equal rights in society.
LIGHT FOR THE WORLD works closely with local partners, eye clinics and Disabled People’s Organisations. This enables us to apply donations in a targeted, sustainable way, to create lasting structures and pave the way to an inclusive society.
Dear Friends of LIGHT FOR THE WORLD,

with your support we were able to help more people in 2015 than ever before. In 181 projects we reached 1.3 million people suffering from eye disease and persons with disabilities in underprivileged regions of the world. In addition we supplied 7.7 million people with medication against neglected tropical diseases. Your contributions make this possible!

In Ethiopia and Mozambique we scaled up our work on eliminating trachoma. In Burkina Faso, persons with disabilities took part in the country’s first free elections. In South Sudan and in Lebanon we helped refugees with disabilities. Our disability inclusion lab offers expertise on mainstreaming and inclusion. We also made progress at international level: the United Nations have explicitly included the issues faced by persons with disabilities in their new Sustainable Development Goals.

We are delighted that LIGHT FOR THE WORLD has continued to grow as an international organisation, with members in seven European, and offices in four African countries. In 2015 our new partners in Switzerland, Germany and the UK have already made significant contributions to our programmes. Thanks to the support of more than 134,000 individuals, dozens of companies and institutions we are able to help disadvantaged people in underprivileged areas lead an independent life. Thank you!
**RWANDA, TANZANIA AND ETHIOPIA**

**EMPLOYABLE**

EmployAble is an inclusive vocational training and education programme. We work with governments, training institutes, Disabled People’s Organisations and employers to ensure access to vocational training and employment opportunities for persons with disabilities. The programme runs from 2014 to 2016 and aims to reach 400 young persons with disabilities.

**SOUTH SUDAN**

**FIRST SIGN LANGUAGE DICTIONARY**

Together with the South Sudan Ministry of Social Affairs, our partners compiled a sign language dictionary in 2015. To start with, we have collected the 200 most commonly used signs from four different local sign languages. The dictionary is the first of its kind in South Sudan.

**ETHIOPIA**

**FIGHTING TRACHOMA TOGETHER**

We won the full support of the regional government in Tigray for our programme to eliminate trachoma. Last year, we treated more than 5.8 million people with the antibiotic Zithromax, 8.5 times more than in the last two years.
BURKINA FASO
TRAINING FOR PHYSIOTHERAPISTS

In a training programme physiotherapists learned how to pass on their knowledge effectively to rehabilitation assistants in villages. Through our community-based rehabilitation projects, 12,238 children with disabilities accessed rehabilitation.

PAPUA NEW GUINEA
NATIONAL HEARING PROGRAMME FOR 100,000 CHILDREN

Since the start of the national hearing project, we have worked with more than 100,000 children and young people, administering hearing tests, and providing medical care and instruction in sign language.

EAST AFRICA
TRAINING OPHTHALMOLOGISTS

LIGHT FOR THE WORLD has been championing the training and further education of ophthalmologists in East Africa since 1998. After completing their training, the scholarship recipients that we supported remain in Africa to work on improving local health systems. In 2015, two scholarship recipients from Tanzania completed their training, and two doctors from South Sudan entered the training programme. A total of fifteen young doctors are currently studying in a sponsored programme.

BOLIVIA
ADVANCES IN EYE CARE

As a result of LIGHT FOR THE WORLD’s advocacy, the incidence and causes of avoidable blindness in rural regions have been studied with a view to offering targeted assistance in the future. To this end, the Bolivian Ministry of Health has, for the first time, employed a special coordinator for eye health.
Maria Marupa, 53, from Mozambique, can see again after cataract surgery.

**Cataract**
is the world’s most common cause of blindness, and is responsible for the loss of vision of 20 million people. This clouding of the lens may occur due to age, injury or be congenital. Cataracts can be treated by replacing the cloudy lens with an artificial one in a 15-minute operation.

**Glaucoma**
is the second most common cause of blindness. Glaucoma can be treated with medication and alleviated by a small operation, but is not cureable.

**River blindness (onchocerciasis)**
is a parasitic disease. The pathogens migrate through the body and cause inflammation and bleeding that leads ultimately to blindness and other disabling effects. River blindness is on the retreat worldwide thanks to the widespread distribution of the drug Mectizan.

**Trachoma**
is the most widespread infectious cause of blindness. It causes the inside of the eyelid to scar, turn inward and scratch the cornea, leading to irreversible blindness. Trachoma is treated with antibiotics and is preventable through improved hygiene and sanitation. In its final stage surgery on the eyelid prevents the loss of sight.
SIGHT IS LIFE

About 80 percent of blindness is preventable

A young boy injures his eye whilst playing and, because the wound is not treated, becomes blind. An elderly woman develops cataract and her vision weakens until she can no longer see. A young girl is infected with trachoma by a fly and, because she does not receive antibiotics, might lose her sight forever.

80\% of all cases of blindness can be easily treated or could have been prevented in the first place: by the timely administration of medication, by small routine operations, and by education on eye health. However, many people still do not have access to medication or treatment. Together with international, national and local partners LIGHT FOR THE WORLD has been working to reduce preventable blindness. We strive to achieve this through education, distribution of medication, training of ophthalmologists, and by supporting hospitals and mobile services that provide health care in remote areas.

In Burkina Faso, DR Congo, Ethiopia, Mozambique, Northeast India, Rwanda, South Sudan, Tanzania and Pakistan we collaborate with the government to develop and implement national blindness prevention programmes. Ensuring access to affordable eye health services for poor people and creating a good evidence base are important elements within the national health strategies of the partner countries we support.

2015 FIGURES

- 50,863 cataract operations
- 26,270 eyelid operations for trachoma
- 57,791 people provided with spectacles
- 5,851,410 people supplied with medication for trachoma
- 1,851,576 people received medication for river blindness
Access to clean water is critical in eliminating diseases like trachoma.

Neglected tropical diseases (NTDs) are a diverse group of diseases, including trachoma, onchocerciasis and lymphatic filariasis. They affect more than one billion people, mainly in tropical and subtropical countries, living in poverty. NTDs control can be achieved by improving sanitation and public health, administration of drugs and access to medical services. Our trachoma and river blindness programmes in Ethiopia and Mozambique reached 7.7 million people in 2015, thanks to substantial UK and US government funding via Sightsavers and the Research Triangle Institute (RTI).

