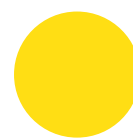


Country Strategy Ethiopia

2021 – 2025



LIGHT
FOR THE WORLD

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A. ABOUT LIGHT FOR THE WORLD

Light for the World is a global development organisation empowering people with disabilities and enabling eye health services in low income countries. Our history – improving health systems, enabling education for all, and amplifying the voices of people with disabilities – spans three decades. Creating powerful partnerships, we work tirelessly to strengthen the entire system.

We focus on people with disabilities facing multiple barriers, including children, women, rural communities and those hit by disaster. We concentrate on selected countries where the need is greatest according to the Human Development Index and where we believe we can achieve long-term system change by strengthening the existing health, education, social and economic set-up so it reaches those who need the services the most for many years to come.

Outcome-oriented monitoring, evaluation and applied research is crucial to us. We use it to continuously learn and adapt our programmes, to ensure maximum effectiveness.

B. METHODOLOGICAL NOTES

This country strategy was developed using the Outcome Mapping method. Outcome Mapping focuses on changes in the behaviour of the people, groups and organisations influenced by a programme. Light for the World adopted and adapted this methodology for the design and development of this and five other country strategies for the period 2021-2025 which were all prepared in the first and second quarters of 2021. A core feature of this methodology is the identification of key system actors (boundary partners) and the formulation of Outcome Challenges for each of them.

The Ethiopia Country Strategy 2021-2025 is intentionally designed to influence and systematically track and evaluate progress towards complex systems change. Following the development of guidelines and templates derived from Outcome Mapping, Light for the World staff from the Ethiopia Country Office together with international experts defined the Vision, Mission and envisaged Outcomes in terms of systems change and service delivery.

Parallel to the country strategy development, aligned global and country monitoring and evaluation frameworks with Progress Markers were developed for each of the Outcome Challenges. This will allow Light for the World and our partners to systematically monitor, evaluate and learn from the progress we make towards systems change in eye care, inclusive education, and inclusive economic empowerment.

C. HISTORY OF LIGHT FOR THE WORLD IN ETHIOPIA

Light for the World has been enabling eye health services and breaking down barriers that prevent disability inclusion in Ethiopia since 1990. Our Country Office opened in 2010.

We are proud of our systems change approach promoting people-centred quality eye care, inclusive education and economic empowerment in Ethiopia. We work hand in hand with the respective Ministries and Regional Bureaus, Organisations of Persons with Disabilities (OPDs), health professionals, teachers, local health and community workers and NGOs, amongst many others.

Some of the key achievements which our support in the past five years (2016-2020) has made possible are:

- ▶ Strengthened service delivery, increased availability and reach of sustainable eye health services in Tigray and Somali regions and the elimination and control of selected neglected tropical diseases (NTDs) in Tigray and Western Oromia.
- ▶ We supported eight eye health projects including two regional eye care programmes in Tigray and Somali regions (with the respective Regional Health Bureaus), two projects each in Amhara and SNNPR and two in Oromia.
- ▶ As one of the main partners for the Ministry of Health, Light for the World has supported the government's NTDs elimination and control initiative with a geographical focus in Western Oromia zones and Tigray region. Every year, more than 10 million persons were treated against NTDs and a total of over 36,000 sight-saving eye-lid surgeries carried out.
- ▶ With the introduction of the One Class for All programme in 2016, Light for the World substantially contributed to the inclusive education efforts of the Ethiopian government by enabling quality service provision while encouraging families of children with disabilities to enrol their children at schools. In-service teachers' training has played a key role in the sensitisation and changing teachers' attitudes towards children with disabilities.

- ▶ In Humanitarian Action, Light for the World engaged in the COVID-19 response in 2020 by providing emergency food support, producing information on precautions and prevention methods of COVID-19 in accessible formats, and distributing adapted facemasks to persons with hearing impairment. In addition, initiatives to address the needs of children with disabilities in education were implemented.
- ▶ The work on Disability Inclusion in Community Development (DICD) through seven well-selected partners has contributed to increased availability and reach of comprehensive services which include all elements of the WHO community-based rehabilitation (CBR) matrix.
- ▶ Finally, we have supported the University of Gondar in establishing a paediatric physiotherapy programme, launched in 2019.





D. COUNTRY PROGRAMME ETHIOPIA

1. EYE HEALTH

1.1. Our Vision

We envision an inclusive people-centred eye care for all in our geographic focus areas in Ethiopia. The entire population in the communities, including children, women, persons with disabilities and the rural population, has access to universal and quality eye health services. Women are accessing eye health services at the same or higher rate than men. The community-level actors, such as health extension workers, primary health care volunteers and other actors, actively promote eye health in their communities and play an important role in empowering communities in identifying and referring eye health conditions. The Ministry of Health (MoH) has developed and put into operation a community awareness strategy on eye health and includes it as part of the Social and Behavioural Change Communication (SBCC) programme.

We envisage that the MoH and Regional Health Bureaus (RHBs) will have allocated adequate financial and human resources to make eye care and rehabilitation services inclusive, affordable, and accessible for all members of the community. Biomedical engineers are well trained and have adequate knowledge so that eye care diagnostic and treatment equipment are maintained regularly. Eye health is mainstreamed into the existing health system including primary health care units. The Health Management Information System (HMIS) routinely captures adequate eye health indicators and will be used for better resource allocation and decision making.

