

## ..in INCLUSIVE EYE HEALTH Programs

### Why think about it?

Evidence globally indicates that women are more likely to be visually impaired than men. Women are also shown to access services less than men. Boys and men may also have unique vulnerabilities working in farming and factories where there can be higher incidence of eye injury. So here are some prompt questions, developed for CBM-Global partners, eye health providers and other NGOs working in eye health, to help thinking about ensuring that both men and women, and boys and girls get access to eye health support.

### Have you thought about PREVALENCE?

What **eye conditions** does the project aim to address and how do these impact on men, women, girls and boys differently? Consider -

- **How the eye disease is transmitted.** For example, trachoma has high transmission through caregiving. Who are the caregivers in the targeted community?
- **The prevalence of specific eye conditions in the community.** If addressing cataracts consider the demographics of the over 50's in the community- and the fact that women generally live longer. If there are more old women with cataracts, how do the activities respond to needs of older women in particular?
- **How working conditions may affect the prevalence.** What types of work are men and women involved in? For example, men may be more likely to get eye injuries due to employment in mine clearing, construction or farming.

### Have you thought about ACCESS?

Will men and women have the same **access to services supported by the project**?

- **The time of day services are provided** including expected waiting time. Consider working hours, caring duties (school hours), transport options, lighting, and safety. Can the timing of activities respond to these issues. For example running repeat events (day and evening) to provide more options for both men and women to attend?
- **The gender of who is providing the services.** Consider what men and women from different cultural groups, indigenous communities or particular faiths – in particular non-dominant groups – need to enable their access to services. For example can women receive treatment from male medical staff? Would they need a male family member present - how might this limit their access? Are we assuming women will take on volunteer service provision roles in the community? Do they really want to do this? What does it mean for their other responsibilities? What compensation should they be provided? What does it mean for their role in the community?
- **Cost and access to finances.** Are some household members prioritised over others in accessing eye health, particularly when funds are limited? Consider who traditionally controls finances. For example are income earners (often males) prioritised over care givers (often female)? Should the project be challenging this?
- **Post-operative/follow-up care** – data often shows a higher percentage of women missing out on follow-up care. Is this likely to happen in this project? If so, why and what can be done to address the causes?

- **Accessibility of health posts**/primary eye care centres/hospitals/screening locations. **Think about location, accessibility, transport, lighting and safety, washroom and baby changing facilities.** For example, consider the distance to the nearest bus stop, available seating for those waiting, bathrooms and safe spaces to breastfeed. Consider pregnant women or new mothers, elderly people, people with disabilities, widows etc.
- **Who are the caregivers in the community (of children, people with disabilities, the sick, the elderly) and what barriers might they face to accessing services?** Consider how children or other dependents of patients will be supported during screening and surgery. Who might require a caregiver to access the services and how can that be a barrier (travel, additional costs)? For example an elderly patient with vision impairment could need a caregiver to attend and budget should account for this.

## Have you thought about **ADVOCACY** and **AWARENESS RAISING**?

**Health messaging.** Consider how women, men, boys and girls might access, share and benefit from eye health messaging in different formats.

- Is the project producing inclusive eye health messaging considering the different communication channels used by men, women, boys and girls? Think about who listens to the radio, watches TV, reads newspapers, uses social media, and attends public spaces and which ones. Who attends what community groups or community meetings? For example, old people with visual impairment will get information via the radio, so use radio to target them.
- Is the project using channels that reach decision makers? Is your awareness raising reaching the people who make decisions in the household (usually men) about whether a household member can access the eye health service?

## Have you thought about **CAPACITY BUILDING** and **SYSTEMS STRENGTHENING**?

Who benefits from **training opportunities**?

- Consider the access to training opportunities for different health staff. Can training opportunities contribute to increasing the voice of a particular gender, for example training female cadres or doctors or male nurses. For example could sponsorship or scholarships be provided to encourage diversity (gender, disability and ethnicity) in highly educated positions? If a large portion of the workforce are female volunteers, consider if training could help them access paid positions.
- Location of training in regards to transport and accessibility. How do people get there and is it the same for men and women (consider finance, family and caring duties, time, distance and safety). Would holding separate male and female trainings, or providing child care, increase or diversify participation?

## Have you thought about **DATA**?

What does your **baseline data** tell you about who should be represented as beneficiaries? For example if men and women are receiving treatment for trachoma in equal numbers, but the baseline indicated that there was a higher prevalence in women, consider what changes might be required in project implementation.