**FACTS**

- **1.4 billion** people are affected by NTDs globally
- **100%** of low-income countries are affected by several NTDs
- **200 million** people are at risk of trachoma infection globally, 37% live in Ethiopia
- **3.6 million** people are suffering from trachoma at an advanced stage
- **1.2 million** people are already blind due to trachoma
- **99%** of people infected with river blindness live in African countries
- **500,000** people are blind due to river blindness
**INTERVIEW CYRILLE THIERRY EVINI**

„We aim to reach 11 million people.“

Cyrille Thierry Evini is programme coordinator for NTDs at LIGHT FOR THE WORLD

**What are Neglected Tropical Diseases (NTDs)?**

**Cyrille Thierry Evini:** NTDs are a group of diseases, which are found mainly in developing countries, affecting 1.4 billion people. They are called neglected, because they have been mostly eliminated in developed countries but still affect people in developing countries.

**What are the major issues in fighting NTDs?**

**Cyrille Thierry Evini:** Governments in developing countries don’t necessarily view NTDs as being of major concern, given their other priorities, so government involvement is a critical issue. Then it is difficult to make sure that we have adequate funding, and can get communities to support and sustain the fight against NTDs.

**What does LIGHT FOR THE WORLD do, in which regions and with what partners?**

**Cyrille Thierry Evini:** LIGHT FOR THE WORLD now works in two countries on NTDs: in Ethiopia (Tigray and western Oromia) and in Mozambique (Cabo Delgado). We mainly collaborate with government partners in those three regions. We hope to work in South Sudan too, if the political and security situation there improves.

**What has been achieved so far?**

**Cyrille Thierry Evini:** We have successfully set up a fully fledged sustainable system in accordance with the SAFE strategy (Surgery, Antibiotics, Facial cleanliness and Environment) promoted by the World Health Organisation, to continue the fight against NTDs. We have succeeded in making communities aware of the available services and involve national governments. And we have successfully been able to reach 7.7 million people throughout those three regions either by drug distribution or eyelid surgery.

**What are the goals for the coming years?**

**Cyrille Thierry Evini:** We are aiming to treat 11 million people in 2016, and to enable 12,000 people to be operated on in both Mozambique and Ethiopia. Additionally we are aiming to set up hygiene and sanitation programmes in all the regions where our trachoma programmes are currently being implemented.
Community-based rehabilitation (CBR) provides rehabilitation to children and young people with disabilities in their own surroundings; there is no need for them to leave their social environment. Rehabilitation assistants visit their homes on a regular basis and also arrange for aids such as crutches and wheelchairs. Family, friends and neighbours are involved in the rehabilitation process and take over responsibility for care. Dealing directly with disabilities helps overcome fears and social barriers, and children with disabilities are given the chance to participate in all areas of life in the community. In Ethiopia, Burkina Faso and Mozambique our CBR programmes are supported by the Medicor Foundation.

**ACHIEVEMENTS**

- **54,477** children with disabilities rehabilitated, and
- **7,812** receive school education, including
- **1,659** in Burkina Faso,
- **1,396** in Ethiopia, and
- **1,678** in Northeast India.
Inclusive Education

One class for all

At LIGHT FOR THE WORLD, inclusive education is part of our overall strategy to improve the living conditions and future prospects of children with disabilities: training of teachers, inclusive schools, and rehabilitative support for children with disabilities are all equally important.

Our programme also involves a political dimension. We do not just help selectively, but work to change the system and ensure that the right to education is perceived as applying to all people, regardless of their abilities.

Case Study: Garango Region

Children are playing, people are working in the fields, chickens and goats stray across the dusty rural road. At first glance, little suggests the revolution that is under way here. Six years ago LIGHT FOR THE WORLD launched a pilot programme for inclusive education in Garango, with the goal of making education accessible to all children. At that time, only one in 25 children with disabilities attended school—just under 4%. Today that number has increased to more than 60%. What makes our programme in Garango so successful is the fact that it is part of a larger effort: community-based rehabilitation, awareness raising for disability inclusive law, and inclusive education all go hand in hand here. At the Zero Project Conference 2015 in Vienna we received an award for our comprehensive education project, which sets out strategies and methods for inclusive education. Based on our experience, we have set ambitious goals that we are realising primarily in Ethiopia and Burkina Faso. We aim to bring about change, reach 40,000 children with disabilities, ensure that they have access to education, and provide further training in inclusive teaching methods for 1,000 teachers. In order to achieve lasting and sustainable results, we are also working at the political level: in both countries we are helping the government implement inclusive education initiatives. The human right to education applies worldwide and to all people.

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In September 2015, the 193 member states of the United Nations adopted a global agenda to end poverty, tackle climate change, and ensure sustainability: The “2030 Agenda for Sustainable Development” establishes a framework for action to 2030 to improve the world. Seventeen ambitious goals, the “Sustainable Development Goals” (SDGs) are at the heart of the agenda. They will guide states’ efforts over the next fifteen years to create a better world for everyone. From the eradication of extreme poverty and hunger, to inclusive quality education and decent work for all, to sustainable consumption and a significant reduction in carbon dioxide emissions, the SDGs concern everyone and all states are responsible for their implementation.

**WHY IS THIS ESSENTIAL FOR PERSONS WITH DISABILITIES?**

For LIGHT FOR THE WORLD and the global disability movement, the adoption of the 2030 Agenda is reason to rejoice and to hope, because its key principle is “leave no one behind”. All people must be taken into account and included in the Agenda’s implementation. Unlike the previous Millennium Development Goals, the new goals specifically mention “disability” eleven times. This is highly significant in efforts to eradicate poverty, because persons with disabilities are still the most disadvantaged. 80% of the world’s one billion persons with disabilities live in poverty and have little access to education, healthcare and work. The new goals therefore offer the hope of inclusion and accessibility in development priorities such as healthcare, education and social protection.

**YETNEBERSH NIGUSSIE, Senior Inclusion Advisor**

“Inclusion is an integral component of the 2030 Agenda for Sustainable Development. Governments have to ensure that no one is left behind in the fight against poverty, regardless of disability or any other status.”
WHAT IS LIGHT FOR THE WORLD’S CONTRIBUTION?
Over the last few years, LIGHT FOR THE WORLD has advocated strongly for disability inclusion in the new development goals. Previous development strategies mostly ignored persons with disabilities, resulting in inaccessible development programmes which did not take persons with disabilities into account. In order to change this, together with our networks and the global disability movement we drew attention to the link between disability, poverty and discrimination. LIGHT FOR THE WORLD actively participated in the consultations for the new development agenda. The UN Convention on the Rights of Persons with Disabilities provided additional momentum for our advocacy work, as more than 160 states have already ratified this landmark human rights treaty.

