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## Light for the World **LEARNING SERIES**

Equitable, sustainable  
eye care for all!

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**Lessons learned from a gender-sensitive  
pilot project in Burkina Faso, Ethiopia  
and Mozambique**

With funding from

 Federal Ministry  
Republic of Austria  
Social Affairs, Health, Care  
and Consumer Protection



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## 1. Foreword

Light for the World has implemented eye health projects in many countries in Sub-Saharan Africa, Asia and Latin America for over 30 years. During this time, we have gathered extensive experience in building up eye health services. Focusing on improving access to crucial eye treatment to the most vulnerable populations, we have for many years observed a gender gap in access to and uptake of eye health services.

Thanks to the Austrian Ministry of Social Affairs, Health and Consumer Protection we were able to launch a multi-country pilot project. Our first gender-focused eye health project called “Equitable, sustainable eye care for all!” allowed us to gather the evidence needed to plan gender-sensitive quality eye care interventions and to test new activities. Thus, the project also aimed to identify effective and replicable good practices to overcome the gender eye health gap in similar projects and in the health sector in general.

With this document we are sharing some of our lessons learned and hope to inspire other organisations and stakeholders to enhance gender equity in eye health programmes. For us and our partners, the pilot project constitutes a starting point to address gender inequality in our work and the learning series help us to continue based on experience gained and lessons learned.



**Geoffrey Wabulembo**  
Medical Director, Eye Health and NTDs

## 2. Introduction

### About this learning series

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This learning document summarises findings and observations from the project and aims to guide the planning of future interventions on gender-sensitive eye health. The facts and findings derive from literature review, gender analysis which were conducted in the three implementing regions, internal base line and analysis of service provision data, key informant interviews and focus group discussions with project team members, as well as observations during project implementation.

### About the project

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The pilot project “Equitable, accessible eye health for all” was implemented in Burkina Faso, Ethiopia and Mozambique from July 2021 to December 2022.

**The original project design was based on the following assumptions:**

- ▶ Women have less power in decisions about finances which reduces their access to eye health.
- ▶ Traditional gender roles attributing household and care responsibilities to girls and women lead to a higher prevalence of trachoma and other diseases in women and also to less flexibility and time to seek health services.
- ▶ Household and care responsibilities result in less time for women and girls to go to school or follow-up on livelihood activities.
- ▶ Girls and women enjoy less mobility, especially when distances to health services are long, imply costs and security risks, being away from home overnight or when they need to be accompanied by a male family member or have to travel with children or other persons they care for.
- ▶ Finally, especially women with disabilities, experience intersectional discrimination both as a woman and as a person with a disability.

As one of the first steps of the project, Light for the World established a quantitative baseline, which documented the gender health gap that we had observed anecdotally for years.

Next, a “gender and eye health study” was conducted, analysing the barriers women face in accessing eye health services and the factors shaping their health-seeking behaviour. The study covered each of the pilot regions, providing the results needed to adjust the service delivery strategy to reach more women and overcoming the gender health gap. The study confirmed the above-mentioned assumptions and helped to:

- ▶ Improve the gender balance in the project target areas by developing tailor-made measures,
- ▶ Replicate and adapt the respective successful measures in other regions.
- ▶ Emphasise the need to fundraise and budget for gender-sensitive eye health work until it becomes standard practice.
- ▶ Leave no one behind.

