The Fred Hollows Foundation

Australian Aid

GAPSED+ Guidance Manual

A Practical Guide to Embedding GAPSED+ throughout the Project Cycle

CONTENTS

ACKNOWLEDGEMENTS

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DISCLAIMER

ABOUT THE FRED HOLLOWS FOUNDATION

The Fred Hollows Foundation is a non-profit aid organisation, with its global office in Sydney, Australia. The Foundation was founded in 1992, by eye surgeon Professor Fred Hollows. The Foundation focuses on treating and preventing avoidable blindness and other vision problems around the world. It operates in Australia, Southeast Asia, East Asia, the Middle East, and Africa.

ABOUT THE AUTHOR

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ACRONYMS

ACFID	Australian Council for International Development
ACHO	Aboriginal Community Controlled Health Organisation
ANCP	Australian NGO Cooperation Program
DFAT	Department of Foreign Affairs and Trade
DPO	Disabled Persons Organisation
GAPSED+	Gender, Age, Place of Residence, Socioeconomic Status, Ethnicity/Indigeneity, Disability, and 'Plus' (context-specific)
GEDSI	Gender Equality, Disability, and Social Inclusion
IAP	Indigenous Australia Program
INGO	International Non-Governmental Organisation
IPEC	Integrated Person-Centred Eye Care
KEQs	Key Evaluation Questions
LGBTIQA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, and other diverse identities
MERL	Monitoring, Evaluation, Reflection, and Learning
MOU	Memorandum of Understanding
MSC	Most Significant Change
NGO	Non-Governmental Organisation
OPD	Organisation of Persons with Disability
PSEAH	Preventing Sexual Exploitation, Abuse and Harassment
RAAB	Rapid Assessment of Avoidable Blindness
RHO	Rights Holder Organisation
RIF	Results and Impact Framework
SC	Steering Committee
SES	Socioeconomic Status
SMART	Specific, Measurable, Achievable, Relevant, and Time-bound
TOC	Theory of Change
TOR	Terms of Reference
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
WGQs	Washington Group Questions
WG-SS	Washington Group Short Set
WHO	World Health Organisation

SECTION 1: SETTING THE SCENE

ABOUT THIS GAPSED+ GUIDANCE MANUAL

This GAPSED+ Guidance Manual is a practical resource designed to help The Foundation's country programs and implementing partners embed equity-focused approaches throughout the project cycle. It provides a structured framework for identifying and addressing systemic barriers to eye health access, ensuring that programs are inclusive, sustainable, and responsive to the needs of marginalised communities. The manual outlines key concepts within the GAPSED+ Framework, offering step-by-step guidance, tools, and checklists to support situational analysis, stakeholder engagement, program design, implementation, and evaluation. While this manual serves as an advisory tool, it is intended to be adapted to different contexts and should be used alongside local expertise and participatory approaches to drive meaningful change in eye health equity.

