IAPB Gender Equity Toolkit

IAPB Gender Equity Work Group

IAPB

LEADERSHIP

TRAINING

ORGANISATION DEVELOPMENT

PROGRAMS

C-19

GENDER EQUITY TOOLKIT

Access the full version online

IAPB Gender Equity Toolkit

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Access the full IAPB Gender Equity Toolkit here:

Why do we need a toolkit?

The aim of this toolkit is to provide guidance, resources, tools and programmatic best practice examples to help eye health colleagues globally to plan and deliver eye health programmes that are gender sensitive, gender responsive and/or gender transformative.

Photo credit: WSD Global Challenge - 4x4 Outfar (Zimbabwe)

THE ROADBLOCKS

Higher proportion of sight loss

Greater risk for sight loss

Less access to care

Under representation among decision makers

Additional barriers for ethnic minorities

55% of people with vision loss are women and girls

There are more females than males with vision loss in every category of vision impairment and blindness.

Of the 1.1 billion people with vision loss, 609 million are female (55%), compared to 497 million males (45%).
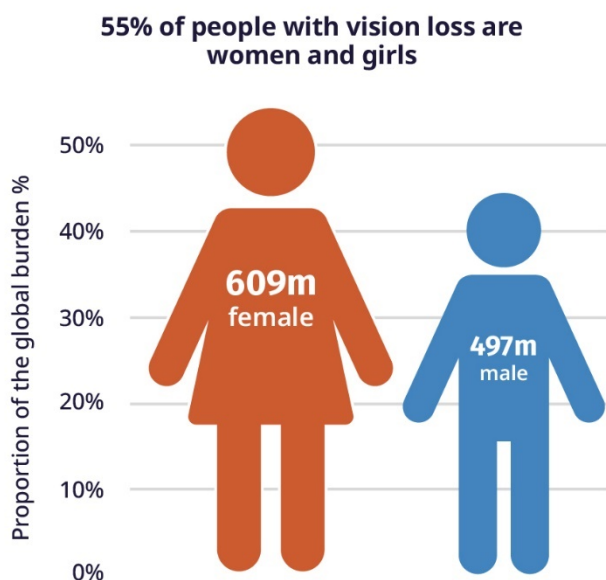
Overall, women are 12% more likely to have vision loss than men

Women are:

- 8% more likely to be blind,
- 15% more likely to have moderate to severe vision impairment,
- 12% more likely to have mild vision impairment and
- 11% more likely to have near vision impairment.

Data from VLEG/GBD 2020 model, presented on the Vision Atlas.

Why do females experience more vision impairment?

The average life expectancy of women is longer than for men and many eye conditions such as cataract, presbyopia, glaucoma and age-related macular degeneration are associated with increasing age.

Women can also be at greater risk for certain eye conditions such as cataract and trachomatous trichiasis, particularly in low- and middle-income countries.

In many countries women have less access to eye health services due to various socio-economic and cultural.

Barriers to services

Many barriers prevent both women and men from accessing eye health services, but these barriers can often more problematic for women.

For instance:

- **Costs:** Women often have less access to family financial resources to pay for eye care or transportation to reach services.
- **Inability to travel:** Women often have fewer options for travel than men. Older women may require assistance, which poor families cannot provide.
- **Differences in the perceived value of eye health services:** A decline in vision is often viewed as an inevitable consequence of ageing and women are less likely to have social support in a family to seek care across a range of settings.
- **Lack of access to information and resources:** Female literacy can be lower than for males, especially among the elderly. As a result, women can be less likely to know about the possibility of treatment for eye disease or where to go to receive it.

Unless we make special efforts to ensure eye services for women the correctable disparities in vision loss between men and women will continue.

Women and girls continue to experience a disproportionate burden of sight loss, especially in low- and middle-income settings. The gender divide is expected to get worse without significant intervention, and will hamper our progress to achieving the Sustainable Development Goals.

There are several reasons that make a strong case for gender sensitive interventions in eye health and understanding them becomes vital to devise the most effective roadmap to the future of equal opportunities for women and girls to lead, work, demand, and access eyecare.

Under representation among decision makers

Gender parity in leadership positions ensures diverse perspectives and experiences, promotes inclusive decision making, and challenges gender biases. It leads to better outcomes, fosters innovation, and creates role models, inspiring future generations to pursue their aspirations and contribute to society without gender-based limitations.

However, women make up 70% of the health workforce but hold only 25% of senior roles. In the eye health sector, [only 28% of eye health organizations' board members are women](#).

Ethnic minority women hold the fewest leadership positions, including senior management, board positions, CEO and Chair roles and this leads lesser probability of actions that address the actual needs of the population.

The Road Ahead

Photo submitted by: Supriya Biswas for WSD Photo Competition

- **Elevate Gender Equity and the SDG Framework**
  - o We need urgent action from leaders and decision makers, media and publishers, male allies, and women themselves to close the gaps that prevent gender parity in leadership, systems, and care pathways.
- **Bridge the evidence gap**
  - o We need to accelerate our efforts to gather more data and publish more evidence to better substantiate the causes and impact of gender inequity in eye health services.
- **Close the leadership gap**
  - o WHO suggests four action areas in their framework on closing the leadership gap. This includes building a legal foundation for equality in the workplace, addressing social norms and stereotypes, addressing workplace systems and culture, and enabling women who are the majority in the health and social care workforce to lead.
- **Integrate systems that eliminate barriers**
  - o We need to integrate systems and services to ensure our eye health programs reach women who are otherwise likely to be excluded, and devise monitoring plans that specifically evaluate gender parity outcomes.
- **Prioritize individual action**
  - o We need to campaign cleverly to empower women and girl children to advocate for their own eye health. This includes well considered information sharing and clear call to action which will help mitigate existing barriers such as low literacy rates, lack of awareness about eye conditions, stigma, and other social and economic conditions.

Take action

Much of the global health sector agrees that gender plays a crucial role in perpetuating disparities in the distribution of the burden of ill-health across and within populations, and that gender influences how organisations address the problem(s).

Many organisations have publicly committed to gender equality. But this does not necessarily translate into gender-responsive programmes to reach beneficiaries.

The following resources from the IAPB Gender Equity Toolkit that will help you to get started or progress your efforts to achieve gender equity in eye health.

You can also join the collective action led by IAPB Gender Equity Work Group and contribute your expertise and knowledge to help the group meet its objectives.

Access the full IAPB Gender Equity Toolkit here:

Section 1: Organisational development tools

This section of the toolkit includes example organisational policies; some gender equality language supports; and organisational training and learning examples.

Featured resource: The annual IAPB Gender Equity Survey

Around November each year, IAPB surveys its members using a specially adapted version of the Global Health 50/50 survey. If you are an organisation that is new to integrating gender equity internally (either programmatically or organisationally or both) as a starting point, you might like to do this survey for your organisation. It will identify strengths and gaps and let you know where a good place to start could be.

Global and Organisational Policies

- [No woman left behind: Closing the gender and inclusion gap in eye health](#)
- [Fred Hollows Foundation Gender Equity Positioning Statements](#)
- [Sightsavers Global equality and diversity policy](#)
- [The Fred Hollows Foundation Human Rights, Equity and Inclusion Policy](#)
- [OneSight Diversity, Equity, & Inclusion policy](#)

Gender Equality Language toolkits

- [The Gender Equality Lexicon](#)
- [UN Compact Gender-Inclusive Language Toolkit](#)

Leadership tools

- [Women deliver eye health – Let's reframe who leads it](#)

Organisational training and learning

- [UN Women resources](#)
- [How to conduct a Gender Audit within your organisation](#)
- [Gender Mainstreaming in EU Development Cooperation resource package](#)
- [Light for the World Learning Series 02: Equitable, sustainable eye care for all!](#)

For more details, you can visit the [IAPB Organisational Development Tools](#) page.

Section 2: Programme design tools

The Gender Equity Work Group has identified tools that can support the planning, implementation, monitoring and evaluation of eye health programmes.

Proper programme design is the key to developing gender sensitive, gender responsive and gender transformative eye health programmes, which is why this section of the toolkit focuses on resources for gender analysis and gender-responsive budgeting.