The Ministry of Education (MoE) has taken full ownership of the school eye health programme within the School Health and Nutrition programme and school eye health is included in the teachers' training curriculum. Public-private partnerships (PPPs) are developed and contribute to the health system strengthening accessible and affordable refraction and spectacle provision. Like minded organisations have developed a standard operational framework to realise national and WHO plans and strategies on eye health. Dedicated eye health operational research is being conducted with the aim to learn and adapt programmes.

1.2. Programme Approach

In support of our vision, Light for the World will collaborate with the MoH and its equivalent structures at regional level to develop and implement the new national eye health strategy and adapt it to the specific conditions in those regions where Light of the World currently has eye health programmes, namely: Amhara; Southern Nations, Nationalities and People's Region; and Tigray.

We will advocate for an integrated people-centred approach to be part of the national/regional eye health strategy plan and with a focus on community and primary health care. The programme will contribute to strengthening the functional referral system and enhance the health seeking behaviour of the community through various awareness creation strategies and training of health extension workers.

The programme will support Human Resource Development for Eye Health and build the country capacity on biomedical engineering for medical equipment maintenance. We will actively engage with the National Committee for the Prevention of Blindness Committee (NCPB) and advocate for government financing, and incorporation of eye health indicators into HMIS. We will also engage with the Ministry of Finance (MoF) on the inclusion of eye health drugs and supplies in the essential drugs lists, and endorse spectacles as essential assistive devices for tax-free importation.

We will contribute to enhanced standardised eye health service provision and training, joint research, and fundraising. We will pilot new initiatives, facilitate learning to adapt and scale up successful practices in the government system.

Light for the World will advocate for the government's ownership of child eye health and the integration of school eye health into school health programmes and the inclusion of school eye health programmes into the teachers' training curriculum.

Together with organisations of persons with disabilities, disability inclusion facilitators (DIFs) and government, we will address barriers to access eye care services. We will advocate at MoH/RHB level for accessible and inclusive health service provision. We will introduce public-private partnerships to contribute to sustainable provision of refraction and optical services and spectacles.

1.3. Envisaged Outcomes and Partners

We envisage the following outcomes at the level of the Ministry of Health and Regional Health Bureaus:

- ▶ MoH and RHBs prioritise and allocate adequate funding for eye health and child eye health programmes.
- ▶ Eye health infrastructure and an adequate number of personnel is in place.
- ▶ MoH and the Ministry of Finance (MoF) include eye health supplies and drugs in the essential drug list and adopt WHO's essential assistive devices list to import spectacles duty-free.
- ▶ MoE works closely with the MoH and ensures school eye health is an integral part of the School Health and Nutrition programme.
- ▶ Regional Education Bureaus (REBs) work closely with RHBs and ensure school eye health is an integral part of the School Health and Nutrition programme.
- ▶ MoH/RHB develop and implement targeted SBCC for eye health through the existing community-level health system structure.
- ▶ MoH and MoE include adequate eye health indicators in the HMIS.

- ▶ MoH develops guidelines and minimum standards for imported ophthalmic equipment and introduces a regular maintenance system for ophthalmic equipment.
- ▶ RHBs of Tigray, Amhara, SNNPR deliver inclusive and comprehensive eye health services through a functional referral system across the continuum of care.
- ▶ People-centred child eye health and primary eye health services are well captured in national/regional eye health strategic plans.
- ▶ MoE/REBs closely work with the MoH/RHBs and school eye health is regularly provided at school level.
- ▶ Teachers' training colleges include school eye health as part of their regular curriculum.
- ▶ MoH recognises the role of public-private partnerships for sustainable provision of refraction and optical services/spectacles.

At tertiary eye care unit level we envisage these outcomes:

- ▶ Tertiary Eye Care Units (TECUs) provide sub-specialty services and general eye health training.
- ▶ TECUs run functional and self-reliant optical workshops and provide spectacles for those who need them.





2. NEGLECTED TROPICAL DISEASES

2.1. Our Vision

Trachoma, lymphatic filariasis and onchocerciasis endemic districts in Western Oromia and trachoma endemic districts in the entire Tigray region have achieved the elimination threshold set by WHO and are no more a public health problem in our focus regions. Government ownership increased, the NTDs programme is financed by the MoH/RHBs and included in the routine health care service provision. With a clear understanding of the mutual benefit amongst the water, sanitation and hygiene (WASH) and NTD actors, WASH-NTDs interventions are fully integrated at all levels and continuously supported by health, water, and education sectors to sustain results gained. Dossiers on the overall NTD work in the full Surgery, Antibiotics, Facial Cleanliness, and Environmental Improvement (SAFE) strategy in our geographic areas are elaborated and submitted to WHO for disease elimination certification of districts. The government health system is strengthened and NTDs structures are in place and functional up to the lower level. Available eye care workers and the health workforce in general are trained to identify, treat, and refer NTDs within the routine health system.