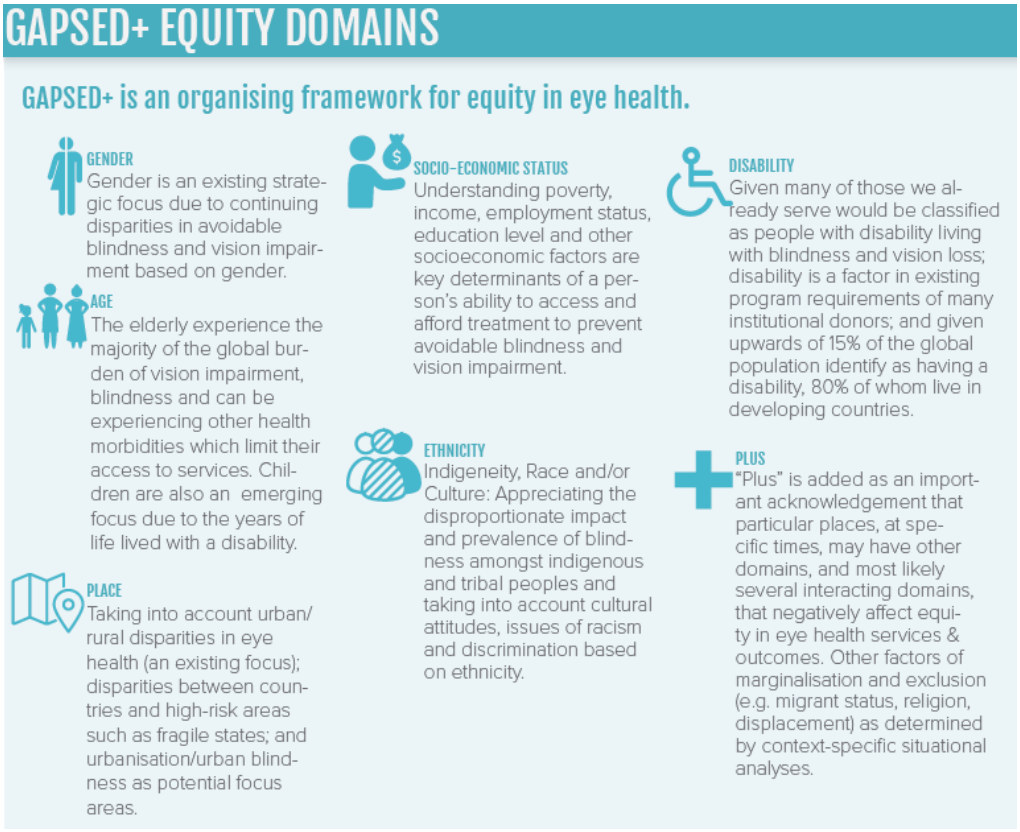
Understanding Equity in Eye Health

The GAPSED+ Framework is an equity-focused organising framework developed by The Fred Hollows Foundation to address eye health inequities, ensuring a human rights-based approach to programming and decision-making.

Equity in eye health means the absence of avoidable, unfair, or remediable differences in healthcare access among populations. Some individuals, such as those with disabilities, living in remote areas, or economically disadvantaged, require additional support to achieve equitable access to eye health services.

What does GAPSED+ stand for?

The framework identifies key domains of inequity that affect access to eye health services.



HOW THE MANUAL IS SET OUT

This Guidance Manual is structured to provide practical guidance on embedding the GAPSED+ framework across the project cycle. Each section offers frameworks, tools, and step-by-step guidance to support users in applying GAPSED+ principles effectively.

Section 1: Setting the Scene – Introduces the GAPSED+ Framework**,** explains its purpose, and provides background on its relevance to eye health programming**.** It also outlines the overarching equity policies and principles guiding The Fred Hollows Foundation's approach.

Section 2: Understanding the GAPSED+ Framework – Breaks down each GAPSED+ domain and explains their role in health equity.

Section 3: Applying GAPSED+ Across the Project Cycle – Provides practical steps for integrating GAPSED+ in each phase of a project, including:

- **Situational Analysis** – Identifying barriers to eye health and assessing inequities.
- **Stakeholder Engagement** – Collaborating with **Rights Holder Organisations (RHOs),** such as Women's Organisations and Organisations of Persons with Disabilities and affected communities.
- **Project Design** – Embedding equity in problem analysis, solutions development, and Theory of Change.
- **Implementation** – Ensuring inclusive service delivery and **ongoing engagement** of marginalized groups.
- **Monitoring, Evaluation, Reflection, and Learning (MERL)** – Tracking progress, measuring impact, and using insights to improve future programming**.**

Section 4: Additional Resources – Provides definitions, tools, templates, and checklists to support implementation and ensure consistency in applying GAPSED+ principles.

Each section includes key messages, practical tools, and checklists to help users translate equity principles into actionable steps. Designed for flexibility, this manual can be used as a comprehensive guide or referenced selectively based on project needs.