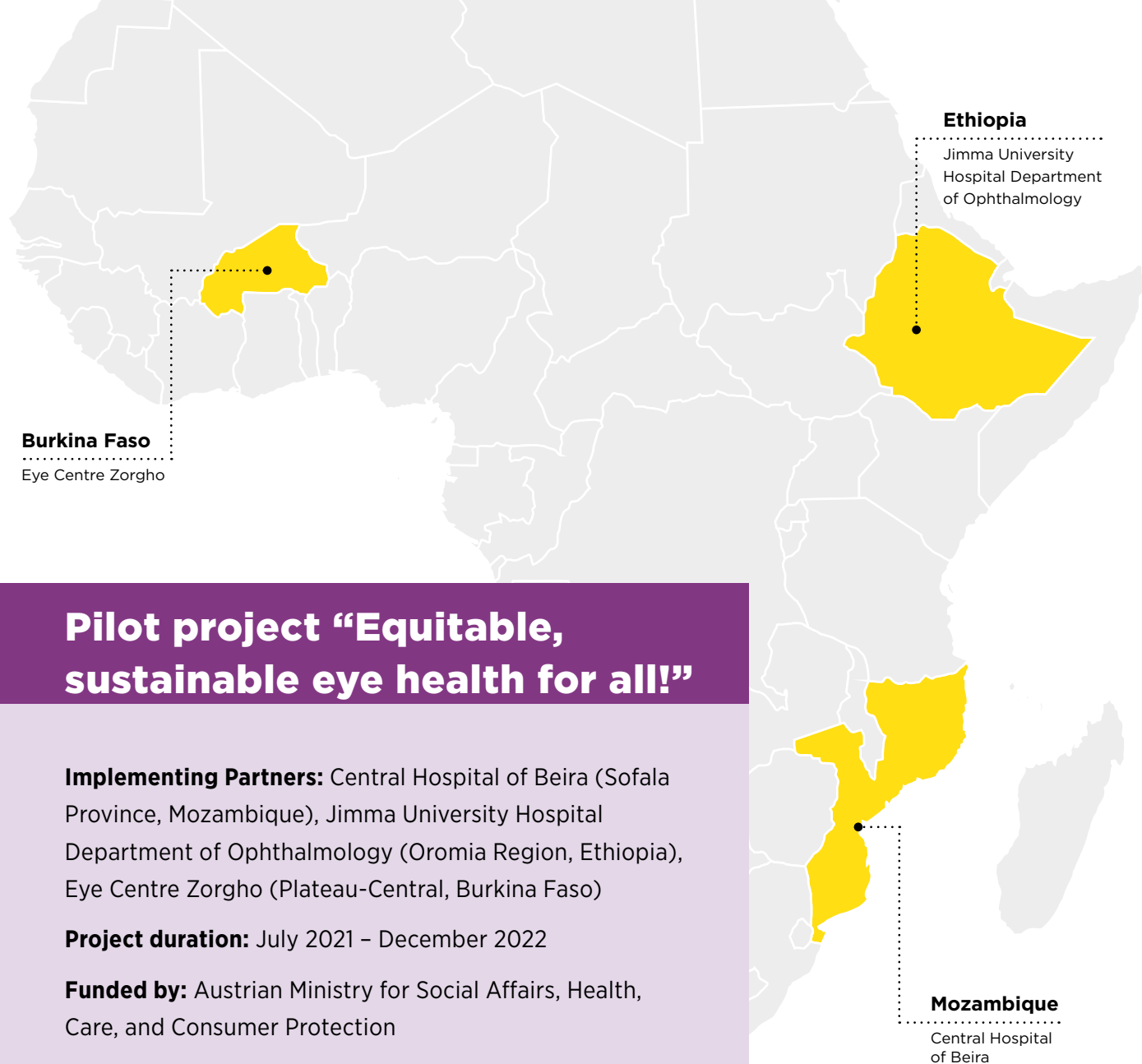
Overall, the project activities focused on encouraging female patients to access services and included targeted messages to women during mobilisation and surgical counselling. Activities also aimed to sensitise (eye) health professionals and community health workers, as well as bringing authorities on board.



**Eyoel Lemma, Project Officer, Light for the World:** “We had started to look into data around disability and eye health, but we haven’t looked comprehensively at gender inequalities in eye health before. I was really surprised how bad the access to eye health is for women and girls. Especially in rural areas, women and girls are in so much need for better access to eye health services. **This project was really an eye opener and helped us to understand how to address barriers and challenges. We should ensure that gender equality in eye health is continuously taken up in future programmes.**”







## Pilot project “Equitable, sustainable eye health for all!”

**Implementing Partners:** Central Hospital of Beira (Sofala Province, Mozambique), Jimma University Hospital Department of Ophthalmology (Oromia Region, Ethiopia), Eye Centre Zorgho (Plateau-Central, Burkina Faso)