With a people-centred approach, the NTD interventions are able to reduce the barriers for women, children, the elderly, and persons with disabilities and are available and accessible. Community members adopt and maintain practices that contribute to preventing and controlling new incidence and progression of disease. Lessons on disability inclusion in Light for the World's NTD programmes are documented and disseminated to the public within and outside of the country. NTD indicators in the District Health Information Software 2 (DHIS2) are captured, reported, and utilised for evidence-based decision making and financing. Collaboration with like-minded organisations is enhanced for joint advocacy, research and fundraising for continued health system is strengthened.

2.2. Programme Approach

In support of the vision, Light for the World will actively engage in advocacy on adequate government financing for NTDs (own or externally raised), its integration into the routine health system, enhancing awareness and commitment of WASH actors, implementation of the full SAFE strategy and capacity building of the health system at all levels. The advocacy work will be conducted in close collaboration and coordination with other actors in the NTDs portfolio. We will play a vital role at the national WASH-NTDs technical working group, invest primarily on Facial Cleanliness and Environmental Improvement (F&E), accessibility, school WASH programme and proper utilisation of WASH facilities at district level. We will contribute to WASH-NTD integration platforms that will be established and trained at all levels. We will continue supporting integrated mass drug administrations (MDAs) to maximise treatment coverage and quality. We will contribute to the development and implementation of inclusive SBCC strategies and tools to community members and government stakeholders and engage mainstream media.

Together with the respective health bureaus in Tigray and Western Oromia, health workers at the primary health care units (PHCUs) and beyond will have the capacity to identify, treat, and refer NTDs. The programme will support the training and certification of ophthalmic nurses to strengthen human resource capacity in the region and enable successful transitioning of programmes from campaign-based to routine health care systems. PHCUs will be further enhanced to provide accessible and quality services for women, children, persons with disabilities and elders. To closely track progress, we will employ gender analysis and disability inclusion in our programme design. We will take the lead to advocate and support further development for inclusive national NTD programmes.

Light for the World will carry out surveys, surveillance, and small-scale research to inform programme quality, learning and implementation strategies and ultimately contribute to the dossier preparation of NTDs elimination. We will collect and document learning and best practice from our programme and share it with audiences in the country and internationally. We will also support districts, the regions and MoH to capture, report and utilise NTDs indicators in the DHIS2.

2.3. Envisaged Outcomes and Partners

At the level of the Federal MoH, Regional Health Bureaus and Zonal Health Departments (Tigray and Oromia) we envisage the following outcomes:

- ▶ MoH/RHBs have analysed the gaps and allocated enough funding for the national NTDs programme implementation and played an active role in advocating for fund raising from other agencies.
- ▶ The NTDs programme is well integrated into the health system at all levels with particular focus at PHCUs and achieving inclusive and quality NTDs programme implementation through scientific evidence generation, developing clear guidelines and Standard Operational Procedures for all NTDs to track progress towards elimination.
- ▶ MoH/RHBs include additional NTDs/WASH indicators into DHIS2 and make use of available indicators.
- ▶ A adequately trained pool of community level structures/staff (health extension workers, Health Development Army) creates community awareness, mobilises communities and ensures ownership and sustainability of MDA services.

At the level of Ministry of Education/Regional Education Bureaus:

- ▶ MoE/REB plan for the construction of inclusive school WASH facilities along with the school blocks.
- ▶ MoE/REBs include NTDs in the primary level education curriculum and School Health and Nutrition programmes and train the school teachers in the implementation of school based NTDs elimination activities (SBCC).

At the level of the Forum of One WASH programme actors:

- ▶ Increase WASH facilities in areas with high levels of NTDs in their programme implementation and avoid resource duplication.
- ▶ Integrate/emphasise NTDs messages in the WASH SBCC strategy.

Envisaged outcomes in the area of media (national and regional TV and radio, broadcasts, different print and online media):

- ▶ Journalists, editors, and managers are knowledgeable in covering of NTDs.
- ▶ National and regional broadcasters consider covering the issue of NTDs as part their social corporate responsibility.





3. INCLUSIVE EDUCATION

3.1. Our Vision

The inclusive education programme envisions an inclusive education system where girls and boys with disabilities have the best possible start in life and reach to their full potential, and where the whole school inclusive system is practised at early childhood care and education (ECCE) and primary education levels. Our vision is to see a fully resourced masterplan on inclusive education and a complementary education sector plan, i.e. a national masterplan implemented and financed.

Inclusive teaching and learning systems are barrier free for all children at ECCE and primary education levels and schools have become disability inclusive with accessible learning and teaching material. Inclusive education resource centres have become functional to enhance children with disabilities' presence, participation, and achievements in mainstream schools, as well as teachers' inclusive teaching methodologies and learning environment. To improve quality, better teacher training, better functioning resource centres, more accessible learning and teaching materials are in place.

Children with disabilities and their families benefit from ECCE interventions to boost parents' engagement, children's life-long learning, and their learning outcomes, and to support and bridge from early on their entry into (mainstream) schools. In addition, better integration and collaboration between service providers and stakeholders is further strengthened.

The general in-service teacher training is standardised and improves teachers' development. Teachers have practical skills to implement universal design for learning, individual education plans (IEP) and disability specific approaches in the target regions.