OVERARCHING FRAMEWORKS

Key Message: The Foundation employs a holistic, rights-based approach that systematically identifies and addresses barriers to equitable eye health, ensuring that marginalised and underserved communities receive the care they need in an inclusive, sustainable, and ethical manner

The Foundation's Human Rights, Equity & Inclusion Policy
The Foundation's Human Rights, Equity and Inclusion Policy establishes equity and inclusion as fundamental principles in The Foundation's governance, programming, and advocacy.

Core Principles of the Human Rights, Equity and Inclusion Policy:

- Human Rights-Based Approach
- Recognises eye health as a fundamental human right.
- Ensures universal access, non-discrimination, and participation.
- Aligns with international human rights frameworks

GAPSED+ Equity Organising Framework
The Foundation applies an intersectional framework to identify and remove systemic barriers to eye care, addressing disparities based on:

- Gender
- Age
- Place of residence
- Socio-economic status
- Ethnicity/Indigeneity
- Disability
- + Other forms of social exclusion

Priority Focus Areas:

Gender Equity
- Aligns with DFAT International Gender Equality Strategy
- Advocates for gender-responsive healthcare and leadership representation in line with Women Deliver Eye Health: Let's Reframe Who Leads it a report commissioned by The Foundation
- Guided by the Women and Girls Strategic Action Plan and the UN Women Policy Brief: No Woman Left Behind - Closing the Gender and Inclusion Gap in Eye Health

Disability Inclusion & Rights
- Aligns with DFAT's Disability Equity and Rights Strategy DFAT's Disability Equity and Rights Strategy
- Guided by The Foundation's Rough Guide to Disability Inclusion and The Foundation's Rough Guide to Disability Data

Older Populations
- Why our focus on Healthy Ageing?.
- Report: Addressing the needs of Older People with Disabilities
- Connecting Healthy Ageing and Vision

Indigenous & Tribal Peoples' Rights
- Upholds self-determination and Indigenous-led service models.
- Embeds culturally safe and community-led healthcare practices.
- Aligns with DFAT's GEDSI and First Nations Engagement Note.

Governance, Ethical Practice & Accountability
- Adheres to the Australian Council for International Development (ACFID) Code of Conduct.
- Aligns with The Foundations Australian NGO Cooperation Program (ANCP) GEDSI Minimum Standards for social inclusion and ethical governance.

The Foundation's 2024-2028 Strategy
The Foundation's five-year strategic plan is designed to drive long-term, systemic change in eye health through locally driven, scalable, and equitable solutions.
Key Areas of Focus in Strategy:
- **Strengthening Health Systems for Integrated Person-Centred Eye Care (IPEC)**
  - Embeds equity, accessibility, and quality into national and community-based health systems.
  - Advocates for policy reform and government investment to integrate sustainable eye care services.
  - Expands multi-sectoral collaboration in health, education, employment, and social protection.
  - "Increase access to and use of eye care, particularly in marginalised communities"
- **Innovative & Transformative Solutions**
  - Eliminates barriers to high-quality, cost-effective care.

    - Utilises digital health technologies and data-driven strategies to enhance service delivery.
    - Focuses on eliminating preventable blindness, including trachoma.
- **Advancing Eye Health as a Development Priority**
    - Demonstrates the economic and social benefits of investing in eye health.
    - Advocates for multi-sectoral action to enhance governance, accountability, and healthcare resourcing.
    - "Overcoming barriers for women and girls in accessing eye health"
    - Ensures gender equity and social inclusion are prioritised in policy, leadership, and workforce development.

Indigenous Australia Program (IAP) Principles and Commitments

The Foundation's Indigenous Australia Program ensures self-determination, culturally safe care, and health equity for Aboriginal and Torres Strait Islander Peoples.