Featured resource: Gender Analysis in Eye Health Template

Based on the tools above, a draft template for a Gender Analysis in Eye Health is available, already including some global data. Remember to adapt your gender analysis to the local context. If you have feedback on the tool, please send it to the [Gender Equity Work Group](#).

Access the Gender Analysis in Eye Health Template in Appendix 2.

Featured resource: Gender-Responsive Budgeting Tool

The tool facilitates the teams in understanding what gender-responsive budgeting is, why it is done and the process involved in developing gender-responsive budgets.

The tool is derived from the "Handbook on Costing Gender Equality" published by UN Women and "Gender Responsive Budgeting in Asia and the Pacific" published by the United Nations Economic and Social Commission for Asia and the Pacific.

Access the Gender-Responsive Budgeting Tool in Appendix 3.

Other resources

- [Rough Guide to Gender Analysis](#)
- [Intersectionality Resource Guide and Toolkit](#)
- [UNICEF: A Practical Guide to Integrate a Gender Lens into Immunization Programmes](#)
- Gender, Inclusion, Power and Politics (GIPP) Analysis Toolkit ([Part 1](#), [Part 2](#))
- [Disability Inclusive Rapid Gender Analysis](#)

For more details, visit the [IAPB Programme Design Tools](#) page.

Section 3: Programme review tools

Start here for help with defining gender-responsive programming objectives, developing indicators and results at the planning stage and/or strengthening accountability and enhancing programme impact.

- "A Practical Guide to Conducting a Barrier Analysis" here.
- Monitoring Guidelines on Gender-Responsive Programming
- The Light for the World Fact Sheet on Intersectionality
- Gender and Disability-Inclusive Budgeting: Issues and Policy Options

For more details, visit the IAPB Programme Review Tools page.

Section 4: Training available

Start here to learn more about gender equity and gender equality with a range of training tools and resources.

Gender

- [Oxfam Inclusive Language Guide](#)
- [UN Women Gender Training Modules](#)
- [Introduction to Gender Based Analysis Plus (GBA+)](#)

Gender in Eye Health

- [The Fred Hollows Foundation Gender Equity in Eye Health course](#)
- [Prevention Collaborative: Self-paced gender courses](#)
- Spanish: [Orbis International "Integración de la Perspectiva de Género en la Atención de la Salud Ocular"](#) (Mainstreaming a Gender-Based Approach in Ocular Healthcare)

Gender Training for Different Audiences

- [CanWaCH Building Capacity and Confidence in Gender Transformative Programming: A Virtual Learning Experience](#)
- [The Fred Hollows Foundation Gender Equity Training Guide for Providers](#)

For more details, you can visit the [IAPB Training](#) page.

Section 5: Examples of tools on the website

Appendix 1: Gender Equity in Eye Health Survey Report 2022

Full results of the 2022 Gender Equity Survey (released in 2023) are also available.

See also:

Results of the 2021 Gender Equity Survey (released in 2022)

Results of the 2020 Gender Equity survey (released in 2021)

GENDER EQUITY IN EYE HEALTH SURVEY

REPORT 2022

Survey conducted by IAPB (on behalf of the Gender Equity Work Group Nov 2022)

Photo by: IAPB

EXECUTIVE SUMMARY

- There was lower than expected participation levels in 2022 and the IAPB Gender Equity Group is taking steps to both understand why and put steps in place to make completing the survey more enticing when it is next run in November 2024.

- The gap is closing in the number of male vs female CEOs in the eye health sector; however, it is not closing when it comes to the role of Chair.

- The number of organisations that disaggregate their data by sex has increased; however, the number of organisations publicly stating a gender equity policy, or a programmatic policy has decreased. Perhaps that is because data disaggregation is now often compulsory.

- There is more to do and the IAPB Gender Equity Work Group will take the learnings from this survey, along with feedback at the recent 2030 In Sight Live conference in Singapore to refocus our gender equity support to IAPB members.

- Any IAPB Member that would like support in their gender equity journey, please do contact IAPB GEWG.
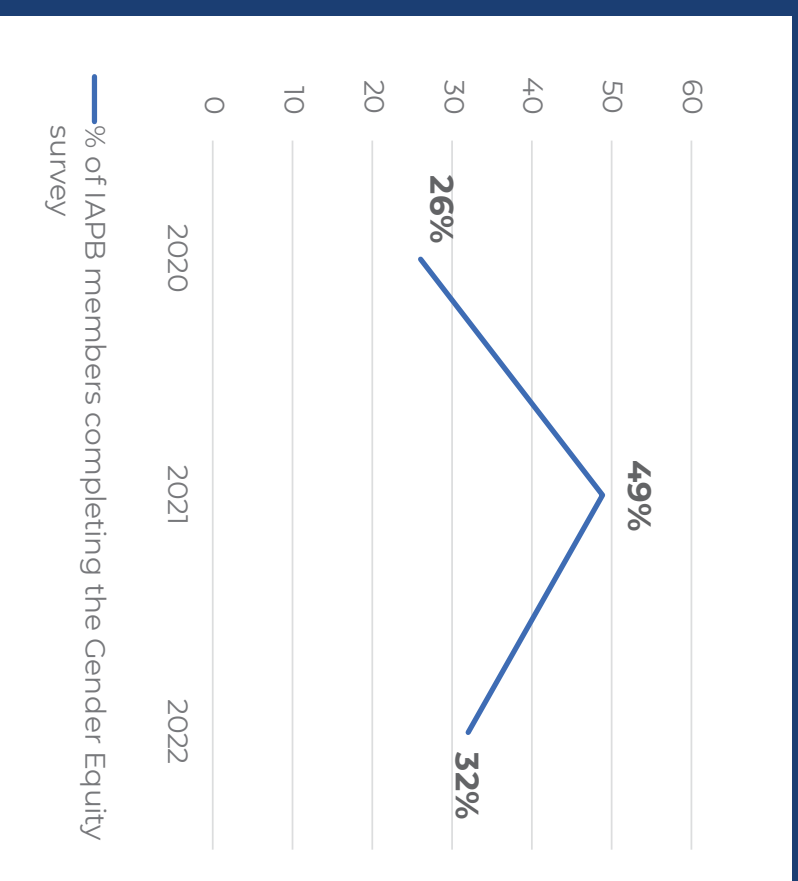
OUR CAVEAT

The survey response peaked in 2021 with 83 respondents (49% of all IAPB members), dropping in 2022 to 56 respondents (32% of all IAPB members).

Only 17 organisations have responded each year.

Please keep this in mind as we go through the results.

Chart: % of IAPB members completing the Gender Equity survey

- 2020: 26%
- 2021: 49%
- 2022: 32%

GENDER PARITY AT LEADERSHIP: I KNOW IT IS IMPORTANT, BUT WHAT CAN I DO?

Gender parity in leadership positions ensures diverse perspectives and experiences, promotes inclusive decision-making, and challenges gender biases.

It leads to better outcomes, fosters innovation, and creates role models, inspiring future generations to pursue their aspirations and contribute to society without gender-based limitations.

Box. Reaching beyond traditional networks: diversifying the candidate cohort

The process of identifying potential board candidates often relies heavily on the. The BoardSource 2021 Leading with Intent Reporter networks of board members and chief executives. Diversifying board membership will require challenging this paradigm and using non-traditional recruitment methodst found that alternative networks that have been tapped within charity sector include:

- Leaders from the communities the organisation serves
- Referrals from leaders in the communities the organisation services
- Programme participants or former participants
- Leaders from peer or partner organisations
- Publicly posted or advertised board openings
- External headhunter, agency, or board matching services

LEADERSHIP RESULTS

For the purposes of this report, we have defined parity as 45% – 55%

Photo by: IAPB

% GENDER OF CEOS OVER THE PAST THREE YEARS

From the range of organisations that responded:

Over the last three years we are closing the gap between the number of female CEOs in eye health (45%)
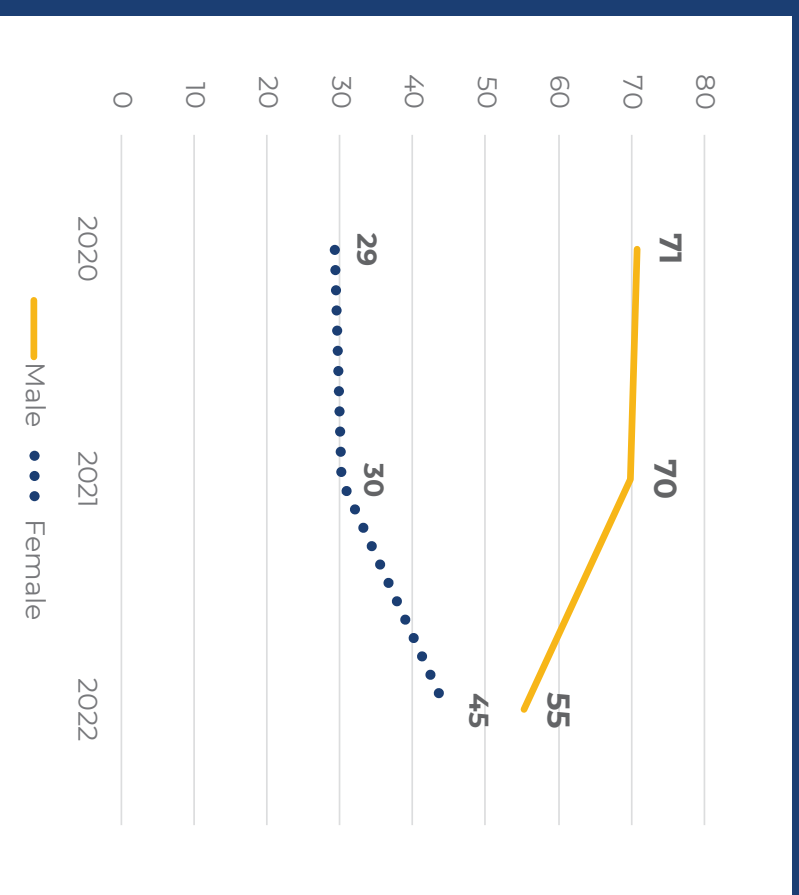
% GENDER OF BOARD OF BOARD CHAIRS OVER THE PAST THREE YEARS

However, the gap is increasing in the number of female Board Chairs (20%).

In comparison, whilst still a low figure, Global Health 50/50 reported in 2022 that of organisations consistently reviewed since 2018, **32% of Board Chairs were women** (up from 20% in 2018).
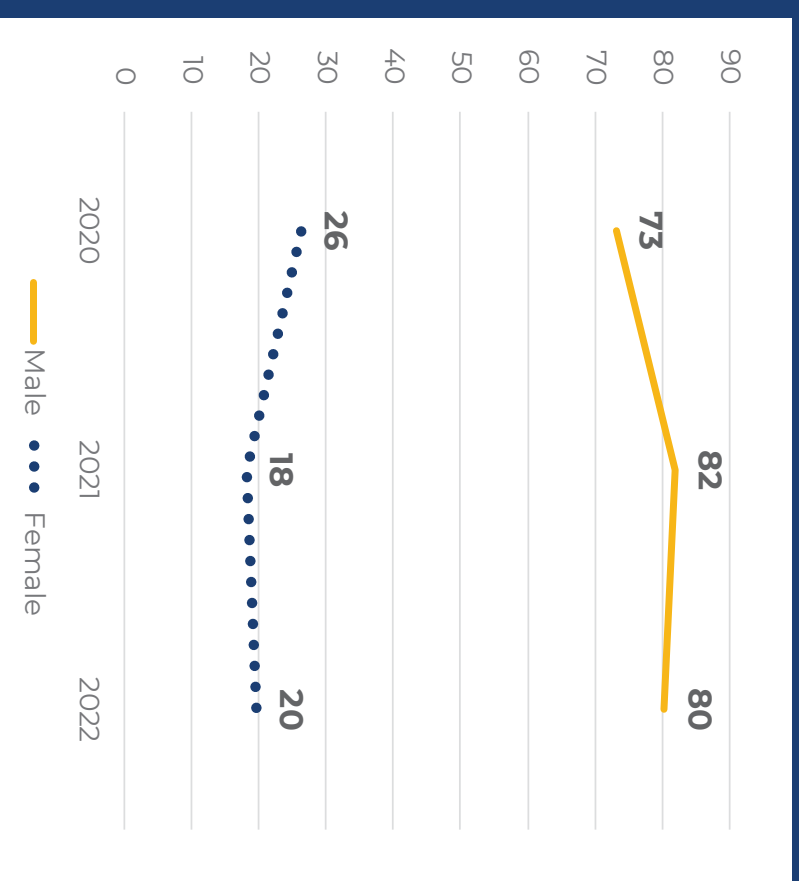
HOW MANY WOMEN ARE IN YOUR SENIOR MANAGEMENT TEAM?
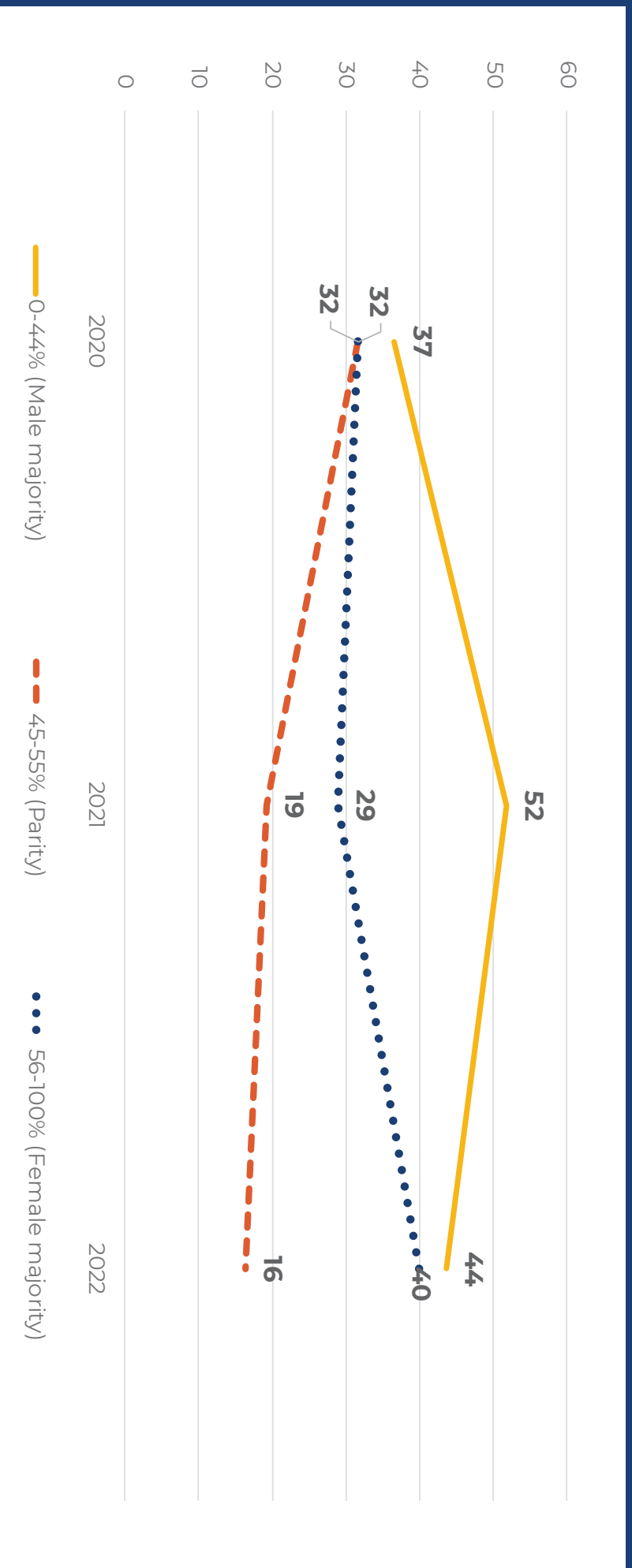
HOW MANY WOMEN ARE ON YOUR BOARD?