WHERE DO WE GO FROM HERE?
The next step is to develop strategies for implementation. All programmes and projects should be designed to be inclusive and accessible, and need to have adequate funding: the rights and needs of persons with disabilities must be enshrined from the outset in: education, healthcare and rehabilitation, infrastructure, the employment sector and elsewhere. LIGHT FOR THE WORLD and its networks will contribute to implementation and monitoring of the SDGs at regional, national and international level.

THE SDGs IN OUR WORK
The new development goals also act as a catalyst for our own work, as our programmes on inclusive education, eye health, rehabilitation and human rights will help achieve the 2030 Agenda.

Good Health (Goal 3)
In our partner countries Ethiopia and Mozambique we are working towards elimination of the eye disease trachoma by 2020, thereby reducing avoidable blindness and contributing to community development.

Inclusive Quality Education (Goal 4)
We are committed to inclusive education, which offers the right to education and equal opportunities for all. In Burkina Faso and Ethiopia we support inclusive school projects that serve as a model for other countries (see p. 10—11).

Reduce Inequality (Goal 10)
All programmes of LIGHT FOR THE WORLD aim at better living conditions and equal rights and opportunities for persons with disabilities. Our goal is an inclusive society. In accordance with the UN Convention on the Rights of Persons with Disabilities, we are helping to break down barriers to ensure access to all areas of society. At international, European and country level we call on states to implement the SDGs for all.

FRANCOIS CARBONEZ, EU Policy Officer and Co-chair of the IDDC EU Task Group

“LIGHT FOR THE WORLD worked hard to get a 2015 Agenda for Sustainable Development that is as inclusive as possible. Looking forward, we need to keep working, as a stand-alone organisation and within NGO/DPO networks, such as IDDC, in order to ensure that the implementation of this Agenda 2015 is effectively inclusive of, and accessible to all.”
Poverty is the most common cause of disability, and conversely disability very often leads to poverty. Nutritional deficiencies, malnutrition, and poor hygiene are contributing factors in many impairments. In regions where poverty is widespread, many people have disabilities, and access to education, rehabilitation and medical care is limited. In our key partner countries Bolivia, Burkina Faso, the southern part of the Democratic Republic of the Congo, Ethiopia, Mozambique, Northeast India and South Sudan we are helping break this cycle. With programmes on prevention of blindness, rehabilitation, education and inclusion, we are fully committed to supporting persons with disabilities. In other partner countries too, such as Bangladesh, Bosnia and Herzegovina, Cambodia, Pakistan, Papua New Guinea, Rwanda and Tanzania, we provide ophthalmological care and education, and improve the lives of people with disabilities. In 2015, we reached a total of 1,333,982 people through 181 projects.

**BOLIVIA**
At the initiative of LIGHT FOR THE WORLD the Bolivian Ministry of Health now employs a special coordinator in eye health, facilitating the implementation of a national prevention of blindness programme.

**BURKINA FASO**
12,238 children with disabilities accessed rehabilitation services in 2015.

**DR OF THE CONGO**
We support three eye clinics and the fourth one opened in Kolwezi in 2016.

**SOUTH SUDAN**
We train humanitarian aid workers from the UN and international NGOs in disability inclusion to improve accessibility in refugee camps and to ensure everybody has access to food distribution and other services.

**BOSNIA AND HERZEGOVINA**
In Sarajevo we organised workshops in inclusive education techniques for 600 teachers.

**MOZAMBIQUE**
We expanded our work in community-based rehabilitation from small local initiatives to a national strategy.

**POVERTY AND DISABILITY**
We take action!

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NORTHEAST INDIA
The Disability Law Unit of our Indian partner organisation, Shishu Sarothi, advocates for the rights of persons with disabilities.

PAKISTAN
We support local Disabled People’s Organisations in their work to make education, livelihood and health services inclusive.

ETHIOPIA
We scaled up our fight against trachoma and work with all means to eliminate this infectious cause of blindness. 23,343 eyelid operations were carried out in 2015, and 5.8 million people received medication.

CAMBODIA
We reached 5,211 persons with our programme work, 2,082 of them blind or visually impaired and 894 hearing impaired.

UGANDA
22 eye care specialists completed their training. 42,647 patients received eye care, and 4,679 spectacles were provided.

BANGLADES
Through a food security programme, women with disabilities are able to participate in the same income generating activities as other women. This supports social inclusion and participation in the community.

PAPUA NEW GUINEA
Together with the Fred Hollows Foundation, our mobile outreach clinics reached a total of 7,823 people, carried out 832 eye operations and distributed 2,824 spectacles.
FOCUS COUNTRIES
ETHIOPIA

5.8 million people supplied with drugs against trachoma

TRACHOMA: IN THE HOME STRETCH

For two years, we have been working hard in the northern Ethiopian region of Tigray to eliminate the eye disease trachoma for good. There are still regions where some members of every family suffer from this highly contagious eye disease and are at high risk of losing their sight. We now implement all parts of the SAFE strategy, as advised by the World Health Organisation: in addition to eyelid surgery in advanced cases of the disease (S) and antibiotics (A), we rely on education programmes on facial hygiene (F) and clean water supply (E = environmental improvement). In 2015 we supplied a total of 5,851,240 people with the antibiotic Zithromax, made 23,343 eyelid operations possible, and saved sight with 21,164 cataract operations.

Self-determined life

Our programmes for community-based rehabilitation and inclusive education for children with disabilities are fully operational. Last year we provided rehabilitation for 5,182 children in Ethiopia. We also made it possible for 1,396 of them to attend school.