Core Commitments of the Indigenous Australia Strategy:

- **Self-Determination & Indigenous Leadership**
    - Works in partnership with Aboriginal Community Controlled Health Services (ACCHSs).
    - Ensures Indigenous leadership in the design, implementation, and evaluation of programs.
- **Strengthening Partnerships & Collaboration**
    - Collaborates with governments, Indigenous-led organisations, and health sector partners.
    - Supports implementation of the **Strong Eyes, Strong Communities Plan**.
- **Culturally Responsive & Person-Centred Care**
    - Embeds culturally safe, community-led service models into national health strategies.
    - Ensures healthcare approaches are tailored to Indigenous perspectives and needs.
- **A Commitment to Lasting Impact**

The Foundation ensures that eye health services are a vehicle for systemic transformation by embedding equity, inclusion, and self-determination across all strategies. Ethical governance, community partnerships, and policy advocacy create sustainable, high-impact programs that drive meaningful and measurable change for the world's most underserved populations.

SECTION 2: THE GAPSED+ FRAMEWORK

UNDERSTANDING THE GAPSED+ FRAMEWORK

The GAPSED+ Equity Organising Framework is critical for ensuring that eye health programs are designed, implemented, and evaluated through an equity-focused lens. By understanding each domain within GAPSED+, The Foundation staff and partners can systematically identify and address barriers to care that disproportionately affect marginalised communities.

Effective equity-driven programming requires more than just acknowledging disparities; it involves applying GAPSED+ principles and practices throughout the project cycle, from situational analysis and project design to implementation, monitoring, and evaluation. Each domain provides insight into how different forms of marginalisation interact, ensuring that interventions are inclusive, culturally appropriate, and responsive to local needs.

Using the GAPSED+ Framework as a guiding structure, programs can create targeted, meaningful, and sustainable solutions that close health gaps, remove systemic barriers, and uphold the right to sight for all.

GENDER/SEX AND EQUITY

Key Message: The Foundation promotes gender equity in eye health, recognising women, girls, and gender-diverse individuals face systemic barriers to care. Through advocacy, gender-responsive programs, and inclusive policies, it aims to close the gender gap, ensuring equitable access, representation, and leadership in eye health while addressing intersecting forms of marginalisation.

Women and girls account for more than 55% of people living with avoidable blindness and vision impairment, yet they face numerous and intersecting barriers to accessing eye health services—particularly in low- and middle-income countries. Cultural norms that prioritise men's healthcare needs, combined with financial dependence, restricted mobility, and limited decision-making power, significantly reduce access for women and girls. These challenges are compounded by gender bias in healthcare, low literacy levels, limited health awareness, and caregiving responsibilities that often prevent women from prioritising their own health. Stigma and the absence of gender-sensitive services further discourage women and gender-diverse individuals from seeking care.

In response, The Fred Hollows Foundation recognises gender as a critical equity issue and is committed to advancing the inclusion of women and girls in eye health. Its work integrates advocacy, research, and policy initiatives such as the GAPSED+ equity organising framework, the Gender Equity and Inclusion Champions program, the Gender Learning Network, and the Global Equity and Inclusion Leadership Group. These initiatives provide opportunities to share knowledge, reflect on practice, and engage in continuous learning. Alongside training and guidance materials, they address the intersection of gender and age, contributing to the delivery of more comprehensive and inclusive eye health services.

This commitment is embedded in The Foundation's 2024–2028 Strategy (Goal 3, E), which aims to remove the barriers that prevent women and girls from accessing care. Strategies include gender-responsive programming, financial support, and targeted community outreach designed to improve service uptake and promote leadership opportunities for women. The Human Rights, Equity, and Inclusion Policy further reinforces this by recognising both sex and gender identity as key equity factors. By adopting a gender-inclusive framework that goes beyond the binary, The Foundation is also working to ensure that transgender, third gender, and non-binary individuals are meaningfully included in eye health programming and service delivery.

