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INCLUSIVE EYE HEALTH

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Considerations from CBM Australia's meta-evaluation

CBM Australia conducted a meta-evaluation of 26 recent evaluations of projects we have supported, including 19 projects that received support from the Australian Government through the Australian NGO Cooperation Program (ANCP). This summary highlights what we learnt about inclusive eye health.*

The evaluations identified significant contributions to improved eye health, and access to eye health services for people from poorer, more remote areas. There was also increased commitment and enthusiasm to intentionally include people with disability in eye health systems. This includes both access to quality eye health for people with disability, and referrals to wider opportunities for people with permanent vision impairment.

The evaluations highlighted seven important things to consider regarding disability inclusion in eye health (and in broader health programs). These were mostly related to inclusion messaging and approaches to strengthening capacity. What we learned includes:

1. Balance a focus on disability inclusion with a focus on the technical quality of eye service provision

We often support work that focuses on strengthening disability inclusion at the same time as strengthening quality of health services. In these cases, it is important to find a balance between the two, continuing to encourage the technical quality of service provision whilst promoting stronger inclusion. Both together, will lead to the

best outcomes. As CBM increases its work directly with Ministries of Health, realistic mechanisms for encouraging technical quality of the eye health services themselves, need development.

2. Ensure capacity strengthening on inclusion is appropriately targeted to the different levels of the health system

Instead of a "one size fits all" approach to strengthening capacity in disability inclusion, provide training that is appropriate to the target audience. Delivering the same training to primary health care workers, as to ophthalmologists at a tertiary facility, or eye doctors at a district hospital, only leads to confusion about how to achieve inclusion. By looking at what will be practical in people's daily work and context, appropriate training and materials can be developed. Disabled people's organisations (DPOs) who are part of providing training may need high quality capacity strengthening themselves, to be part of bringing the right messages to the right levels.

3. Make sure messaging is about broad inclusion in eye health programs; not just disability inclusion

Inclusion in specific health programs needs to be broader than being only about people with disability. This can end up being a narrow group and can mean that others with significant barriers to accessing services may be overlooked. It is best to adjust messaging to a more comprehensive inclusion message to ensure that those of different age, gender, literacy, ethnicity, and religious group, those with greater financial barriers and people with disability are able to access eye care.

4. In general health services, talk about inclusion in health more broadly (not just eye health)

When working with local health service providers (e.g. district, village, commune level) there should be a focus on advocating for access and inclusion of people with disability in all health services rather than just eye health services. This reflects recognition that a focus at this level on people with disability accessing eye health involves advocating for a very small group. It also reflects the fact that health workers at this level are mostly general health workers rather than specific eye health workers. Further, it reflects that people with disability and other marginalised people need access to a range of health services, and not just eye health.

5. Accessibility efforts need to also include awareness raising with staff and public

Modifications made to improve physical accessibility of health facilities do not automatically lead to more people with disability accessing services. If possible, broader inclusion awareness training should accompany physical accessibility modifications. It is important to ensure that staff in hospitals and clinics are aware of the reasons for modifications so that they can keep the spaces clear and accessible and consider other aspects of creating access. At the same time, awareness raising with the public about the services available and their accessibility is important.

6. Ensure accessibility of communication is part of efforts to improve access

An important part of making health services accessible is about accessibility of communication. This includes considering how people with different impairments, levels of literacy, dialects or languages and ways of communicating will be able to access awareness raising information. At health facilities, it may include appropriate signage and staff awareness about and readiness to engage with different means of communication.

7. Clearly explain what inclusion will look like when it is achieved

For people working towards inclusive health services, it can be helpful to have a description and some indicators that explain what they are aiming to achieve. For example, if staff understand that they are working towards a service that supports people to register at the hospital reception desk regardless of their literacy, type of impairment or dialect spoken, they can then begin to think about how they can achieve that in practice.

* The meta-evaluation was based on evaluations done between 2015-17. This paper on inclusive eye health summarises one of four main learning themes identified. The other themes are: disability inclusive education; disability and gender equality; and design, monitoring, evaluation and learning. Separate papers are available.

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