The inclusive education (IE) programme sees disability inclusive community development, inclusive early childhood care and education and digital technology as a core for creating enabling conditions for children with disabilities to support them in achieving good learning outcomes and in their progress in education. The integration of the IE programme with other initiatives and programmes on disability inclusion in community development (DICD), medical and social services, economic empowerment of parents with children with disabilities is enhanced, and referral linkages are improved. Parents/caregivers, communities, religious leaders, parents-teachers-students associations (PTSAs), OPDs and implementing partners are empowered to support and advocate for children with disabilities' holistic development and show significant shifts in attitudes and actions to support inclusive education for all children at home, school, and community level. Community and parents play their roles, with their engagement key for making a sustainable impact in their children's lives.

3.2. Programme Approach

In support of the vision, Light for the World will collaborate and closely work with implementing partners to create access to quality and inclusive education services to all children in Amhara, Southern Nations, Nationalities and Peoples (SNNP) and Sidama regions as well as in the city of Addis Ababa.

We will also work with implementing partners to improve participation and learning outcomes for deaf and hard of hearing, deafblind, blind students and children with physical disabilities, using technology, by piloting the whole school inclusive development initiative, with improved pedagogical practices and through strong parents' engagement on early intervention approaches for children.

We will also support OPDs to advocate for the establishment of a well-functioning inclusive education structure within the education system at all levels.

In addition, we will also advocate for IE financing, education workforce development, teachers' education on distance learning and the use and provision of accessible technology for learning.

We will systematically collect programme data and generate evidence to inform advocacy and quality implementation of inclusive education programmes with implementing partners. The IE actors and networks will also be strengthened to enhance their collective voices advocating with government to provide accessible and sustainable support for all children.

The programme will systematically build the capacities of teachers and teacher training colleges by promoting universal design for learning and disability specific approaches in the target regions to make the inclusive teaching and learning systems barrier-free.

Light for the World will also support implementing partners to make schools disability inclusive with accessible learning and teaching materials. The programme will also support implementing partners to initiate access to assistive devices for children with disabilities. With Light for the World's collaboration, inclusive education resource centres (IERCs), schools and teachers will be adequately prepared to support and accommodate learners with disabilities in an inclusive learning setting.

The programme will ensure better awareness of parents/caregivers, teachers, school leaders, students, communities, religious and community leaders as well as the public about the abilities of children with disabilities. This will be done through the creation of enabling conditions for learning in schools, homes, and communities. Implementing partners will have the capacity to actively engage and participate in the local communities' resource mobilisation efforts and to engage parents in ECCE interventions.

We will also collaborate with the Ministry of Labour and Social Affairs (MoLSA)/Bureau of Labour and Social Affairs, the MoH/RHBs, and the Ministry of Women and Children Affairs (MoWCA)/Regional Women and Children Affairs Bureaus to ensure interlinkages, an effective referral system for rehabilitation, eye health, DICD and early childhood development (ECD) services, and communities' awareness.

3.3. Envisaged Outcomes and Partners

At the level of the Ministry of Education, Regional Education Bureaus, Colleges of Teacher Education, the Ministry of Health and Regional Health Bureaus:

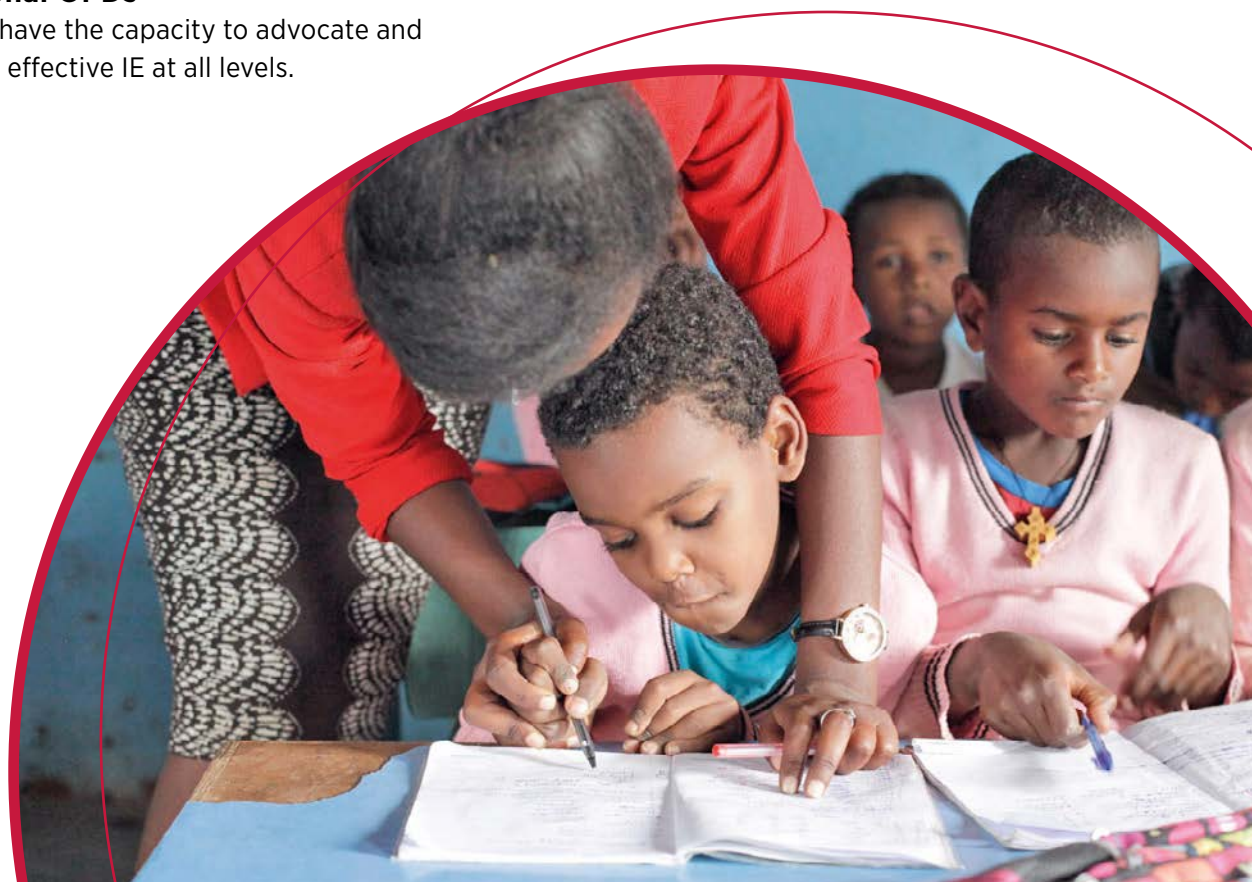
- ▶ Relevant structures and budget to ensure accountability and ownership are put in place.
- ▶ Access to inclusive, quality, equitable and accessible education services is available to all.
- ▶ MoE / REBs have developed standard in-service training curricula and modules.
- ▶ MoE / REBs allocate resources to ensure inclusive schools are equipped with special needs resources and inclusive digital technology.