Together, these strategies reflect The Foundation's broader goal of closing the gender gap in eye health—through equitable access to services, increased female leadership in healthcare, and the integration of gender perspectives at every level of its work.

AGE AND EQUITY

Key Message: The Foundation underscores age equity in eye health, recognising that people at every stage of life face distinct barriers to care. Through research, advocacy, and targeted programs, it advances age-responsive interventions, ensuring better vision, healthy development, and improved quality of life across the life course.

Age is a defining factor in access to eye care, yet health systems often fail to consider how barriers evolve over a person's lifetime. The GAPSED+ Equity Framework highlights that children, adolescents, working-age adults, and older persons all experience unique challenges in

accessing care. Research shows that 73% of avoidable vision impairment occurs in people aged 50 and over, making aging a key equity concern. However, disparities extend beyond older populations—children and adolescents may need early vision screening for learning and cognitive development, working-age adults in low-income jobs may struggle with affordability and time constraints, and older people may face economic hardship and mobility barriers, leading to delayed diagnoses and worsening health outcomes.

Age-related inequities are often overlooked, resulting in missed opportunities for intervention and increased long-term health risks. For example, undiagnosed vision problems in children can negatively affect education and social development. At the same time, untreated eye conditions in older adults can increase the risk of falls, cognitive decline, and social isolation. By addressing these age-specific challenges, The Foundation ensures that eye health services are accessible, inclusive, and tailored to meet the needs of different age groups.

The Human Rights, Equity, and Inclusion Policy reinforces age as a key equity factor, ensuring that people of all ages are not excluded from care.

By tackling age-related barriers through policy, advocacy, and inclusive programming, The Foundation advocates equitable access to eye health as a lifelong right, not a privilege determined by age.

PLACE OF RESIDENCE AND EQUITY

Key Message: Geographic location significantly impacts access to eye health, creating inequities for rural, remote, urban poor, and nomadic populations. Barriers like infrastructure, cost, and exclusion worsen preventable vision loss. The Foundation supports tailored interventions to ensure equitable eye care, regardless of where people live.

The Foundation acknowledges that place of residence is a fundamental determinant of health equity, directly affecting a person's ability to access, afford, and receive quality eye health services. As outlined in the GAPSED+ Equity Organising Framework, these geographic disparities exist both between and within continents, countries, regions, and cities, disproportionately affecting people in rural, remote, and marginalised urban settings.

For people in rural and remote areas, poor eye health outcomes could be driven by limited healthcare infrastructure, a shortage of trained professionals, high costs of service delivery, and long travel distances to the nearest eye care facility. Many rural communities may experience delayed diagnosis and treatment, increasing the risk of avoidable blindness and vision impairment. In contrast, urban poor populations, particularly those living in informal settlements and insecure housing, can fall through the cracks of health systems, with inadequate or unaffordable services, overcrowded health facilities, and exclusion from formal healthcare planning.

For nomadic and semi-nomadic communities, accessing eye care is even more challenging due to seasonal mobility, lack of permanent healthcare facilities, and exclusion from routine outreach programs. These populations are often missed during standard healthcare interventions, leaving them disproportionately affected by undiagnosed and untreated vision conditions.

Place of residence is an equity issue because geographic location should not determine a person's ability to access essential healthcare. However, systemic barriers—such as healthcare centralisation, cost disparities, and exclusionary policies—reinforce inequities in eye health access. Those living in remote, dispersed, or underdeveloped areas face higher rates of preventable vision loss, which affects their education, employment, and overall well-being.

The Foundation recognises that tailoring eye health interventions to meet underserved and geographically isolated populations' unique needs is essential to achieving equity.

SOCIOECONOMIC STATUS AND EQUITY

Key Message: Socioeconomic status significantly impacts access to eye health, with lower-income individuals facing financial, geographic, and systemic barriers. The Foundation prioritises equity by addressing affordability, accessibility, and intersecting inequalities, ensuring that poverty is not a barrier to essential eye care and breaking the cycle of avoidable blindness and vision impairment.