Legend:
- 0-44% Women on the Board (Male majority)
- 45-55% Women on the Board (Parity)
- 56-100% Women on Board (Female majority)

	2020	2021	2022
0-44% Women on the Board (Male majority)	68	71	68
45-55% Women on the Board (Parity)	24	21	21
56-100% Women on Board (Female majority)	7	9	11
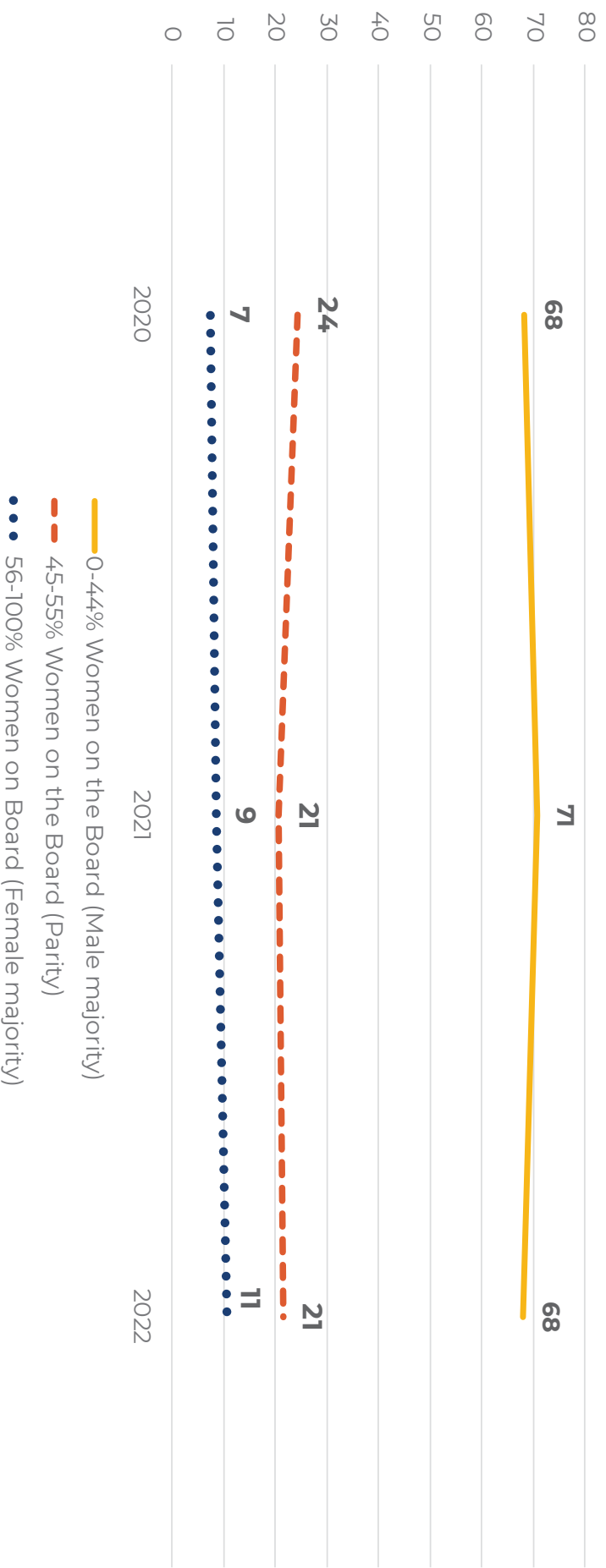
WHAT CAN WE DO?
IDEAS FROM GLOBAL HEALTH 50/50

"People talk about the issue of listening to women, of listening to diverse voices like it is novel. I still worry that it's all talk because I don't believe that organisations truly understand why diversity matters. But if we don't listen to these voices then we can never be as effective as we should be in health."

CATHERINE BERTINI

Chair of the board of the Global Alliance for Improved Nutrition; Distinguished Fellow at the Chicago Council on Global Affairs

"GAIN has developed a set of targets for its board – at least half of our voting board members have to have grown up in and worked significantly in a lower-income country and at least half must be women. The ambition for diversity has always been there, but these targets are important to make us more disciplined and more accountable to these aspirations."

LAWRENCE HADDAD

Executive Director, Global Alliance for Improved Nutrition (GAIN)

"CARE is committed to ensuring gender balance on its board. The board also established a commitment to achieving a 40% ratio of Black, Indigenous, and People of Color among its directors. To ensure accountability, we embedded the commitments into our Board Responsibilities, created lines of communication with staff, established systems to monitor progress and hold an annual board training on gender, equity, and diversity."

CARE U.S.A.

The UNAIDS board has a unique set up that includes civil society delegates selected by civil society itself as members of the board. When you have networks of people living with HIV, and those most vulnerable to and affected by HIV in the boardroom, it shifts the dialogue. Other board members have a constant reality check with a human face before them, who will say what works for people in strategies, policies and implementation – and importantly also what does not work. The discussion becomes more focused on doing the right things in the AIDS response, those that have impact for people, those where there is evidence behind – a politically palatable compromise without impact is not an option."

CATHERINE BERTINI
Director, Governance and Multilateral Affairs, UNAIDS

According to IPPF Regulations, the Board must comprise at least 50% women and at least 20% youth under 25 years of age who meet specific profiles on expertise, skills and experience.

Organisations have the power to improve their board diversity. Be deliberate. Ask yourselves what is fair, what is just, how inclusive can you be. Otherwise, we keep running headlong without knowing what impact we're making, and what the people we work with want. We end up speaking at - instead of - with the people whose voices matter most."

SERI WENDOH
Global Lead, Gender and Inclusion, International Planned Parenthood Federation

Since 2010, Gavi has had guiding principles in relation to the gender balance of its Board, Board committees and Board advisory committees. The gender balance is deemed to be within the acceptable range if there is no more than 60% of any one gender represented in each of the separate groups and as an aggregate. As individuals and as an institution, we are committed to building and nurturing a culture in which inclusiveness is a reflex, not an initiative or afterthought."

GAVI, The Vaccine Alliance

HOW DO WE COMPARE WITH GLOBAL HEALTH 50/50?

STARK GENDER INEQUALITIES ON PRIVATE SECTOR BOARDS

Among 43 private companies, women hold 30% (173/576) of board seats.

30%

0% Not a single national (male or female) from a low-income country is represented across 576 seats in the private sector.

Women are overwhelmingly from high-income countries – just 11 seats (2%) are occupied by women from middle-income countries (compared with 53 seats (9%) occupied by men from middle-income countries).

2%

MORE WOMEN SIT ON NON-PROFIT BOARDS THAN FOR-PROFIT BOARDS

45%

641/1438

Women occupy 45% (641/1438) of board seats of non-profit organisations (n=103). These include NGOs, faith-based organisations, research organisations, public-private, partnerships, and global health funders

1%

17/1438

17 out of 1438 seats are occupied by women from low-income countries (1%). Four women from low-income countries occupy two seats each, bringing the actual number of women board members down to 13.

IAPB

POLICIES AND PRACTICES

Legend:
- ―― % of orgs that make a public statement of commitment to gender equity
- ‑ ‑ ‑ % of orgs that do full data disaggregation
- •••• % of orgs that have a programmatic gender equity strategy

