



# Increasing Gender Equity in Eye Care in Africa

A 3-YEAR PROPOSAL TO CREATE EQUAL ACCESS TO  
EYE CARE FOR WOMEN AND GIRLS.



Cataract, the leading cause of vision loss in Africa, is a women's issue because two thirds of the blind are women. Women develop cataract at the same frequency as men — but they have less access to available eye services compared to men. The primary reasons for the inequity in access include:

- the lack of decision-making authority of women in households, including access to financial resources
- the difficulty women face in traveling to hospital, and
- the fact that most women first meet the health care needs of the family before addressing their own needs.

A similar gender disparity exists in glaucoma, the second leading cause of blindness in Africa. Glaucoma affects men and women equally, yet there is disproportionately more surgical and medical treatment for men.

This gender disparity is just as pronounced when it comes to girls and boys — for many of the same reasons. Fathers make the decisions and tend to favor seeking services for boys, and women cannot take children to hospital without the husband's approval.

Seva Canada and the Kilimanjaro Centre for Community Ophthalmology (KCCO), Seva's partner in Tanzania, are global leaders on the issue of gender inequality and blindness.

**Women are the “glue” that hold families together. Women are responsible for rearing children, cooking, maintaining the house, and much of the farming. The future of African villages and African children is dependent upon the women — they hold up more than half of the world.**

Seva and KCCO believe that if we are going to succeed in eradicating preventable and treatable blindness, we must adopt a gender-sensitive approach to eye care service delivery. This means developing two gender-specific approaches, rather than one unified approach, to providing eye care programs.

## **Goal**

The goal of the 3-year project is to increase gender equity in access to, and use of, eye care services for all ages and eye conditions in Africa.

## **Objectives**

- Promote sex-specific data gathering and analysis.
- Develop gender-sensitive strategies as part of national and district VISION 2020 plans in a number of countries in Africa..
- Have national prevention of blindness committees aware of the importance of gender in eye care.
- Establish a cadre of eye care personnel with skills in gender issues to help build capacity throughout Africa.

## **Activities**

- Establish an African gender and blindness faculty position, with support staff, at KCCO to develop programs and conduct training.
- Conduct an annual 5-day course at the KCCO on gender and blindness to turn VISION 2020 programmes into a gender-sensitive programmes.
- Conduct a one day session on gender and blindness for national prevention of blindness committees (3 in year one, 6 in year two, and 6 in year three).
- Establish an email network for communication and monitoring.
- Document and publish the challenges and successes in establishing and managing gender-sensitive programmes.
- Work with the World Health Organization's African office to prepare and disseminate a "Gender and Blindness Fact Sheet" for Africa.
- Prepare and disseminate a "Gender & Blindness" brochure to stimulate advocacy on the global agenda.

## **Monitoring**

- Regular submissions by course participants and others on the successes and challenges faced in implementing their programmes.
- Creation of a section of the KCCO website whereby participants and others can contribute thoughts on the subject (blog).
- Verification that information collected routinely by MoH and others is disaggregated by sex.
- Production and use of promotional/advocacy tools (measured by geographic spread).

## **Knowledge translation**

A major goal of this project is converting current knowledge into action at the level of nation and district. We will utilize a 'push-pull' approach that combines pushing programmes towards gender-sensitivity and pulling them towards general policy and advocacy goals. We have various strategies to disseminate findings, including existing WHO networks.

## **Partnerships**

Seva Canada will facilitate this project with the NGO and international community while KCCO will work locally to build partnerships with regions and health authorities. The major partners are:

- World Health Organization's African office
- BC Centre for Epidemiologic & International Ophthalmology
- Seva Foundation (US)
- Women's Eye Health Task Force
- International Association for Prevention of Blindness (IAPB) through the Gender Working Group, which KCCO chairs

## Budget

The primary expenses to be incurred in this project can be divided into program costs (salary, etc.); publication costs, training costs and transportation costs.

| <b>Estimated annual budget for gender and blindness initiative</b> |                 |
|--|-----------------|
| <b>Annual budget</b>   | <b>CDN \$</b>   |
| Coordinator salary   | \$ 6,000        |
| Supervision  | \$ 4,500        |
| Coordinator travel   |                 |
| Dar es Salaam  | \$ 700          |
| Nairobi  | \$ 750          |
| Addis Ababa  | \$ 2,000        |
| Kampala  | \$ 1,500        |
| Kigali   | \$ 1,800        |
| Accommodation  | \$3,000         |
| Prevention of blindness meetings (allowance for participants)      |                 |
| \$55/day x 20 people x 5 meetings                                  | \$ 5,500        |
| Venue (\$70 each x 5 meetings)                                     | \$ 350          |
| KCCO 5-day course  |                 |
| \$300 x 15 participants  | \$ 4,500        |
| Postage/communication  | \$ 1,500        |
| Printing/publication materials                                     | \$4,000         |
| <b>Total</b>   | <b>\$36,100</b> |