MORE OPHTHALMOLOGISTS FOR ETHIOPIA

Only 130 ophthalmologists work in this huge country with around 100 million inhabitants, the vast majority of them in the capital Addis Ababa. To improve the services available to people living in rural regions, we are, together with the German Else Kröner-Fresenius Foundation helping to train ophthalmologists at the universities in Gondar and Jimma. Currently, thirteen young doctors are working towards qualifying as specialists in Gondar, and four in Jimma.
In underprivileged areas, 15% of people have some kind of disability. In Burkina Faso, LIGHT FOR THE WORLD is committed to ensuring that everyone in the country can play an active role in creating a new, democratic system for the country. During the first free presidential elections in 55 years, LIGHT FOR THE WORLD and its partner organisations encouraged persons with disabilities to register to vote. We also organised assistants to accompany voters to polling stations and raised awareness on the issues through the media. With support from the Austrian Development Cooperation, we implemented the multi-annual programme “Inclusive Burkina Faso”, which serves as a model for other African countries. It includes actions on issues most relevant to the lives of individuals with disabilities. Access to inclusive education and rehabilitation are important preconditions to ensure that persons with disabilities can participate as equals in social life are. Last year, 12,238 children and youths benefited from community-based rehabilitation and 1,659 children with disabilities were able to attend school.

In conjunction with the health authorities in Burkina Faso, we have developed a strategic plan for eye health and are now implementing this plan together with the L’Occitane Foundation. Our goal is to make ophthalmological care more accessible to those living in rural regions by supporting the work of eye clinics and facilitating training for local specialists. In 2015, our partners carried out 5,799 cataract operations and provided 2,054 spectacles and vision aids.

Focus Countries
Burkina Faso

Marceline Bikienga can see again! She received cataract surgery at an ophthalmic outreach in Burkina Faso.

113,119 persons reached

Education and Political Participation for All

Strategic Plan for Eye Health
Although the political situation in South Sudan was not easy in 2015, we successfully continued our work. In addition to our involvement in projects for community-based rehabilitation and eye health, we are taking this aid out to the camps for internally displaced people. We have provided ophthalmological care for a total of 6,766 people and made it possible for 597 eyelid and cataract operations to be performed. In two camps, in Mahad and Gumba, persons with disabilities now have access to basic services like food banks and sanitary facilities. In each camp a rehabilitation assistant has been trained as a contact point, providing rehabilitative care and accessibility. In 2016 we will also implement these measures in other refugee camps. Mehari Zerom of LIGHT FOR THE WORLD in South Sudan summarises very aptly: “No one should be left out from available services because of being disabled!”

Hundreds of thousands of people in the Republic of South Sudan are fleeing civil war. In this difficult situation, we do not leave persons with disabilities behind. Despite the problematic circumstances, last year we managed to provide rehabilitative care to 1,078 children. To enable their access to education, we are working with the Ministry of Education in South Sudan on an inclusive education directive and providing further training for 286 primary school teachers and tutors.
Over the past two years we have gathered information on the spread of trachoma in several provinces. Now our goal is to get help as quickly as possible to all those who need eyelid surgery due to the advanced stage of their disease. With the new eye clinic in Beira, Central Mozambique has gained a central clinic for two million people and a training centre for specialist personnel. For the future this will make it possible for even more examinations and operations to be conducted than has been the case to date, both locally at health units and at the new eye clinic. In the year 2015 we facilitated 1,955 cataract operations and 1,555 eyelid operations for advanced trachoma.

LIGHT FOR THE WORLD initiated successful rehabilitation projects in the province of Sofala and has been managing them for a number of years. Thanks to our experience, we were invited by the Mozambique Ministry of Social Affairs to develop a national strategy for community-based rehabilitation. In 2015 509 children with disabilities received rehabilitation and 137 of them attended school. Together with our partner Young Africa, we are working on a pilot project for inclusive vocational training in Beira and Dondo. The training centres are accessible, so that by the spring of 2018 250 young people with disabilities will be able to prepare for a self-determined future.
FOCUS COUNTRIES
DEM. REPUBLIC OF THE CONGO

Help for 65,631 persons with eye problems

PREVENTION OF BLINDNESS

We have established three eye clinics in the DR Congo and support eye care services in the provinces of Katanga and East Kasai. In the past year, 4,142 eye operations were performed there. To respond to the huge need, a fourth clinic in Kolwezi opened in 2016. The name of the new eye clinic—Mwangaza—means “light”. The clinic also offers training programmes for ophthalmologists to address the chronic shortage of eye care specialists throughout the region. With this project, we are ramping up our inclusion efforts in the fight against avoidable blindness in a region where ophthalmological care has been scarce. In 2015 we carried out 65,631 eye consultations and saved eyesight through 2,803 cataract operations.

INCLUSION OF VISUALLY IMPAIRED CHILDREN

In the Democratic Republic of Congo, we have developed a programme on inclusive education for children with visual impairments. In the current school year, we made it possible for 110 children to attend mainstream schools in Lubumbashi. With staff trained, infrastructure built and used, good organisational structures, and local partners taking responsibility, the project has been a success. In addition, 5,180 children and adults were supplied with spectacles and vision aids.

© Dieter Balkema

Cataract surgery can make the difference between poverty and self-sustainability.
Community-based rehabilitation (CBR) enables children and young people with disabilities to receive therapy in familiar surroundings. Family, friends and neighbours are involved in the rehabilitation process. Dealing directly with disabilities helps overcome fears and social barriers, and children with disabilities are given the chance to participate in all areas of life in the community. All areas of life—naturally that also means games and sports. In the Bolivian town of Sacaba we support a school for inclusion in sports and physical expression and inclusion in the job market. There, the personal development of individuals with disabilities is fostered through sports, promoting the development of physical and cognitive abilities. Children and young people with disabilities gain greater personal independence, improve their self-esteem and make social contacts. In 2015, 2,225 children received rehabilitative care, and we provided assistance for 965 children attending school.

To guarantee targeted assistance in eye health in the future, we supported research on the incidence and causes of avoidable blindness in rural regions. Additionally the Bolivian Ministry of Health has employed a special coordinator for eye health for the first time. In 2015, our partners carried out 5,704 eye consultations and by supplying spectacles and other vision aids, we made it possible for 892 visually impaired people to lead a more independent life.
Together with our partners, we established a broad strategy for inclusive education to ensure that all children with disabilities can attend school. Even though there is a well-designed education policy at national level, the quality of implementation remains a challenge. In rural areas, in particular, the number of children with disabilities dropping out of school remains high. The states of Northeast India struggle with the high unmet demand for teachers who are prepared to support mainstream schools in the inclusion of children with disabilities. However, there are a number of NGO-run special and inclusive schools, providing good quality education and appropriate learning environments for children with disabilities. We joined forces with other NGOs to support our partners in becoming “Resource Centres” for inclusive education, some of which are already conducting successful pilot projects. Our goal is to reach out to government elementary schools in Northeast India and support them in the inclusion of children with disabilities.