Data points:
- 2020: 78.05, 63.41, 46.43
- 2021: 80, 61.8, 56.52
- 2022: 80, 69.23, 57.62
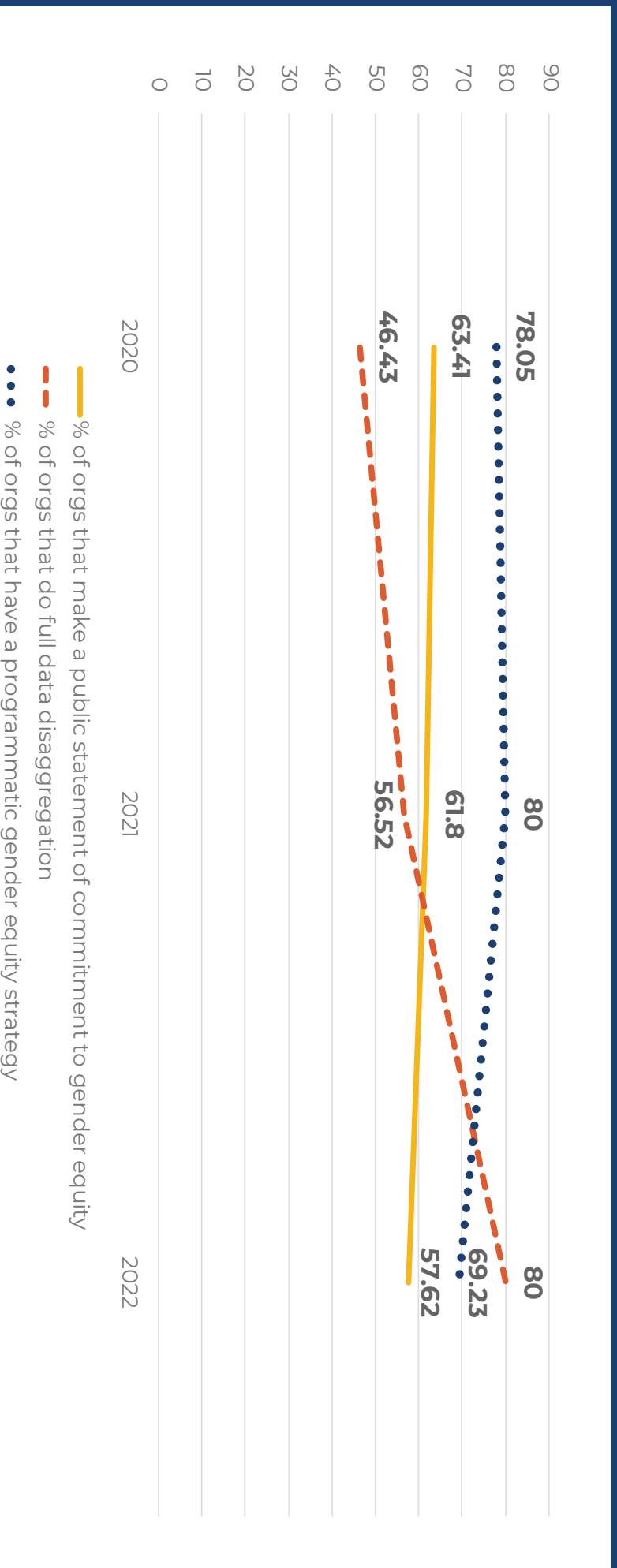
HOW DO WE COMPARE WITH GLOBAL HEALTH 50/50?

HARNESSING THE POWER OF DATA

Sex-disaggregation of data should be ubiquitous within health programmes: it is a means to hold organisations to account for their commitments not only to equity but also to the delivery of effective interventions. Following two years of growing academic and public interest in the roles of sex and gender in driving COVID-19 health outcomes and insights generated from sex-disaggregated data on the pandemic, GH5050 finds that only half of non-profit organisations active in global health have available policies committing to regularly sex-disaggregating health data.

A failure to collect, report and analyse sex-disaggregated data is a lost opportunity for understanding the distribution of ill-health, who is benefitting from interventions, and who is being left behind.
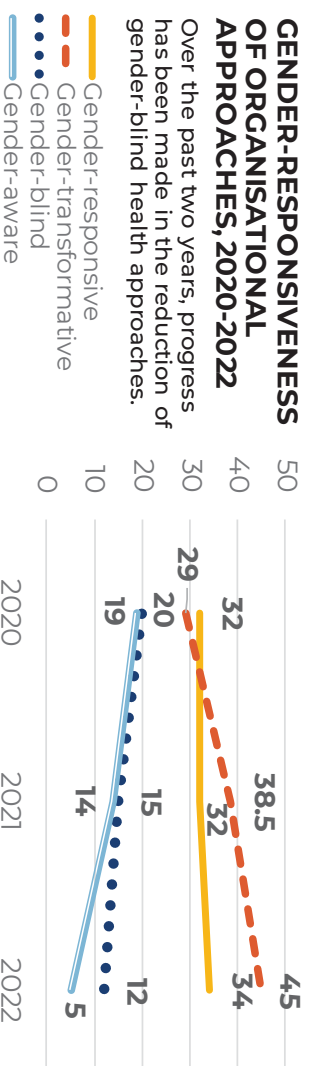
HALF

of non-profit organisations publish commitments to regularly sex-disaggregate programmatic monitoring and evaluation data.

This marks a slight improvement over 2021, when commitments were found for

44%

(65/146) Organisations

STEADY PROGRESS IN APPLYING A GENDER LENS TO PROGRAMMATIC APPROACHES

Much of the global health sector agrees that gender plays a crucial role in perpetuating disparities in the distribution of the burden of ill-health across and within populations, and that gender influences how organisations address the problem(s). Our report finds that 81% of organisations have publicly committed to gender equality. But this does not necessarily translate into gender-responsive programmes to reach beneficiaries.

Transformative approaches embedded in the work of global health organisations have been shown to yield more effective outcomes. These include those policies and programmes that seek to address the underlying structural (e.g. economic, legal, political, cultural) drivers of gender inequality. Although progress is being made, more than half of programmes do not yet adopt a fully transformative approach to addressing gender and gender inequalities.

GENDER-RESPONSIVENESS OF ORGANISATIONAL APPROACHES, 2020-2022

Over the past two years, progress has been made in the reduction of gender-blind health approaches.

— Gender-responsive
-- Gender-transformative
···· Gender-blind
— Gender-aware

	2020	2021	2022
50			
40		38.5	45
	32		
30	29	32	34
20	20	15	12
	19		
10		14	
0			5

Appendix 2: Gender Analysis in Eye Health Template

Gender Analysis

Sector: Eye Health
Region: Country or specific project region
Project: Name

In case of remarks or recommendations for improvement of this template please contact the IAPB Gender Equity workgroup.
Updated May 2024

Purpose

A Gender Analysis is a collection of relevant data, information and statistics that indicate the different roles, needs and priorities of women and men- in all their diversity- to identify the different implications of proposed project interventions on different genders. Such analysis ensures that project investments are reaching those who are the most marginalized and monitors impact- including the impact of reducing gender-based gaps in coverage and outcomes. The findings of the analysis should inform how gender equity will be addressed throughout the project (and monitored/evaluated) and look at the reasons behind inequalities and discrimination to help set relevant and targeted objectives to help contribute to elimination.

From the findings, provisions and activities may need to be designed or adapted to ensure the project is gender sensitive/positive and mitigates any potential harm.
An analysis is often done for one or more of the following reasons:
1. As part of a situation analysis to inform program targeting and/or design (both active projects and/or potential),
2. To provide baseline data for an intervention evaluation, where the intervention seeks to enhance knowledge, influence attitudes, or change behaviours;
3. To better understand the relationships between knowledge, attitudes, practices and/or health outcomes of interest.

It should explore and explain the following information:
1. The differences between the lives of women, men and gender diverse people;
2. The barriers that unequal gendered power relations create in different access and update of eye care and/or access to the eye health workforce;
3. The status of women and their ability to exercise their human rights to health care;
4. The division of labour: women, men's and gender diverse people's different activities, their decision-making power and access to and control of resources.

If this analysis is conducted after a project has begun and/or done for a larger portfolio (which may include multiple projects), then a review of current project integration and/or consideration of findings and recommendations should additionally be conducted, and a project variation made as required.

There are at least three sets of information to be collected when undertaking a Gender Analysis, including:
1. Sex-disaggregated information from health providers to understand the number of women, men, girls and boys accessing health services;
2. Information to understand the cultural, social and economic factors that cause difference in access to services for women, men, boys and girls; and
3. Information to understand the health needs and priorities of all genders and those affected by a project.
4. Potential strategies to address gender-based inequities.

Considerations for undertaking an analysis

Additional considerations for helping to conduct a gender analysis include:

1. Conducting a power analysis (see FHF Rough Gender Analysis annex 1)
2. Applying a "Do No Harm" Approach (review IDWA toolkit)
3. To ensure that a gendered perspective and appropriate approaches are considered before the start of the analysis, it is also critical to review who will be involved in the collection and participation of the analysis and consider all the power dynamics involved.

Guiding Questions for Gender Analysis

These questions can be adapted, and sub-questions should be formed as it relates to the particular project being designed.

1. What are the different roles and responsibilities of women/men and gender diverse people that are relevant to the projects?
2. Who has access to resources and services related to the focus of the project?
3. Who has decision-making power?
4. What are women's and girl's rights?
5. What are the different needs, priorities and strengths of women/men/gender diverse people and what are their ideas about how to address these?