**Project duration:** July 2021 – December 2022

**Funded by:** Austrian Ministry for Social Affairs, Health, Care, and Consumer Protection

**Budget:** 950,000 EUR

**Overall Objective:** The aim of the project is to **establish equitable, sustainable eye care for all at hospitals and outreach sites in Burkina Faso, Ethiopia and Mozambique.**

### Goals of the project:

- Improve specialist expertise on gender-sensitive eye health by training medical staff
- Encourage more women to seek treatment
- Reach 219,000 patients in hospitals and through 28 mobile outreaches
- Make local health structures more sustainable
- Supply local health centres and hospitals with equipment and consumables
- Systemise good practices on gender equality

**Target groups:** General population in need of eye care, with a focus on women and girls

### 3. Evidence base

Literature and different data sources suggest that girls and women are likely to be more affected by eye health issues and at the same time have limited access to eye health services.

#### International data

According to the International Agency for the Prevention of Blindness (IAPB) Vision Atlas 55% of people with vision loss are women and girls. Global data shows that women are:

- ▶ 12% more likely to have vision loss than men,
- ▶ 8% more likely to be blind,
- ▶ 15% more likely to have moderate to severe vision impairment, and
- ▶ 12% more likely to have mild vision impairment.<sup>1</sup>

#### Service provision data from project partners

At the start of the pilot project, Light for the World conducted an analysis of service provision by the three participating partners. Sex-disaggregated data covered the years 2018-2020 and included number of patient consultations, number of cataract and other surgeries conducted. Importantly, consultations and cataract surgeries took place in either partners' base hospitals, linked primary healthcare centres or outreach sites in the catchment area of the respective base hospital. During the 2018-2020 period, the project partners conducted a total of ca. 450,000 patient consultations, of which approximately 240,000 were female patients. In the baseline, the majority of consultations (74%) were conducted by the Central Hospital of Beira in Mozambique.