Socioeconomic status (SES) is a central pillar of the GAPSED+ Equity Organising Framework, recognising that factors such as poverty, income, employment, and education significantly shape access to eye health services. The Fred Hollows Foundation's 2024–2028 Strategy reinforces this by highlighting the link between improved eye health and broader outcomes like higher living standards, increased economic participation, and enhanced community well-being.

Economically disadvantaged communities are often disproportionately affected by eye health inequities. Barriers such as unaffordable treatment costs, low health literacy, and poor geographic access can make timely eye care out of reach. Studies show a strong inverse correlation between SES and the prevalence of blindness and vision impairment - those in lower-income communities and low-resource settings are significantly more likely to be affected. Financial hardship and competing priorities often force individuals to delay or forgo necessary care, resulting in avoidable vision loss that could have been prevented with early intervention.

The Foundation's Human Rights, Equity, and Inclusion Policy explicitly recognises SES as a key equity factor linked to broader issues of human rights and systemic exclusion. Addressing inequities in eye health requires dismantling the barriers that marginalised populations face when trying to access care. SES also intersects with other equity factors—such as place of residence, ethnicity, gender, and disability—deepening the impact of exclusion. For instance, equity analysis from the Indigenous Australia Program (IAP) highlights how the combined effects of poverty and remoteness make travel for eye care both costly and logistically challenging, a reality mirrored in many of The Foundation's international program contexts.

In response, The Foundation integrates SES equity across its programming, advocacy, and policy work to ensure eye health services are not only available but truly accessible to low-income communities. Strategies include subsidised treatments, mobile and community-based service delivery, and capacity building for local healthcare providers. By embedding SES considerations into all aspects of its work, The Foundation aims to break the cycle of poverty and preventable blindness—ensuring that financial hardship is never a barrier to quality eye care.

ETHNICITY, INDIGENEITY, RACE, CULTURE AND EQUITY

Key Message: Ethnicity, Indigeneity, race, and culture shape access to eye health, with marginalised communities facing systemic barriers. The Foundation prioritises culturally safe, inclusive, and community-led healthcare, ensuring equitable eye care by partnering with Indigenous and ethnic organisations, advocating for policy change, and addressing intersectional inequities globally.

Ethnicity, Indigeneity, race, and culture are critical domains within the GAPSED+ Equity Organising Framework, recognising that historical and systemic inequities often shape access to healthcare for marginalised ethnic and Indigenous communities worldwide. In many countries where The Fred Hollows Foundation operates, ethnic minorities and Indigenous peoples experience barriers to quality healthcare due to political underrepresentation, discrimination, socioeconomic disadvantage, and geographic isolation.

These inequities are often compounded by language barriers, and a lack of culturally safe healthcare services. In some cases, mainstream health systems fail to provide linguistically appropriate care, respect traditional healing practices, or acknowledge the specific health challenges faced by racial and ethnic minorities. Additionally, racism and systemic discrimination within healthcare settings can discourage people from seeking timely eye care, leading to higher rates of preventable blindness. The Human Rights, Equity, and Inclusion Policy affirms The Foundation's commitment to upholding the rights of all people "regardless of race, ethnicity, nationality, indigeneity, and cultural beliefs". This principle is reflected in The Foundation's global and country-specific programs, which aim to ensure that eye health services are accessible, culturally responsive, and designed in partnership with affected communities.

Indigenous Self-Determination and Community Control

For Indigenous and tribal communities, self-determination is central to achieving equitable health outcomes. Many indigenous populations lack political representation and face structural disadvantages, impacting their access to culturally safe, community-led healthcare services. In Australia for example, Aboriginal and Torres Strait Islander communities experience persistent health inequities, further exacerbated by under representation in government and the mainstream health sector. The Foundation's Indigenous Australia Program (IAP) directly responds to this challenge, ensuring that programs prioritise Indigenous leadership, uphold free, prior and informed consent, and support Aboriginal Community Controlled Health Services (ACCHOs).