At the level of MoH and MoLSA (Ministry of Labour and Social Affairs)

- ▶ The ministries provide quality access to rehabilitation, eye health and health services including ECCE to all children through an integrated referral system.
- ▶ The ministries ensure accessible, quality, equitable and gender sensitive inclusive education for all children in the target schools.
- ▶ Universal design of learning and whole school inclusive systems are in place.
- ▶ Capacity of teachers, school leadership, students, PTAs, parents, caregivers, and families are enhanced; knowledge and skills regarding functional inclusion are improved.
- ▶ Implementing partners provide support for families at community and school level and create smooth referral and linkages with ECCE.

At the level of the Federation of Ethiopian Associations of Persons with Disabilities (FEAPD)/Regional OPDs

- ▶ FEAPD/OPDs have the capacity to advocate and implement for effective IE at all levels.



4. INCLUSIVE ECONOMIC EMPOWERMENT

4.1. Our Vision

We envision adults and young persons with disabilities (including parents/families of children with disabilities) become socially integrated, live a dignified life, improve their income, are resilient and overcome poverty. Village Savings and Loan Associations (VSLAs), self-help groups (SHGs) and decent work/employment opportunities drive the inclusive economic empowerment programme both in rural and urban settings. Persons with disabilities (including parents/families of children with disabilities) access credits, entrepreneurial skills, have the appropriate information needed to run a business, develop their self-esteem and are engaged in farm and non-farm business with inclusive value chain systems to improve their income and become active contributors to the economy. Young persons with disabilities participate in marketable and job-driven inclusive community-based skills training (CBST) to successfully set up and run their own businesses or engage in paid employment in private institutions and become self-reliant. A gender responsive approach has been introduced and credit and loan services, skills training and value chains are adapted to the needs of women, men and youth with disabilities.

Relevant government institutions make their programmes inclusive and disability friendly. Microfinance institutions are aware of the capabilities and needs of persons with disabilities, are accessible and provide affordable loans to persons with disabilities. Technical vocational education and training (TVET) institutions customise their teaching curriculum based on market needs and standards and are accessible to young persons with disabilities. Viable partnerships and networking exist between TVETs and private institutions/employers; persons with disabilities have no infrastructural or attitudinal barriers to access loans/credits, information, or skills training and run their business without prejudice.

Interventions are based on evidence and data and are scalable. Together with OPDs, our Disability Inclusion Facilitators (DIFs) enable mainstream organisations and relevant government offices to provide disability inclusive economic empowerment programmes. Light for the World is established as an expert organisation in inclusive economic empowerment in Ethiopia.

4.2. Programme Approach

Light for the World will collaborate and work closely with (national and regional) OPDs and like-minded organisations to advocate and influence key government stakeholders (TVET, micro- and small enterprises, microfinance institutions, agricultural offices, MoLSA/bureaus, and city/town administrations) to make their policies, strategies, and programmes inclusive. The programme further advocates for the implementation of existing favourable legislation, policies, and strategies.

The programme will work on awareness creation of communities, and local employers will respect the rights of persons with disabilities; reasonable accommodation made for their needs; inclusive human resource policies in place; and social corporate responsibilities fulfilled. Social and cultural barriers that constrain persons with disabilities participation in the economy are addressed and persons with disabilities and their families live a dignified life.