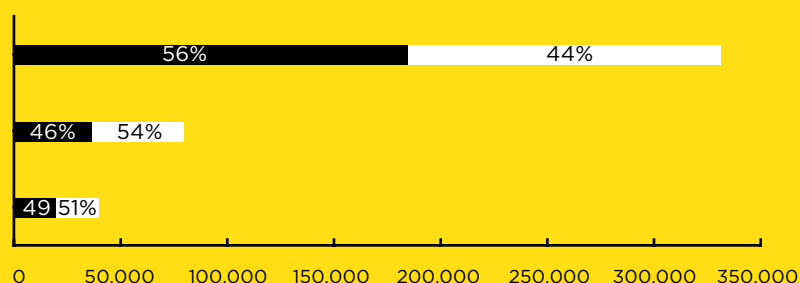
##### Patient consultations per partner

Central Hospital of Beira  
Mozambique

Jimma University Hospital  
Department of Ophthalmology, Ethiopia

Eye Centre Zorgho  
Burkina Faso

■ female patients  
■ male patients



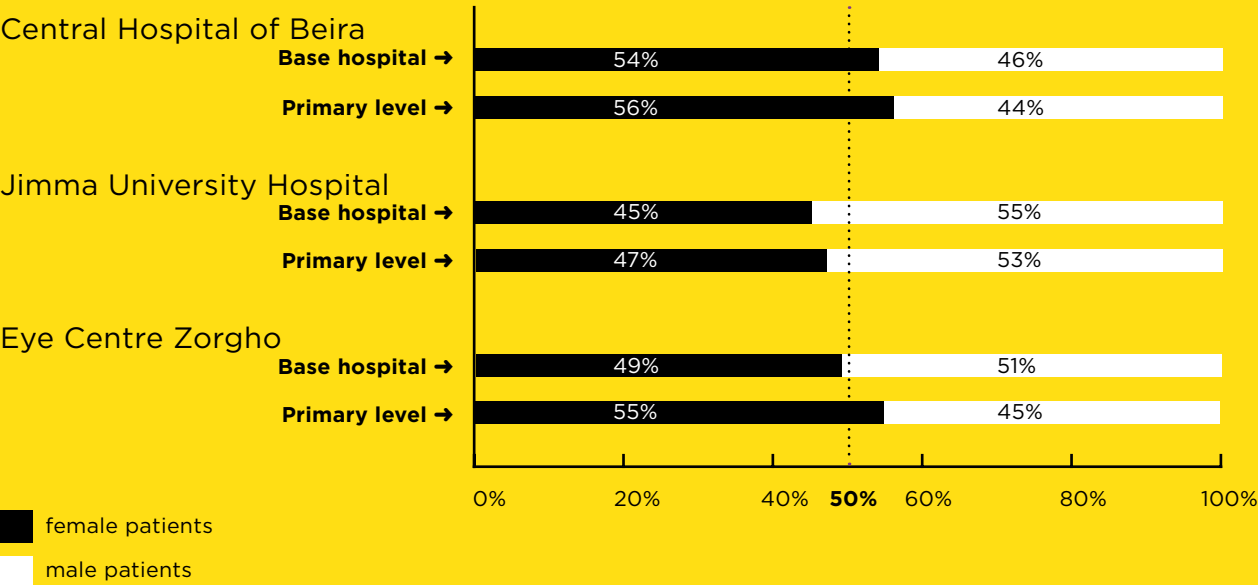
1 Bourne R, Steinmetz J, Flaxman S, et al., Trends in prevalence of blindness and distance and near vision impairment over 30 years: an analysis for the Global Burden of Disease Study. Lancet Glob Health. 2020. Accessed via the IAPB Vision Atlas (<https://www.iapb.org/learn/vision-atlas>)

Adelson, J., Bourne, R. R. A., Briant, P. S., Flaxman, S., Taylor, H., Jonas, J. B., et al., Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: the Right to Sight: an analysis for the Global Burden of Disease Study. Lancet Global Health. 2020. Accessed via the IAPB Vision Atlas (<https://www.iapb.org/learn/vision-atlas>)

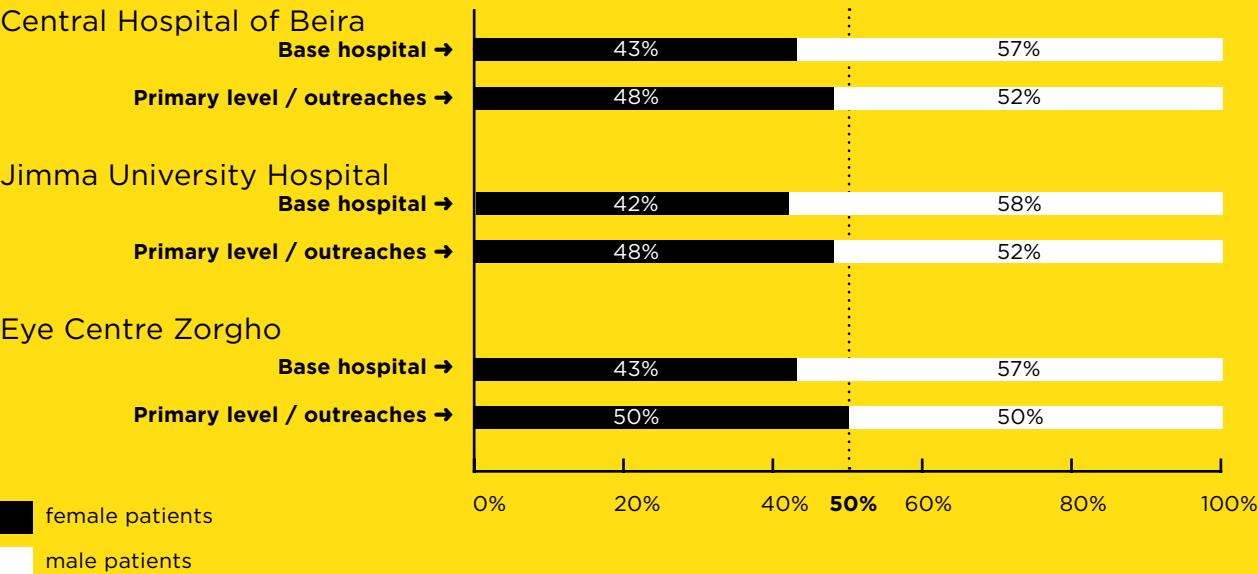
Despite country-specific trends and inter-year variability, general patterns were drawn from the data analysis:

- Overall, women and girls appeared to be underrepresented in their participation in eye health services with only two exceptions:
  1. Women and girls showed higher rates of access than men to eye consultations in Mozambique (both at secondary and primary level)
  2. and at primary level in Burkina Faso.