Refer to The Fred Hollow Foundation's "Rough Guide to Gender Analysis" for more details, explanations and annexes.

Safeguarding

For the safety and security of all those to be included and involved in an analysis, it is important safeguarding measures and policies are adhered to and incorporated into both the methodology, content gathering, analysis and recommendations of the review. As a reference, please review Fred Hollow's Foundation Safeguarding policies.

Other references:

1. The Fred Hollows Foundation's "Rough Guide to Gender Analysis"
2. Sample gender analysis (CSR)
3. Gender analysis toolkit (jhipego)
4. Guide to eye health for women and girls

Contents

1)   Introduction/Overview/Executive Summary

Provide a high-level overview of the purpose and content of the document here with information relevant to the audience you are trying to reach. This should include the identification of the core issue(s), needs, and recommendations.

2)   Selection of stakeholders

Describe the various stakeholders involved during the gender analysis and the ways they were included. Provide an annex of all contacts if appropriate with relevant information, such a job title/responsibility. If program constituents or community members were engaged in the analysis, also provide details about the ethical and safeguarding measures taken to ensure the study was conducted in a safe manner that prevented harm, particularly children, women and girls and members of marginalised group
(including ethics approval, ensuring informed consent, privacy and confidentiality, data protection) and taken.

3)   Gender Analysis Framework

Describe here the framework(s) utilized when developing the gender analysis as relevant. For more information, review framework descriptions here: Gender Analysis Frameworks | equilo.

4)   Methodologies

There are different ways of collecting information for a gender analysis. The most appropriate approach is the one that best suits the purpose of the analysis. The options include:
· Desk top review;
· Surveys;
· Interviews;
· Focus groups;
· Observational investigations; or
· Participatory approaches.

Describe in this section the various methodologies used to carry out the analysis and why they were selected.

Desktop reviews

A desk top review involves collecting relevant reports and information and analysing and summarising the findings. Information that is collected could include data from Rapid Assessment of Avoidable Blindness studies, KAP studies, post project reports, evaluations, monitoring information, journal articles or relevant government reports. A short summary of the findings from this information will contribute to the gender analysis report.

Surveys

A survey is used when there is a need for quantitative data for a particular point in time (e.g. to provide baseline data for an evaluation). There are different kind of surveys but a common

survey is a KAP (Knowledge, Attitudes and Practice) survey. Surveys can contain a mixture of closed-ended and open-ended response questions.

Interviews

Interviews are used when there is a need for qualitative data that gathers a deeper level of detail about people's understanding, their beliefs and perspectives and their motivations for engaging in (or not engaging in) particular behaviours. Generally, interviews are 'semi-structured' – that is, they are guided by a set of questions but allow for probing and exploration where appropriate.

Focus groups

Focus groups are used when there is a need for discussion that explores potential causes and mechanism relating to observed practices, attitudes, or behaviours. Focus groups are generally 'semi structured'.

Observational investigations

Observational investigations are used when detailed functional assessments of a particular behaviour (or set of behaviours) are needed. For example, detailed assessments of hygiene practices within households. Observational studies are generally 'semi-structured' – that is, they are guided by a set of behaviours or environmental factors to observe but allow for documentation of other factors of relevance where appropriate.

Participatory Approaches

Participatory approaches are ways of engaging beneficiaries to better understand their situation and the barriers to eye health that might exist for them due to their gender and their ideas about how best to address them. There are many participatory approaches and teams need to identify which approach would work best for their needs. When engaging community members, also carefully consider the location and timing of activities, as well as the accessibility of communications and venues to enable their full and effective participation.

5) Definitions

Provide relevant definitions here for readers to understand the various terminologies used and how it relates to the analysis of the data/information collected. Some gender specific definitions can include:

Gender: refers to the socially and culturally constructed ideas of what it is to be male, female or nonbinary in a specific context. which are learned, vary from culture to culture and change over time and thus equally to the economic, social, political and cultural opportunities associated with being male and female. Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth.

Sex: Biological differences between women, men and intersex people.

Gender equality: refers to equal chances or opportunities for people of all genders to access and control social, economic and political resources. It is the provision of equal conditions, treatment, and opportunity for both men and women to realize their full potential, human rights and dignity, as well as opportunities to contribute to and benefit from economic, social, cultural and political development.

Gender equity: refers to fairness in treatment of all people regardless of sex or gender identity and/or expression. The concept of gender equity recognises that individuals have different needs and power based on their sex or gender identity and/or expression, and that these differences should be identified and addressed in a manner that rectifies inequities.

Gender mainstreaming: A process used to ensure that women's men's and gender diverse people's needs, concerns and experiences are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programmes.

Gender responsiveness: Gender responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities.

Gender transformative: Gender-transformative approaches aim to address the structural and social root causes of gender inequality and thereby promote more equitable outcomes for children in all their diversity. In so doing, they aim both to change overall structures that underpin gender inequality and to contribute to lasting change in individuals' lives. The most popular definition comes from the Inter-agency Working Group for gender equality: A transformative approach promotes gender equality by:
1) fostering critical examination of inequalities and gender roles, norms and dynamics
2) recognizing and strengthening positive norms that support equality and an enabling environment
3) promoting the relative position of women, girls and marginalized groups
4) and transforming the underlying social structures, policies, systems and broadly held social norms that perpetuate and legitimize gender inequalities. (UNICEF)

6) Statistics

This section should include all relevant "objective" (numerical) data that you collected as a part of your analysis that shows the difference in prevalence and population data in relation to service utilisation based on sex in order to determine equity gaps and appropriate sex disaggregated targets to achieve equity of outcomes. Include both macro level as well as country/regional and sector specific information and if applicable, project level information.

For Macro Level: Key Statistics– please refer to:

- Women represent 55 per cent of the world's 43 million people who are blind.[1]
- Women represent 55 per cent of the 295 million people with moderate to severe vision impairment.[2]
- Women are least likely to receive treatment and face barriers to accessing services.[3]
- While certain biological factors[4], particularly longer life spans, may influence women's increased risk of being visually impaired, structural barriers and social norms that underpin gender inequality play a significant role in increasing women's risk of exposure to eye health issues.[5]
- In some countries, women are approximately three times more likely than men to be blinded by trachoma.[6]

Country/Sector Specific Level and Project Level. Answer the question: what are the disparities in access to care between genders in the country/region/project in relation to prevalence and population data? What is the gap between need and access on the basis of sex? What sex disaggregated targets would need to be reached to achieve equity of outcomes? This can include any type of services your analysis covers.

Include a detailed analysis of all relevant data.

7)   Legislative Environment

Describe in this section the current legislative environment, including addressing the answers to the questions below.

a) Have gender equity commitments been made by the government in the context of international processes such as the Beijing process, the SDG process, or the ratification of the Convention on the Elimination of all Discrimination Against Women (CEDAW)? https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx

b) Do national and sectoral policies and practices reflect these commitments by their awareness of inequalities between men, women and gender diverse people at different levels and the inclusion of means to address them?

c) How do current policies, laws and regulations in each sector impact differently on women, men and gender diverse people?

d) In national-level institutions (parliament, government line ministries, universities, businesses), how are decisions made? How are women represented in the system? How are decisions taken?

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[1] Bourne, R.R.A., Flaxman, S.R., Braithwaite, T., Cicinelli, M.V., Das, A., Jonas, J.B., et al. (2017). "Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis." The Lancet Global Health. 1;5(9): e888–97. Last accessed 30/04/2024: https://doi.org/10.1016/S2214-109X(17)30293-0

[2] Bourne, R.R.A., Steinmetz, J.D., Flaxman, S., Briant, P.S., Taylor, H.R., Resnikoff, S., Casson, R.J., et al. (2021). Vision Loss Expert Group of the Global Burden of Disease Study. "Trends in prevalence of blindness and distance and near vision impairment over 30 years: An analysis for the Global Burden of Disease Study: The Lancet Global Health, 9(2), pp. e130-e143. Last accessed 30/04/2024: https://doi.org/10.1016/s2214-109x(20)30425-3

[3] Onarheim, K.H., Iversen, J.H., Bloom, D.E. (2016). "Economic Benefits of Investing in Women's Health: A Systematic Review." PloS one. 11(3):e0150120. Last accessed 30/04/2024: https://doi.org/10.1371/journal.pone.0150120

[4] Roger. C, Neyhouser, C. (2017). "Eye health for women and girls. A guide to gender-responsive eye health programming." Gender and Eye Health Network convened by IAPB and The Fred Hollows Foundation. 9.