Avoidable blindness is still widespread in the rural regions of Northeast India. To address this situation, LIGHT FOR THE WORLD is working with two regional partners to make eye care accessible for everyone. With ophthalmic outreach programmes we are able to reach people in remote areas. Additionally we support information, education and communication campaigns to raise eye health awareness. Overall we reached 52,511 people in this region last year.

Eye sight of 52,511 people saved

Focus Countries
Northeast India

Regional Action on Inclusive Education

Fight Against Avoidable Blindness
Disability Inclusion Lab

In the last couple of years LIGHT FOR THE WORLD intensified its activities on disability mainstreaming. We decided to establish a Disability Inclusion Lab; this is a social hub hosted by LIGHT FOR THE WORLD Netherlands that offers space for innovation and unites diverse actors within and outside of the disability movement. To enable sustainable access to development programmes for persons with disabilities, development actors need to go through an organisational and system change process that promotes disability inclusion. We see our role as an organisation that will guide, inspire, challenge, train and motivate other development actors and parties to develop more inclusive disability practices contributing to the full participation of persons with disabilities. Together we can develop solutions that effectively promote, foster and sustainably propagate disability inclusion.

To do this we use the following methodologies:

INNOVATION
Together with individuals, organisations and institutions that commit themselves to disability inclusion, the Lab develops and tests new techniques and methods for inclusion.

JOINT PROGRAMMES
The solutions that were developed using the Lab approach are applied to and replicated in joint programmes to ensure the practicability of new strategies.

LEARNING & SHARING
Documentation is an important aspect of the learning and sharing process. The new information derived from experimentation is translated into guidelines and tools, and further developed during their application in larger programmes.

TRAINING & ADVICE
We continue to develop as a resource hub for training and advice to inspire and build the capacity of development actors around the globe.

LOBBY & ADVOCACY
To enhance commitment to disability inclusion, advocacy is an important component of our Lab approach. We use the Lab resources and practical experiences to lobby for disability inclusion and strengthen Disabled People’s Organisations (DPOs) in their advocacy roles.
BANGLADESH

LIGHT FOR THE WORLD supports the social inclusion of persons with disabilities, particularly in rural and hard to reach communities of Bangladesh. We reached 30,700 persons with disabilities through enhanced service delivery as well as the promotion of disability mainstreaming. In 29 extremely remote areas our rehabilitation services can only reach people by boat and bus.

BOSNIA AND HERZEGOVINA

Last year, LIGHT FOR THE WORLD supported 60 principals, 147 educators and 102 teachers to receive advanced training in inclusive education. In a series of workshops they learned how to structure their classes so that all children are able to participate.

UGANDA

Together with the National Intervention on Uncorrected Refractive Errors (NIURE), we have successfully initiated a National Programme giving poor people access to high quality tailor-made spectacles. In 2015, 4,679 spectacles were professionally adjusted on site, also creating jobs in the process. Since 2006, we have also promoted a vision therapy programme at the Ruharo Eye Center, and organised training courses for ophthalmologists. Last year, as well as a therapist specialising in visual impairments, 11 ophthalmological assistants and 11 operating surgeons completed their training. In 2015, the department treated 3,756 patients, 57 of whom were blind and 523 visually impaired.

RWANDA

The clinic in Kabgayi is regarded as a point of reference for ophthalmology in Rwanda. Every year, more than 4,500 people undergo cataract surgery there. However, Kabgayi is also a training centre: ophthalmological nurses are trained there who will then work all over the country. Our next objective is to improve medical care in other regions of Rwanda.
PAPUA NEW GUINEA

No other country in the world has such a high prevalence of hearing problems as Papua New Guinea. This is why for years we have been promoting the development of a sign language that can be used throughout the country. A landmark was reached in 2015: the national government recognised sign language as a fourth national language, alongside Tok Pisin, English and Hiri Motu. Overall our programmes benefited 23,052 deaf and hard of hearing people last year, and provided rehabilitation for 14,329 children.

TANZANIA

The main focus of our work in Tanzania is on the prevention and treatment of childhood blindness. We support two hospitals specialising in the ophthalmological treatment of children. Moreover, we ensure that children who are blind or visually impaired and those suffering from eye diseases receive medical and rehabilitative assistance through our projects, and are enrolled in inclusive schools. 18,632 children benefited from our work in 2015, with 1,158 receiving sight-saving surgery.

PAKISTAN

In Skardu we assist persons with disabilities in standing up for their rights, by helping them to set up organisations to represent themselves. In 2016, we start similar initiatives in Ghanche in the Gilgit-Baltistan region. In the field of ophthalmology, last year the clinics we support provided eye care for a total of 70,074 patients and performed 2,242 cataract surgeries.