**Consultations at base hospital and primary level per partner**



**Cataract surgeries at base hospital and primary level per partner**





- ▶ Looking into the details of all other indicators where women showed a lower rate of access to services compared to men, the following trends can be observed:
  1. Female patients had a slightly better rate of access to consultation at primary eye care units, compared to their consultation rate at secondary or tertiary hospitals.
  2. Everywhere, women and girls had a better rate of access to cataract surgeries in outreaches, compared to their access rate in secondary or tertiary hospitals.

Importantly, the baseline data revealed that in instances where women had better access to consultations (i.e. secondary and primary in Mozambique, and primary in Burkina Faso), women still had less surgeries than men; pointing to a gender gap between consultations and surgeries.

In view of international studies showing that women and girls are more likely to be affected by vision impairment and loss, the results from the baseline data analysis provide evidence of the scope for action.



## 4. Lessons learned

During project implementation, Light for the World and partners in Burkina Faso, Ethiopia and Mozambique tested various approaches, strategies and activities to enhance gender equality. The lessons learned from awareness raising and service delivery are highlighted below.

### Awareness Raising

#### Lesson 1:

**Partnering with community-based organisations** or local government institutions is an effective strategy to identify and reach more women and girls and to ensure effective and locally adapted awareness raising about gender inequality.



#### Example 1:

The project partner in Burkina Faso has a strong network with the community-based rehabilitation project in the region, as well the decentralised structures of the Ministry for Women, National Solidarity and Family.

#### Lesson 2:

**Regular training of eye health staff**, especially in rural areas about gender equality, not only increases understanding about the local gender inequalities, but also generates locally adapted ideas for addressing those inequalities.



**Eyoel Lemma, Project Officer, Light for the World:** “Even after one training session provided to the ophthalmic staff and primary health workers, we saw a dramatic improvement in just facilitating access and giving services equally for women and girls. **So, this should be a continuous programme and continuous work for us. I observed this, and this is also my assignment, as long as I remain with Light for the World.**”

#### Example 2:

In Ethiopia, two training sessions were organised – one for staff of the Department of Ophthalmology of Jimma University and a second for the health workers at the outreach sites. The training content covered gender norms and roles in relation to eye health and the participants developed their own action plans at the end of the training.

### Lesson 3:

**Developing and sharing gender-sensitive information and communication materials to promote eye health** to overcome barriers in society. This can include statistics on eye health with gender disaggregation and highlighting barriers women or men face in accessing eye health; it also includes best practice examples from the communities, like women who underwent successful surgeries or men who speak up for the eye health of their female relative, benefitting the whole family.

“ለአይኔ ጤና  
ስለምጠነቀቅ እና  
በጊዜ ስለታከምኩ፦  
እኔም  
ቤተሰቦቼም  
ደስተኞች ነን።  
እርስዎስ?”



“Keep your eye healthy, keep your family healthier”

#### Example 3:

The project team in Ethiopia used a variety of communication material and strategies:

- Billboards and posters in different languages:  
The boards displayed big self-explanatory images and aimed to convey a positive message.
- Information about outreaches was also shared via radio.

### Lesson 4:

**Ensuring the engagement of men for gender equality.** This means including men in training opportunities around gender equality, speaking up during awareness raising measures, and in outreach campaigns aimed primarily at women. Leaving no one behind is key and eye health services should still be offered to everyone. Excluding men from services might have a negative effect on gender equality.



#### Example 4:

The project team in Ethiopia defined the target that 70% of patients should be female. To reach the target, married men coming for consultation or treatment will be asked to come with their wives.

## Lesson 5:

In line with Lesson 4 it is also of prime importance to **work with and train community and religious leaders** on gender equality. Community leaders have a strong influence in the community and having their support will increase access to eye health for women and girls.



### Example 5:

**Charles Compaoré, Administrative Secretary at the Municipal Office of Zam:** “The community is aware that women and children are among the most vulnerable groups and they acknowledge that these groups need to be prioritised for services. In addition, our community hosts internally displaced persons and we are happy that we could also offer treatments to some of them.”