To economically empower and socially integrate persons with disabilities and their families VSLAs/SHGs and CBST will be used as part of the economic empowerment programme. In alignment with local implementing partners, international organisations working on economic empowerment and with our DIFs, we will contribute to the empowerment of persons with disabilities and their families and to the success of VLSAs/

SHGs and individuals with disabilities by bringing in technical expertise, training packages, financial grants, technologies and networks at community, regional and national level.

Our DIFs will provide business development services and awareness raising training to key institutions: micro finance institutions (MFI), small and medium enterprises (SME), agricultural development agents and community incubators/associations/actors and employers at district level.

Through apprenticeships and internship support programmes, links are created between private, public business and industries, and SME and youth and adults with disabilities. This will help to both create decent work opportunities within the private and public sector and show employers the many capabilities of persons with disabilities; this will also allow persons with disabilities to get hands on training, ensuring their employability, and linking them with the market. We will continue to support them after the internship/ apprenticeship ends with coaching and regular follow up to ensure that their businesses or work life gets off to a good start.

We will revitalise and make use of the Project Implementation Teams' platform to provide comprehensive and inclusive services to persons with disabilities and families at community level. Project Implementation Teams are composed of relevant government stakeholders, INGOs and OPDs at different levels to coordinate services guided by the UNCRPD. Amhara, SNNP and Sidama regions will be our focus geographic areas and we will keep other existing regions as partner regions.

Community based skills training will be offered with practical hands-on skills with the programme providing capital for business start-up to maximise their resilience and self-reliance. We will advocate for decent work opportunities through TVET, CBST and skills development and link with existing available market labour in the local communities to enhance youth entrepreneurship skills.

The target beneficiaries will undergo the five pathways of economic empowerment: start-up, inclusion, intensive training, development, and maturity phases to ensure they are adequately supported, monitored, and followed up.

We will employ a comprehensive monitoring, evaluation, research, learning and adaptation (MERLA) system to collect and analyse programme data and inform implementation. We will conduct ongoing monitoring and learning visits to programme areas to shape implementation on the ground, build a strong in-house knowledge base, and document evidence to eventually scale up the programme in the country and to the international community.

4.3. Envisaged Outcomes and Partners

At MoLSA/BoLSAs level

- ▶ MoLSA/BoLSAs implement disability-inclusive social protection programmes and persons with disabilities benefit from and contribute to the Productive Safety Net Programme.
- ▶ MoLSA/BoLSAs enforce the implementation of existing legislation and policies so that persons with disabilities get equal job opportunities and work in a disability friendly environment.

At Ministry of Agriculture (MoA)/Regional Bureaus of Agriculture (RBoA), Agricultural Development Agents

- ▶ MoA/RBoA and Agricultural Development Agents enhance the livelihood of persons with disabilities through provision of inclusive training, agricultural inputs, adaptive agricultural technologies and continuous follow up and support on farm activities and access to value chain programmes.

At the level of SMEs

- ▶ SMEs create access to inclusive information, business skill development training, market, and job opportunities, and provide technical support for persons with disabilities so that they have dignified lives.
- ▶ The Federal TVET agency, TVET institute, and TVET centres include skill needs and demands of persons with disabilities in their market needs assessment and design specific training programmes for persons with disabilities.

At the level of city and town administrations

- ▶ City/town administration offices become disability-inclusive by making working places accessible for persons with disabilities.

At the level of microfinance institutions

- ▶ MFIs have removed physical, product design and attitudinal barriers to ensure the participation of persons with disabilities in economic development programmes.

At the level of Implementing Partners

- ▶ Implementing partners have the skills and tools to make community level TEVTs, MFIs, SMEs and employers inclusive and accessible for persons with disabilities.

5. HUMANITARIAN ACTION

5.1. Our Vision

We envision that internationally accepted minimum inclusion standards in humanitarian actions are implemented in emergency responses and post-emergency recovery and relief work. The rights and needs of persons with disabilities are respected and met during a humanitarian crisis by the major mainstream humanitarian actors, UN agencies and government stakeholders in their responses during emergencies and in the post-disaster recovery, rehabilitation, and reconstruction phase. There is active participation of persons with disabilities in the national planning, implementation, and monitoring of disaster preparedness and emergency response. Light for the World's implementing partners and targeted beneficiaries are ready and resilient to respond to disasters and emergencies to avoid or minimise the impact of emergencies on our beneficiaries and programme operations.

5.2. Programme Approach

In support of the vision, Light for the World will **work with its implementing partners and mainstream humanitarian actors** and provide technical support to ensure persons with disabilities affected by emergencies are recognised and receive the assistance that is relevant for their needs.

To do that, Light for the World will follow three programme approaches:

1. We will mobilise resources to respond directly to emergencies through implementing partners, government offices and other local and international NGOs to make sure health, education, accessible WASH, food security and other needs and demands of persons with disabilities are met.
2. Light for the World will provide technical support and its expertise on inclusion to key mainstream humanitarian organisations and UN agencies to make their emergency responses inclusive of persons with disabilities.