CAMBODIA

We identify children with low vision and include them into the Cambodian Public School System, or into Krousar Thmey special schools. The programme is currently being carried out in 12 districts in 6 provinces. In total 40 inclusive classes will be set up and 183 teachers will be trained in teaching children with low vision. Thanks to appropriate advocacy and capacity building for education stakeholders in 2015, 52 children with disabilities have attended school, many of them for the first time in their lives.
<table>
<thead>
<tr>
<th>Country</th>
<th>National</th>
<th>Projects 2015/2016: 181 (Status 1st April 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFGHANISTAN</td>
<td>Kabul</td>
<td>Eye care training centre</td>
</tr>
<tr>
<td></td>
<td>Kabul &amp; Parwan</td>
<td>Enabling and mobilising persons with disabilities</td>
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<td></td>
<td>National</td>
<td>Prevention of blindness</td>
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<tr>
<td>AFRICA GENERAL</td>
<td></td>
<td>Coordination of education programmes for children with visual impairments, scholarships for ophthalmologists, implementation of VISION 2020 in Africa</td>
</tr>
<tr>
<td></td>
<td>East Africa</td>
<td>Scholarships for ophthalmologists, eye health for school children, vocational training for persons with disabilities, inclusive education campaign</td>
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<td></td>
<td>South Africa</td>
<td>Training programme for eye care staff</td>
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<tr>
<td>BANGLADESH</td>
<td>National</td>
<td>Rehabilitation and mainstreaming</td>
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<tr>
<td></td>
<td>Sirajganj</td>
<td>Mainstreaming children with disabilities</td>
</tr>
<tr>
<td>BOLIVIA</td>
<td>Cabezas &amp; El Torno</td>
<td>Community-based rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Cochabamba</td>
<td>Inclusive education and community-based rehabilitation, university training programme and service centre on disability and community-based rehabilitation</td>
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<td></td>
<td>Concepción</td>
<td>Community-based rehabilitation</td>
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<td>Monteaegudo &amp; Huacareta</td>
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<td>Eye health programme, coordination prevention of blindness, advocacy for the rights of persons with disabilities, inclusive education</td>
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<tr>
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<td>Sacaba</td>
<td>Community-based rehabilitation, inclusion of children and adolescents with disabilities</td>
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<td>San Ignacio</td>
<td>Rehabilitation for children and adolescents</td>
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<tr>
<td></td>
<td>Santa Cruz</td>
<td>Inclusion of community-based rehabilitation in the public system</td>
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<tr>
<td></td>
<td>Sucre</td>
<td>Model school for inclusive education</td>
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<tr>
<td></td>
<td>Trinidad</td>
<td>School for deaf children and adolescents</td>
</tr>
<tr>
<td>BOSNIA AND HERZEGOVINA</td>
<td>National</td>
<td>Implementation of the UN-Convention, emergency relief after flood, community inclusion and economic sustainability of young people</td>
</tr>
<tr>
<td></td>
<td>Sarajevo</td>
<td>Inclusive education for children with disabilities</td>
</tr>
<tr>
<td>BURKINA FASO</td>
<td>Bobo-Dioulasso</td>
<td>University eye clinic, school for deaf children</td>
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<td>Centre-Ouest</td>
<td>Regional eye care programme</td>
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<td>Diébougou</td>
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<td>Fada</td>
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<td></td>
<td>Gaoua</td>
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<td></td>
<td>Garango</td>
<td>Inclusive education, community-based rehabilitation</td>
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<tr>
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<td>Kaya</td>
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<td>Koupéla</td>
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<td>National</td>
<td>Advocacy for the rights of persons with disabilities, inclusive sports and cultural events</td>
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<td>Community-based rehabilitation, eye clinic</td>
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<tr>
<td></td>
<td>Ouagadougou</td>
<td>Information material for persons with disabilities, education for children with learning disabilities, school for deaf children and adolescents, school for blind and visually impaired children, scholarships for ophthalmologists</td>
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<tr>
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<td>Zabré</td>
<td>Community-based rehabilitation</td>
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<td>Zorgho</td>
<td>Eye clinic</td>
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<td>CAMBODIA</td>
<td>Kampong Cham</td>
<td>Community-based rehabilitation for the blind and visually impaired</td>
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<td>Inclusive education for children with low vision, disability inclusion</td>
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<td>DEMOCRATIC REPUBLIC OF THE CONGO</td>
<td>Kolwezi</td>
<td>Construction of new eye clinic</td>
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<td>Likasi</td>
<td>Eye clinic and prevention of blindness</td>
</tr>
<tr>
<td></td>
<td>Lubumbashi</td>
<td>Eye clinic and prevention of blindness, inclusive education programme for visually impaired children</td>
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<td>Mbuji-Mayi</td>
<td>Eye clinic and prevention of blindness</td>
</tr>
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<td>ETHIOPIA</td>
<td>Addis Ababa</td>
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<td>Ambo</td>
<td>Eye clinic</td>
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<td>Ambo &amp; Woliso</td>
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<td>Arba Minch</td>
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<td>Bahir Dar</td>
<td>Inclusion of persons with disabilities, eye clinic</td>
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<td>Butajira &amp; Batu/Zewaye</td>
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<td></td>
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<td></td>
<td>Gondar</td>
<td>University eye clinic: training and mobile eye care services, community-based rehabilitation</td>
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<td>Hawassa</td>
<td>Community-based rehabilitation</td>
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<td>Horo Guduru Wollega</td>
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<tr>
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<td>Jijiga/Somali</td>
<td>Eye clinic and prevention of blindness</td>
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<td>Jimma</td>
<td>University eye clinic: training and mobile eye care services</td>
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<td>Kambata</td>
<td>Inclusive education for deaf children</td>
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<td>Kellem Wollega</td>
<td>Prevention of onchocerciasis</td>
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<td>Mekelle</td>
<td>Eye clinic</td>
</tr>
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<td>Impact evaluation, Rehabilitation Network</td>
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<td>SNNPR</td>
<td>Ethiopia, inclusive education, support of local DPOs, evaluation of social inclusion</td>
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<td></td>
<td>Somnai</td>
<td>Trachoma programme</td>
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<td>Tigray</td>
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<td>Western Oromia Region</td>
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<tr>
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<tr>
<td>Country</td>
<td>Region</td>
<td>Projects</td>
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<tr>
<td><strong>India</strong></td>
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<tr>
<td></td>
<td>Arunachal Pradesh</td>
<td>Comprehensive eye care</td>
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<td></td>
<td>Assam</td>
<td>Comprehensive eye care through outreach</td>
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<td>Assam &amp; Arunachal Pradesh</td>
<td>Developing action plans to improve quality eye care services</td>
</tr>
<tr>
<td></td>
<td>Assam &amp; Meghalaya</td>
<td>Disability employment initiative, legal support for persons with disabilities</td>
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<td></td>
<td>Manipur</td>
<td>Disabled people’s rights movement</td>
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<tr>
<td></td>
<td>Meghalaya</td>
<td>Mainstreaming disability unit, day care centre for children with disabilities, education and rehabilitation for children with disabilities, education and rehabilitation for children with hearing impairments</td>
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<tr>
<td></td>
<td>Northeast India</td>
<td>Accessible school buildings, expansion of inclusive education, community-based rehabilitation, regional action on inclusive education</td>
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<td></td>
<td>Tura</td>
<td>Training centre for special education teachers</td>
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<td><strong>Indonesia</strong></td>
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<tr>
<td></td>
<td>National</td>
<td>Economic and social empowerment for persons with disabilities and their caregivers</td>
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<tr>
<td><strong>International</strong></td>
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<td>Trachoma programme, prevention of blindness, psychosocial intervention for persons with disabilities, empowerment of civil society, ICO Glaucoma Guidelines, anti-corruption workshop</td>
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<tr>
<td><strong>Lebanon</strong></td>
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<tr>
<td></td>
<td>National</td>
<td>Emergency relief</td>
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<td><strong>Mozambique</strong></td>
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<td></td>
<td>Beira</td>
<td>Promotion of community-based rehabilitation, community-based rehabilitation, vocational training for persons with disabilities, inclusion of deaf persons, construction of new eye clinic</td>
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<td></td>
<td>Bubi</td>
<td>Community-based rehabilitation</td>
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<td>Cabo Delgado</td>
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<td>Lichinga/Niassa</td>
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<td>Manica</td>
<td>Sports programme for persons with disabilities</td>
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<td>Maputo</td>
<td>Training programme for ophthalmologists</td>
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<td>National</td>
<td>Eye health programme, trachoma programme in Mozambique</td>
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<td>Niassa</td>
<td>Sports programme for persons with disabilities</td>
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<td>Sofala</td>
<td>Advocacy for the rights of persons with disabilities, inclusive education for children with disabilities, promotion of community-based rehabilitation, sports programme for persons with disabilities, eye clinic and prevention of blindness</td>
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<tr>
<td></td>
<td>Sofala &amp; Tete</td>
<td>Training programme for teachers with disabilities</td>
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<td>Tete</td>
<td>Eye clinic and prevention of blindness</td>
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<tr>
<td><strong>Nepal</strong></td>
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<td>Emergency relief after earthquake, Support and skills development for persons with disabilities at refugee camps</td>
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<td><strong>Pakistan</strong></td>
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<td>Rehabilitation and inclusion of persons with disabilities</td>
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<td>Comprehensive eye care unit</td>
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<td>Monitoring of the UN-Convention, capacity building for CRPD implementation, mainstreaming women with disabilities in development</td>
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<td>Nowshera</td>
<td>Mainstreaming disability through community-based rehabilitation</td>
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<td>Peshawar</td>
<td>Human resource development for comprehensive eye care</td>
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<td>Swabi</td>
<td>Community vision centre</td>
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<td></td>
<td>Takht Bhai</td>
<td>Comprehensive eye care clinic</td>
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<tr>
<td><strong>Papua New Guinea</strong></td>
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<tr>
<td></td>
<td>Arawa</td>
<td>Inclusive education and community-based rehabilitation</td>
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<tr>
<td></td>
<td>Buka</td>
<td>Inclusive education and community-based rehabilitation</td>
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<tr>
<td></td>
<td>National</td>
<td>Education and health care programmes for deaf children, mobile eye care services</td>
</tr>
<tr>
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<td>Western Province</td>
<td>Inclusive education and community-based rehabilitation</td>
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<td><strong>Rwanda</strong></td>
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<tr>
<td></td>
<td>Kabgayi</td>
<td>Eye clinic for prevention of blindness and training program for eye care staff</td>
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<td>Mbarara</td>
<td>Eye clinic, training programme for eye care staff, rehabilitation for children with low vision</td>
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<td>National</td>
<td>Programme for uncorrected refractive errors</td>
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<td><strong>South Sudan</strong></td>
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<td>Rumbek</td>
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<td>Lakes</td>
<td>Eye health</td>
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<td>Mundri</td>
<td>Community-based rehabilitation and inclusive education, eye clinic</td>
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<td>Eye care services, advocacy for the rights of persons with disabilities, inclusive education and sign language, community-based rehabilitation, disability mainstreaming</td>
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<td>Yei &amp; Morobo &amp; Lainya</td>
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<td><strong>Tanzania</strong></td>
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<td>Dar es Salaam</td>
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<td>Morogoro &amp; Dodoma Region</td>
<td>Inclusive education</td>
</tr>
<tr>
<td></td>
<td>Moshi</td>
<td>Eye care for children</td>
</tr>
</tbody>
</table>
1,333,982