[5] Burton, Matthew J, Ramke, Jacqueline, Marques, Ana Patricia, et al. (2021). "The Lancet Global Health Commission on Global Eye Health: vision beyond 2020." The Lancet. Global Health Vol. 9, No. 4, pp. e489-e551. Last accessed 30/04/2024: https://doi.org/10.1016/S2214-109X(20)30488-5

[6] The Carter Center Ethiopia. (2009). Women and Trachoma, Achieving Gender Equity in the Implementation of SAFE. Last accessed 30/04/2024: cartercenter.org/resources/pdfs/health/trachoma/women_trachoma.pdf

8) Key Risks, Barriers, and Enablers

This section is meant to identify the main risks and barriers people of different genders face in the specific context. Here are some guiding questions to address:

1) What are the overall identified risks, barriers and enablers that people of different genders face in accessing eye health services?
2) What additional barriers are encountered by those experience intersectional marginalisation (for instance those who are also older, living with a disability, living in rural areas, socio-economically disadvantaged, from an ethnic minority group etc? Who is at most risk of being left behind in this context?
3) Are there any risks and barriers that are unique to the country/region included in this analysis? If so, detail them here.

What potential ideas and solutions do people who face these barriers have for how best to address these?

9) Key Actors Involved in Change

Who are the main group(s) of people needed to change the eye health landscape to break down identified barriers that women face in accessing services? Think about each level of stakeholders and what their role(s) might be: legislative/government, health care system/health care delivery, community members, Women's Organisations and other representative organisations such as Organisations of Persons with Disabilities etc.

10) Project level

This section is meant to outline the various considerations to improve/strengthen programming based on the findings from the gender analysis. Highlights of the analysis can also provide concrete examples for considerations into the overall project's goals, approach, planned activities and/or implementation methods. Other elements to include in this summary include:

Practical and Strategic Needs

- How long will this project/program take?
- How does this project fit into the strategic priorities of the organization and other external priorities (governmental gender equity priorities for example)

Roles and Activities

- What are the HR needs for this project? What roles and skills are needed to make this project happen?
- What are the major activities needed to complete the project? What are the main things this project will "do"?

Resources and Constraints

This section should define the resources involved in the project as well as the gendered considerations around decision-making and access to such resources.
This section should also highlight other identified constraints within the project context that may have an impact on the effectiveness of the project and/or need to be addressed.

- Some questions to help guide this section include (but are not limited to): What is the division of labour amongst women, men, young and old? Who normally does what? Have there been changes due to war, migration for labour, the HIV/AIDS pandemic, etc.?
- Are there gender inequalities in access to resources, including new resources, and who has control over different resources, including new resources and benefits from institutions, or development projects (or any outside interventions from the government)? Resources include non-material resources such as time, knowledge and information, and rights. Are their time-use studies available?
- What factors influence access to and control over resources (for example age, sex, position in an organization, ethnic status, wealth, rural/urban location, education level, networks and patronage)?
- At community level, how are decisions made about different resources and activities?
- At household level, who makes decisions about different resources and activities?

For gender analysis completed when projects are already actively underway, please refer to the WHO Gender Assessment Tool to help "grade" how gender responsive active projects are. Part of this review should also identify solutions for more gender positive integration that can be made in a timely manner before the end of the project, wherever possible.

11) Recommendations

This section should include your recommendations for how gender inequities in access to eye health can be reduced.

What are some potential solutions to the key risks and barriers identified in the GBA?

It may be helpful to split these out by groups of stakeholders and what your recommendations are for each. For example: government, community, health care providers, etc.

ANNEX 1:

Reviewers of this document in April 2024 include:
1. Jennifer Pitzer-Lopez, Gender and Climate Expert, Light For the World
2. Clare Szalay Timbo, Technical Advisor, Gender, Orbis Canada
3. Katie Judson, Program Consultant, Seva Canda
4. Lisa Johnson, Senior Equity and Inclusion Advisor, The Fred Hollows Foundation

Appendix 3: Gender-Responsive Budgeting Tool

GENDER RESPONSIVE BUDGETING

Introduction

Gender-responsive budgeting (GRB) is a strategy that promotes the goal of gender equity by allocating specific budgets for both women and men beneficiaries in projects/programmes. The purpose of GRB is to promote accountability and transparency in fiscal planning; increase gender responsive participation in the budget process; and to advance gender equity agenda. Having gender equity in developmental or service delivery programmes requires intentional measures to incorporate a gender perspective in planning and budgeting frameworks and concrete investment in addressing gender gaps. In GRB, we do not create separate budgets for women or increase spending on women-focused intervention/activities. Rather, GRB seeks to ensure that the collection and allocation of resources are carried out in ways that are effective and contribute to advancing gender equity. It should be based on in-depth analysis that identifies effective interventions that advance women's rights. GRB can be applied to any type of budget system at all levels. This tool highlights different approaches to make our programme budgeting more gender-responsive. It has been adapted from:

- The UNWomen publication "Handbook on costing gender equality"
- The United Nations Economic and Social Commission for Asia and Pacific (UNESCAP)'s publication "Gender-Responsive budgeting in Asia and the Pacific: Key Concepts and Good Practices"

In brief, Gender Responsive Budgeting

1. Recognises that budgets are not neutral. Policies, activities and how they are funded have different and unequal impacts on women and men, and different groups of women and men (young, old, urban, rural etc.). Women and men have different roles and responsibilities, including in the economy - so budgets affect them differently.
2. Promotes gender equity and gender mainstreaming by analysing how programme funds are allocated and spent - who gets the most or least benefit.
3. Does not mean a separate budget for women and men and does not necessarily aim to increase the amount of money spent on women - but may involve increasing spending in specific areas that benefit women and girls and reduce inequity, for example, in health, education, livelihood/employment.

The process of developing gender responsive budgets entails an understanding of the elements that promote gender equity. Budgets are considered to be the most important tool to realise gender equity in projects/programmes. Without adequate and well-targeted resources, projects/programmes cannot be implemented successfully. Very often the financial resources needed to implement gender equity in programmes, are not adequately considered.

Preparation of Gender Responsive Budgets

The budgeting process involves the following three approaches:

- Gender analysis
- Gender-disaggregated data and indicators for budgeting

- Costing for gender equity

Gender Analysis

Gender analysis is an important first step to identify existing gender gaps in any on-going and planned programmes in the project area. This process provides key information and data to inform better strategies and develop programmes that are responsive to the differentiated needs of men and women and thus helps to reduce gender inequity.

The objective of this step is to assess the situation of women and men and to understand their different needs and priorities within the context of a sector. It also helps to understand how we can address the existing inequities between men and women through various programmatic interventions.

In the eye health sector, gender analysis could help in understanding the eye health-related needs of women and men, ease of access to eye health facilities for both men and women, male and female eye health professionals available for service provision, livelihood/employment opportunities for male and female eye health professionals, career progression opportunities etc.

Gender analysis can be best done through the following 5-step approach[1], which could also be termed as situation analysis:

Step 1	Analyse the situation of women and men, girls and boys in the project area
Step 2	Assess gender responsiveness and gaps of any on-going projects/programmes being implemented in the area either by the government, non-profit or private sector organisations
Step 3	If the information is available, assess the adequacy of budget allocations or money being spent to implement the on-going programmes as in step 2
Step 4	Assess whether the money is being spent as planned, what services are being delivered and to whom
Step 5	Assess the impact of the existing intervention/programme and the extent to which the situation in step 1 has changed

Gender-disaggregated Data and Indicators for Budgeting

Availability of adequate and reliable gender-disaggregated data and statistics is vital for planning and implementing any programme. It is not possible to develop project budgets that are gender-responsive if the gender-disaggregated data is not available.

Data and evidence generated as a result of gender assessments can be used to identify gaps, set priorities and budgets, and develop informed strategies that respond better to the needs of all men and women. During the project implementation stage, gender-disaggregated data are used to track progress on goals and targets. This information is significantly important and helps in developing more effective programme activities and budgets in the next financial period.