3. Together with its OPD partners and other like-minded organisations, Light for the World **will advocate for the inclusion of persons with disabilities** in data collection, registration, and other assessments of **humanitarian and emergency organisations and relevant government offices** to support the design, implementation, and monitoring of the inclusiveness of their humanitarian responses.

Through trained Disability Inclusion Facilitators (DIFs), Light for the World will build the capacities of implementing partners, mainstream organisations and OPDs to mainstream disability and make programmes inclusive of person with disabilities.

In collaboration with implementing partners, Light for the World will ensure mainstream humanitarian actors have the skills to conduct accessibility audits and undertake relevant modification. We will support our implementing partners through training on how to be prepared and resilient in their disaster preparedness and emergency responses so that any adverse impacts on our beneficiaries and programme implementation is minimised. Light for the World will also respond directly through its existing or new partners whenever emergencies happen to make sure persons with disabilities are recognised and their rights and needs are respected and met.

6. DISABILITY INCLUSIVE COMMUNITY DEVELOPMENT

6.1. Our Vision

Light for the World envisions an inclusive system where girls, boys, women and men with disabilities have access to quality and equitable services within the community and the government. We envision increased knowledge, inclusive attitude, and practice of the community in terms of creating accessible and equitable services and support for persons with disabilities within the community.

Children with disabilities will be identified and receive the services they need in their early ages and their parents will receive all relevant psycho-social, economic and referral and support that will boost their engagement in the development of the lives of their children at an early stage. Parents and family members are empowered to provide quality support for children with disabilities at home and within the community. All services, products, and technologies provided by government, non-government, and private sectors will be accessible and affordable to persons with disabilities.

Government ownership and financing is increased to identify children at an early stage and provide institutional and community support to enable them to fully develop and exercise their potential. Through DICD, Light for the World will have access to the hardest to reach and have a better understanding of the functioning or non-functioning of national and regional disability inclusive policies. We will make use of our DICD projects to foster disability inclusive development with a focus on IE and EE and access to (child) eye health. Through DICD, we will strengthen inclusive health, disability data (outside of IE and EE) and support UNCRPD monitoring/national legal frameworks implementation.

6.2. Programme Approach

In support of the vision, the programme will collaborate and closely work with implementing partners to create access to quality and equitable services for persons with disabilities in the community.

The main strategies of the programme include:

- ▶ Increase disability supportive knowledge, attitude and practice among families, communities, and government stakeholders through working with CBR, DIFs, OPDs, and health extension workers.
- ▶ Providing capacity building and technical support on DICD and the use of the Roads to Inclusion tool to partners on a regular basis.
- ▶ Strengthening the capacity of OPDs and improving their engagement on a diverse development agenda and advocating for the rights of persons with disabilities.
- ▶ Increase the functionality, effectiveness, efficiency, and sustainability of disability inclusive development interventions through improved practice of partners on monitoring, evaluation, research and learning.
- ▶ Work closely with OPDs and likeminded organisations on advocacy to change and transform unjust systems, structures and relationships that have traditionally marginalised and excluded persons with disabilities from development.

Light for the World believes that inclusive development occurs when the entire community, including persons with disabilities, benefit equally from development processes. Inclusive development encourages awareness of and the participation of all marginalised groups; it specifically respects the diversity that disability brings and appreciates that it is an everyday part of the human experience. Disability-inclusive development sets out to achieve equality of human rights for persons with disabilities as well as full participation in, and access to, all aspects of society.

In addition to this, Light for the World employs a twin track approach to address the issue of inclusive development through a) providing disability-specific initiatives to support the empowerment of persons with disabilities; and b) by integrating disability-sensitive measures into the design, implementation, monitoring and evaluation of all policies and programmes.

7. MEDICAL REHABILITATION

7.1. Our Vision

The medical rehabilitation programme envisions women, men, girls, and boys with disabilities in rural and urban areas having access to affordable rehabilitation services, medication, and assistive technology. The health system is strengthened as a whole, and rehabilitation is part of health care at all levels of the health system.

Rehabilitation is included in the higher education curriculum and the MoH takes the initiative in the expansion of medical rehabilitation programmes in all universities of the country. The MoH provides continuous support and capacity building to hand surgeons, physiotherapists, occupational therapists, and psychotherapists. The ministry is engaged in improving quality of life and livelihood and enhances accessibility of the health services of persons with disability within the selected geographic areas. In-country capacity is built on assistive and supportive technology and devices, to enhance their use and thus the participation of persons with disability in all aspects of life.

The technical capacity of DICD implementing partners is strengthened through effective and efficient coordination with health care service facilities, well trained medical case managers to assist injured persons in regaining physical functions as close as possible to their pre-injury level. Implementing partners enable children with disabilities to access comprehensive rehabilitation services to minimise limitations and impairments so that they can learn and have an improved quality of life.