Persons received eye care services, rehabilitative assistance and other support in 181 projects.

Additionally we provided 5.8 million people with Zithromax to fight trachoma and 1.8 million people received Mectizan against river blindness.

99,429
EYE SURGERIES

- 50,863 Cataract surgeries
- 26,270 Trachoma surgeries
- 22,296 Other eye surgeries

54,477
CHILDREN WITH DISABILITIES REACHED

- 41,699 in Africa
- 9,253 in Asia/Pacific
- 3,185 in Latin Amerika
- 340 in Eastern Europe

OUR SUPPORTERS 2015

- 134,000 Donors supported our work
- 19,700 People took part in the erste bank vienna night run, a charity run in the center of Vienna, Austria
- 219 Austrian and Belgian ophthalmologists support LIGHT FOR THE WORLD
- 93 Initiatives—at birthday parties, weddings, company celebrations, ... collected donations to contribute to our work.

OUR PROGRAMMES

- 34 Eye Clinics
- 36 Eye Health Programmes
- 49 Rehabilitation Programmes
- 20 Inclusive Education Initiatives
- 42 Other projects supporting persons with disabilities and promoting an inclusive society
Our vision is an inclusive society for all where no one is left behind and all persons participate equally in the cultural, social, political and economic environment.

Our mission is to contribute to a world in which persons with disabilities fully exercise their rights. The UN Convention on the Rights of Persons with Disabilities guides us. Persons with disabilities living in poverty are amongst the most excluded groups in society. They are at the centre of our work and they drive the change.

- We engage in empowering persons with disabilities to take development in their own hands.
- We strive to overcome all barriers in society and create access for people with disabilities.
- We are committed to improving eye health and promoting inclusive education, community-based rehabilitation, disability rights, livelihood and disability inclusion.
- We pay specific attention to woman with disabilities, children with disabilities and more excluded groups within the disability community.

Theory of Change

Our programmatic approach is based on our Theory of Change, supporting local partners to implement a combination of disability-specific actions, targeted actions in the mainstream, access to programmes and social change processes. We work in selected partner countries and at the international level. In our programmes, we:

- have a specific focus on eye health and blindness prevention.
- want to give all children access to quality inclusive education.
- focus on supporting persons with disabilities in realising a successful livelihood.
- engage in CBR as a multi-sectorial strategy.
- seize disability inclusion focused on changing systems and organisations.
- empower persons with disabilities and advocate overcoming barriers in society to bring about social change.
Anti-Corruption & Transparency

For many years now, the quality and transparency of our work has been ensured by a comprehensive internal control system. This helps us to use every single Euro efficiently and to the greatest possible effect. This has been enhanced by the transparency and Anti-Corruption Policy adopted by LIGHT FOR THE WORLD in 2014. We implement measures designed to ensure transparency, simplify integrity and prevent corruption:

- the drawing-up of a code of conduct
- anti-corruption clauses in our partner contracts
- awareness-raising and training of staff in our own and partner organisations
- candid internal and external communication of the subject, and
- the setting-up of a whistleblowing hotline.