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[1] Based on "five-step approach" developed by Budlender, Debbie, Diane Elson, Guy Hewitt and Tanni Mukhopadhyay (2002). Gender Budgets Make Cents: Understanding Gender Responsive Budgets. London: Commonwealth Secretariat.

Costing for Gender Equality and Equity

Costing is the process that helps in estimating the financial cost of undertaking an intervention or delivering services and goods. With this information, it is possible to quantify the human, infrastructure, material and financial resources required to implement a programme and/or deliver services to people and to ensure that adequate resources are allocated for it, in programme budgets.

Costing can be used to:

- Assist in transforming strategies and plans into operational and monitorable action plans and budgets;
- Propose the resources and funding required to meet project targets, including human resource, material and infrastructure costs;
- Guide project/programme staff on programme implementation, showing which activities are required to be prioritised as well as setting timelines of various programme interventions in order to maximise the efficiency of budget allocations.

Estimating financial costs for undertaking an intervention is an important component of evidence-based planning and budgeting process. Costing approach provides valuable information on the financial resources required to achieve better outcomes and benefits for all beneficiaries including men, women, boys and girls. It can also be used to assess the social and economic costs of inaction on addressing gender inequity.

Costing Approaches

There are three approaches to costing gender equity:

Unit Costing calculates the financial resources needed to achieve the programme/project goals, implement a strategy or intervention, or deliver a service. It calculates the total cost of a service based on the unit cost of individual goods or services.

A unit cost is a cost incurred to produce, provide or deliver one unit of a particular product or service. **This includes all fixed costs (i.e. infrastructure and equipment) and all variable costs (i.e. human resource, materials, consumables) involved in service provision**.

In case of costing gender equity interventions in the eye health sector, a unit could be the screening or examination of a single patient, providing a pair of spectacles, providing a training workshop to male and female workers or implementing an entrepreneurial activity for unemployed women and men. To address gender equity in budgets, the allocation of unit costs can be determined considering the findings of gender analysis and analysing the gender-disaggregated data and statistics.
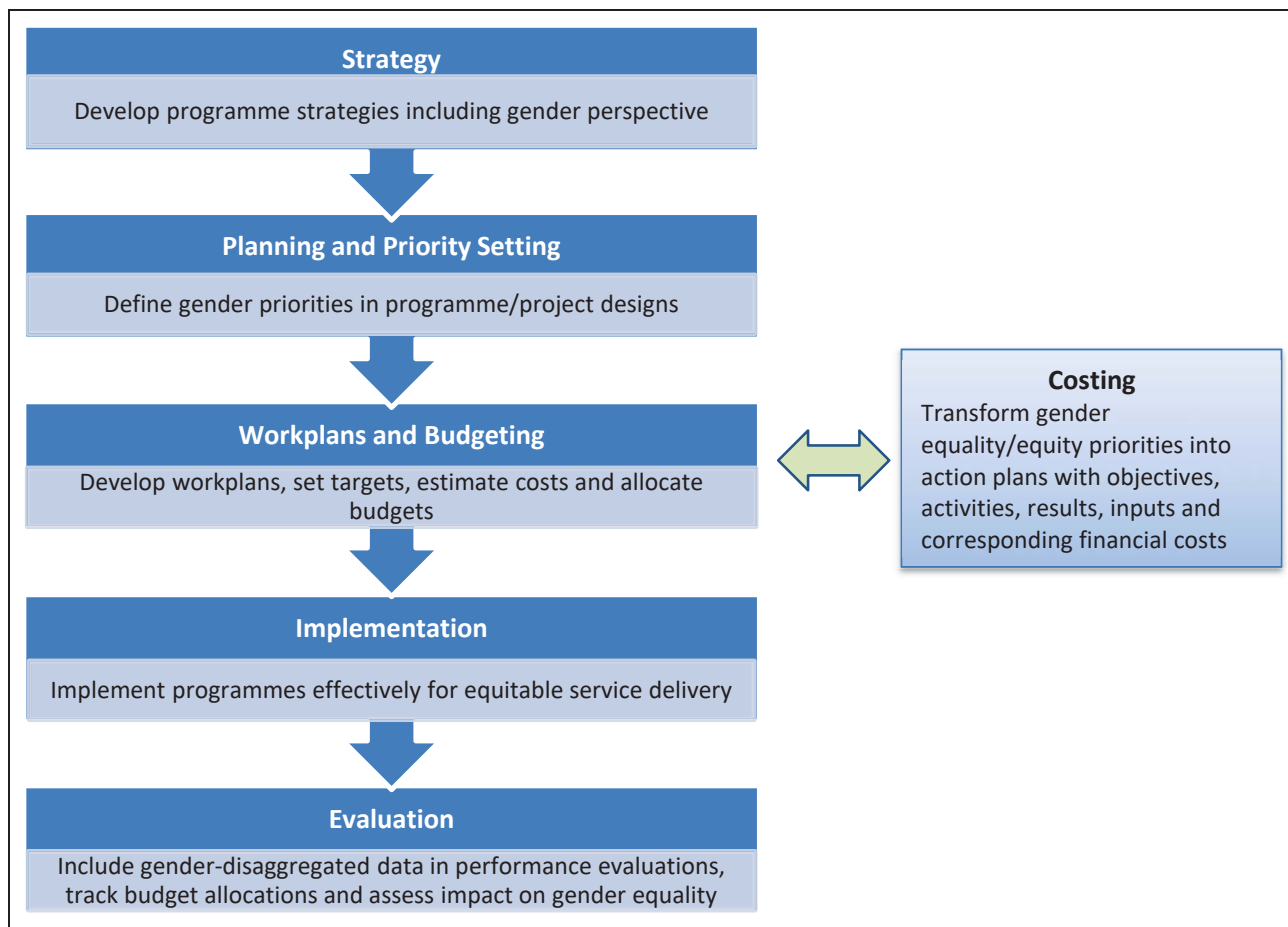
Impact Costing is used to calculate the socio-economic impact of a given intervention or problem in monetary terms. It can be used to demonstrate the effects and cost of taking or not taking action to address a given problem. It can also highlight the benefits an intervention would yield. The costs are often calculated using a unit cost approach, in addition to projecting the intangible costs.

Impact costing is best used for highlighting and raising awareness of the widespread effects of not addressing gender needs appropriately, on individuals and society. The costing methodology is a comprehensive and lengthy process and data needs are extensive.

Costing for Gender-Responsive Budgets analyses gender gaps in plans and budgets and estimates the costs of required actions. It calculates the costs of an intervention or a service as part of a planning and budgeting process.

Costing for gender-responsive budgets estimates the financing needs of interventions as part of a broader planning and budgeting process. Being an integral part of gender-responsive planning and budgeting, the purpose of costing is to ensure that resources are appropriately allocated to all programmes and services, according to the respective needs of women and men.

The following figure, adapted from the UNWomen publication "Handbook on Costing Gender Equality", summarises the link between costing and gender-responsive budgeting:

Strategy
Develop programme strategies including gender perspective

Planning and Priority Setting
Define gender priorities in programme/project designs

Workplans and Budgeting
Develop workplans, set targets, estimate costs and allocate budgets

Costing
Transform gender equality/equity priorities into action plans with objectives, activities, results, inputs and corresponding financial costs

Implementation
Implement programmes effectively for equitable service delivery

Evaluation
Include gender-disaggregated data in performance evaluations, track budget allocations and assess impact on gender equality

Costing in Gender-Responsive Budgeting Cycle

References:

1. Handbook on Costing Gender Equality: http://www.unwomen.org/en/digital-library/publications/2015/7/handbook-on-costing-gender-equality

2. Gender-Responsive budgeting in Asia and the Pacific: Key Concepts and Good Practices: https://www.unescap.org/resources/gender-responsive-budgeting-asia-and-pacific-key-concepts-and-good-practices

3. Gender Budgeting: https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-budgeting

4. *"Improving budgets: A framework for assessing gender-responsive budget initiatives"*
Rhonda Sharp (Hawke Research Institute for Sustainable Societies, University of South Australia)
Diane Elson (Department of Sociology, Essex University, UK)