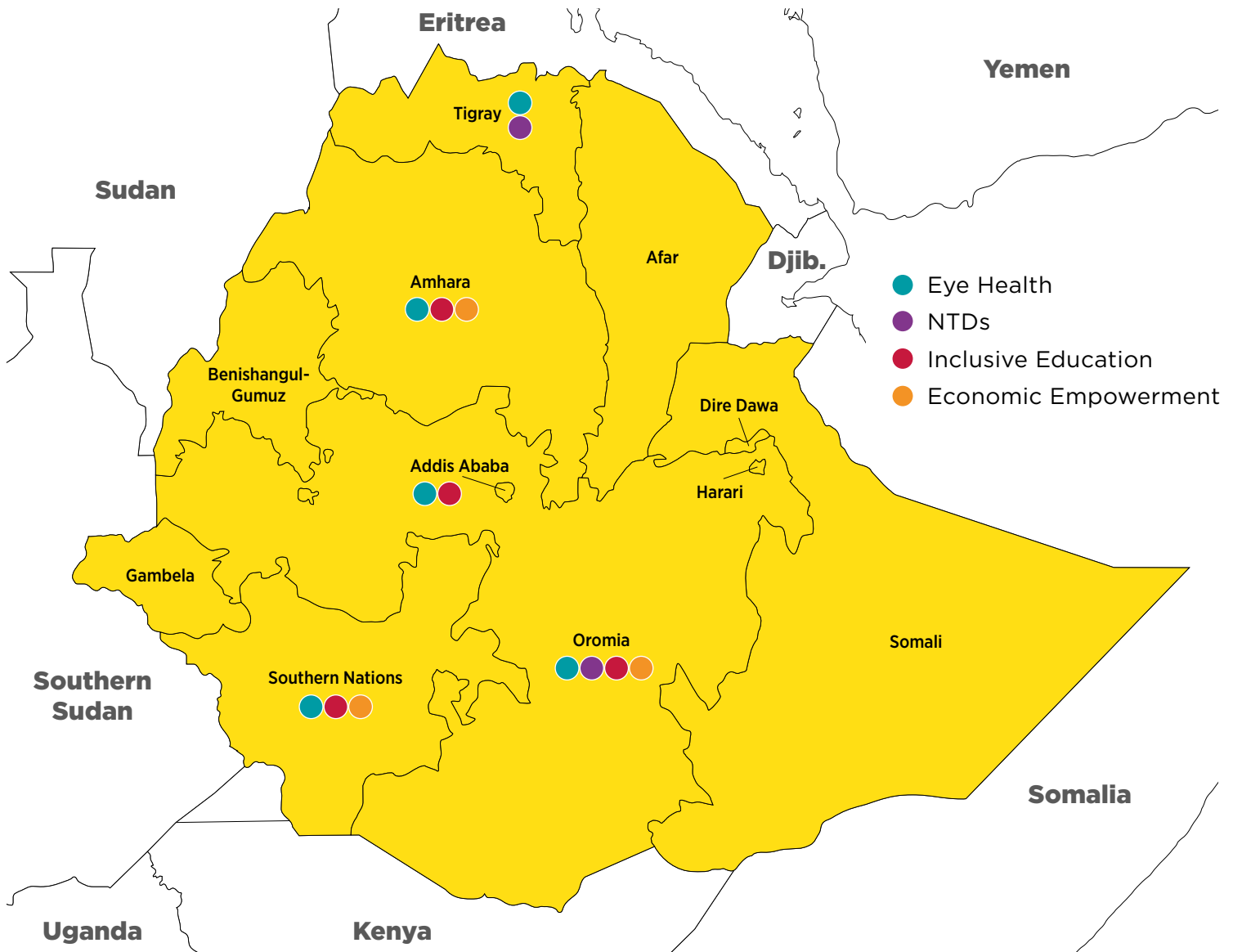
7.2. Programme Approach

In support of the vision, the programme intends to see:

- ▶ MoH provides quality and affordable medical rehabilitation for women, men, girls and boys with disabilities in rural and urban areas.
- ▶ MoH enables women, men, girls and boys with disabilities to have quality and affordable access to assistive technology, assistive devices and supportive equipment.
- ▶ MoH strengthened to make rehabilitation services accessible in hospitals or health centres.
- ▶ MoH includes medical rehabilitation in the curricula of all medical faculties, colleges, and public universities of the country.
- ▶ MoH provides continuous support and capacity building to hand surgeons, physiotherapists, occupational therapists, and psychotherapists. The ministry is engaged in improving quality of life and livelihood and enhances accessibility of the health services of persons with disability within the selected geographic areas.
- ▶ Implementing partners provide centre-based rehabilitation services for children and adults with disabilities.
- ▶ Implementing partners provide home-based rehabilitation and referral and linkage services for children and adults with disabilities.
- ▶ Implementing partners work closely with MoH, BoHs, medical faculties and colleges to enhance the capacity of their experts on medical rehabilitation.
- ▶ Working towards embedding medical rehabilitation in the health system (towards rehabilitation being available in the primary health care setting).

E. GEOGRAPHICAL FOCUS

Our programmes in Ethiopia are implemented in Oromia, Amhara and Southern Nations and Nationalities and People's Region (SNNPR, now including Sidama Region), Tigray and Addis Ababa City Administration.



Regions	Eye Health	NTDs	Inclusive Education	Economic Empowerment
Addis Ababa City Administration	●		●	
Amhara	●		●	●
Oromia	●	●	●	●
SNNPR and Sidama	●		●	●
Tigray	●	●	●	

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