We are producing an annual anti-corruption report, which is available on request. www.light-for-the-world.org

Sources of Income

<table>
<thead>
<tr>
<th>Sources of Income</th>
<th>2014</th>
<th>2015</th>
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<tbody>
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<td>Donations in Cash and Sponsoring</td>
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<td>13,202,582</td>
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<tr>
<td>Foundations, Trusts</td>
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<td>3,846,082</td>
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<tr>
<td>Project Support Alliance Partners</td>
<td>1,525,295</td>
<td>3,660,304</td>
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<tr>
<td>Public, Government Funding</td>
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<td>3,050,931</td>
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<tr>
<td>Donations in Kind</td>
<td>841,717</td>
<td>1,290,625</td>
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<td>Bequests</td>
<td>1,057,715</td>
<td>994,244</td>
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<tr>
<td>Other income</td>
<td>109,524</td>
<td>95,062</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>22,476,647</strong></td>
<td><strong>26,139,830</strong></td>
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</tbody>
</table>
Reliability

LIGHT FOR THE WORLD Austria, Belgium, the Czech Republic and the Netherlands have their accounts audited by independent external auditors. The 2015 accounts were audited by IB Interbilanz Wirtschaftsprüfung GmbH (Austria), burg. bvba Clybouw bedrijfsrevisoren (Belgium), Deloitte Czech Republic (Czech Republic) and WITh accountants (The Netherlands). LIGHT FOR THE WORLD confederation members have been granted quality seals in their respective countries.

We have established an internal quality management system across the confederation and implemented an Anti-Corruption Policy within the organisation as well as with our project partners.

Donations to LIGHT FOR THE WORLD are tax deductible in all four confederation countries as well as in Germany, Switzerland and the UK.

### Areas of Expenses

<table>
<thead>
<tr>
<th>Area</th>
<th>2014</th>
<th>2015</th>
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</thead>
<tbody>
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<td>19,764,827</td>
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<td>Information on Programme Work,</td>
<td>4,152,077</td>
<td>4,590,331</td>
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<tr>
<td>Public Relations and Donor Administration</td>
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<tr>
<td>Administration and Infrastructure</td>
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<td>829,825</td>
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<tr>
<td>Allocation to Reserves</td>
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<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22,476,647</strong></td>
<td><strong>26,139,830</strong></td>
</tr>
</tbody>
</table>
People

Our thanks go to all our supporters, volunteers and employees.

**INA URQUIDI** has been working as principal of an inclusive school in Sucre, Bolivia for 20 years. 415 children attended in 2015, 125 of them with a disability.

**SOPHIA MOHAMMED** from Ethiopia works in our office in South Sudan. She founded the “Sports for Peace” Team in refugee camps to unite youths from different ethnic groups. Together with her colleagues she is also in charge of disability mainstreaming through community-based rehabilitation. Together with UN agencies they succeeded in the area of life skills and peace building by compiling inclusive educational documents.

**MARTIN FILIPEC** is a leading ophthalmologist in the Czech Republic. He specializes in refractive surgery and corneal transplants and shares his expertise with his colleagues in developing countries. Since 2007 he has been chairman of the board of LIGHT FOR THE WORLD Czech Republic and is deputy chair of LIGHT FOR THE WORLD International.

**JOSÈ DIQUISSONE** is the provincial director of the Ministry of Gender, Child and Social Affairs of Mozambique in Sofala. Previously he served as national president of the Blind Union in Mozambique. He is extremely dedicated to CBR and advocacy for disability rights and supports LIGHT FOR THE WORLD in establishing CBR as a national strategy.
WOLDESENBET BRHANEMESGEL is an Ethiopian lawyer and human rights expert. He recently joined the board of trustees of LIGHT FOR THE WORLD International. Blind himself, he has been active in disability rights for more than 20 years. His experience is complemented by his engagement for the Visually Impaired and Blind.

DEBORAH IYUTE is a social worker and human rights activist in Uganda and joined LIGHT FOR THE WORLD International as a board member. Her education in Social Work and Community Development and her personal experience as a hard of hearing person have contributed to her wealth of knowledge in disability issues and international and national legislation on disability and human rights.

GNAZE IBRAHIM TRAORE studies ophthalmology at the Institut d’Ophtalmologie Tropicale d’Afrique in Mali. Thanks to the valuable support of L’OCCITANE Foundation, the Burkinabé will graduate in 2016 and pursue his profession to offer urgently needed eye care services to the poorest and most vulnerable patients in remote areas of Burkina Faso.

MARTINE BILGO from Burkina Faso is a teacher in Kaya, Burkina Faso. As a child she was identified by our CBR-programme and enrolled in a school supported by LIGHT FOR THE WORLD, where she learned Braille. After successfully completing teacher training, she acquired her official diploma and was hired as teacher in a school linked to our CBR project in Kaya.
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- Ministry of Sports in Austria
- UK aid
- USAID

Memberships, Platforms & Alliances

- International Agency for Prevention of Blindness (IAPB; VISION 2020—The Right to Sight)
- International Coalition for Trachoma Control (ICTC)
- ENVISION Alliance
- International Disability and Development Consortium (IDDC)
- International Council for Education of People with Visual Impairment (ICEVI)
- Global Campaign for Education (GCE)
- EU-CORD
- Beyond 2015
- action/2015
- Global Impact Investing Network (GIIN)
- Mondi Uncoated Fine Paper
- Human Rights and Democracy Network (HRDN)
- ICO Cooperation
- Dutch Coalition on Disability and Development (DCDD)
- Alliance for Disability-Inclusive Development (ADID)
- MDF Training & Consultancy
- International Council of Ophthalmology (ICO)
- European Disability Forum (EDF)
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LIGHT FOR THE WORLD is an international organisation with members and offices in several European and African countries, dedicated to eradicating avoidable blindness and advocating for an inclusive society.

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