## Lesson 6:

For awareness raising activities, bring the lessons learned together and ensure the use of gender-sensitive information, education and communication materials; include community leaders, women, and men, and **use public spaces like marketplaces for information sharing**, as well as face to face meetings with families, e.g. through a community-based programme in the area.



### Example 6:

In Mozambique, the National Women's Day provided an excellent occasion to promote eye health services for women and girls. Prior to the event, health and education authorities advertised the services and distributed leaflets in their offices.



# Eye Health Service Design

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## Lesson 7:

When providing **consultation and surgery outreaches in rural areas create two waiting systems**, one for women and one for men. Avoiding a “first come, first serve” set-up, helps to ensure equity in accessing services. Women tend to come later to the health facilities, as in the morning they are busy with household chores, and they might need to leave early, again due to their care responsibilities.



### Example 7:

After having been trained on gender and equality, the team at the Department of Ophthalmology of Jimma University decided to create two waiting lines; this system is applied at base hospital and at outreach sites.

## Lesson 8:

**Ensuring enough space in the waiting area as well as changing cabins in eye clinics:** Ensure that there is enough space in the waiting room for comfort and distance and additionally make sure there is a changing cabin before the operation theatre to keep privacy when changing into operating clothes.

### Example 8:

At the Department of Ophthalmology of Jimma University, the team made use of ongoing renovations and requested changes to create additional space for changing cabins at the operating theatre.

## Lesson 9:

**Understand and accommodate the schedules and priorities of potential patients.** The target group might be too busy with their livelihood activities to take notice or attend offered health services.



### Example 9:

In Burkina Faso, the project team organised an outreach at a gold panning site. The turnout was very limited, as the workers at the site were not ready to interrupt their livelihood activities.

## Lesson 10:

Having an eye health counsellor/psycho-social advisor in the eye health team both on outreaches and in the base hospital to explain the importance of undergoing treatment; this reduces fears of the patient and of respective family members (e.g. of physical damage of how a wife/daughter/sister might be treated when left with the clinical personnel for surgery) and also helps to demystify medical work.

### Example 10:

One of the ophthalmic technicians at Beira Hospital was previously trained in psychology and takes the time to talk to the patients selected for cataract surgery. Counselling of pre-surgical patients and patients with chronic diseases is a main adherence factor to surgery, like explaining to female patients and their partners the added value of undergoing treatment.



#### **Ana Julia Evaristo da Costa, counsellor at Beira Hospital:**

“I took the counselling course, because I’ve observed patients having surgery without knowing what will happen after the operation. There are cases where surgery can only stop or slow down further vision loss. Thus, for patients who do not see a real improvement the psychosocial support is very important. This is my motivation for my job.”





## 5. Conclusion

The pilot-project “Equitable, accessible eye health for all” enabled Light for the World and its partner organisations to initiate processes and activities to enhance gender equality in eye health.

### The project led to the following results:

- ▶ Documentation and analysis of the existing gender gap. Root causes, such as existing social norms and related imbalances in decision making were uncovered.
- ▶ Training sessions helped to create more knowledge and understanding of the relationship between gender norms and roles and eye health services among project partners and health care personnel.
- ▶ Through information, education and communication strategies, the awareness of the wider community on gender inequalities was enhanced.
- ▶ Modifications in the set-up of service delivery enabled better access for women and girls.

While the pilot project facilitated the development and testing of new strategies which showed some positive results, the time frame of 1.5 years did not enable changes to deeply rooted patterns and beliefs in society. When moving forward Light for the World and its partners can build on the evidence created and the lessons learned and find allies for a longer-term engagement to tackle gender inequalities.



**Natalia Andre Tequeche, Project Officer, Light for the World:**

“I was very moved, during one of my visits to an outreach site in Nhamatanda district, Sofala Province. **A man with a physical disability came to receive his cataract surgery. He was not afraid or ashamed to come and receive treatment, despite all the barriers, which shows that our programme was successful.** This moment was really beautiful and emotional for me.”

## 6. Want to know more?

### Contact information:

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