The Foundation aligns its work globally with international frameworks such as the UN Declaration on the Rights of Indigenous Peoples (UNDRIP) and partners with Indigenous and ethnic minority organisations to deliver sustainable, rights-based eye care interventions.
By embedding ethnicity, indigeneity, race, and culture within its equity framework, The Foundation ensures that marginalised communities worldwide are not excluded from essential eye health services.

Important Note: DFAT has an agenda of embedding the perspectives of First Nations Australians in Australia's international development efforts. This emerging area of work builds on the First Nations Taskforce, the Ambassador for First Nations People, and the Indigenous Diplomacy Agenda, which guide DFAT's foreign policy, development, trade, and public diplomacy priorities for Indigenous Peoples in Australia and globally.

DISABILITY EQUITY

Key Message: People with disabilities face systemic barriers to eye care despite higher rates of vision impairment. The Foundation prioritises disability inclusion through accessible services, data-driven solutions, and partnerships with Disabled People's Organisations OPDs), ensuring equitable, rights-based eye health for all in alignment with global disability rights frameworks.

Disability is a critical equity issue in eye health, as people with disabilities face systemic barriers despite often having a greater need for services. The Fred Hollows Foundation has embedded disability inclusion into its human rights-based approach, making it a core part of the GAPSED+ Equity Organising Framework.

A literature review by The Foundation and CBM found that people with non-visual disabilities have higher rates of vision impairment than the general population, yet their eye health needs remain poorly understood. This highlights an urgent need for research, data collection, and targeted interventions to ensure eye care is inclusive and accessible.

However, barriers remain widespread. People with disabilities often experience:

- Physical inaccessibility in health facilities.
- Communication barriers that limit service access.
- Economic hardships that prevent them from seeking care.
- Social stigma and exclusion from treatment and rehabilitation.

The Foundation is committed to removing these barriers faced by persons with disability in accessing eye health. The Rough Guide to Disability Inclusion provides recommendations for disability-inclusive practices in all eye health programs and the Rough Guide to Disability Data provides guidance on the collection and use of disability data in programming and in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

Active participation is central to this approach, ensuring that people with disabilities have a voice in program design, implementation, and evaluation. Through project steering committees, program boards, and consultation groups, their lived experiences inform The Foundation's work, making programs more inclusive and effective.

The Foundation aligns with global disability rights frameworks, including the UNCRPD and WHO guidelines, while adopting best practices from resources like Accessibility GO – a guide developed by CBM Global that provides practical support on how to deliver a whole-of-organisation approach towards accessibility. By removing systemic barriers, The Foundation is working towards a future where everyone, regardless of ability, has access to essential eye care, ensuring that no one is left behind in the fight against avoidable blindness.

THE 'PLUS' (+) IN GAPSED+: A LOCALLY SPECIFIC AND CONTEXT-FOCUSED APPROACH

Key Message: The 'Plus' (+) in GAPSED+ ensures a flexible, context-specific approach to equity, addressing the needs of marginalised groups such as non-documented individuals, migrants, refugees, religious minorities, and LGBTQI+ communities. By identifying evolving inequalities, interventions are tailored to ensure inclusive and accessible eye health for all.

The 'Plus' (+) in the GAPSED+ Equity Organising Framework represents locally specific and context-driven factors contributing to marginalisation, exclusion, and vulnerability in accessing eye health services. Recognising that inequities shift across different settings, the 'Plus' ensures that the framework remains flexible and adaptable, allowing for a comprehensive and nuanced approach to equity.

Marginalised identities and underserved populations vary based on geography, sociopolitical context, and historical inequities. For example, in some regions, migrant, refugee, stateless, and non-documented populations may face significant barriers due to language differences, legal status, lack of access to healthcare systems, and financial hardship. In other contexts, religious minorities may experience systemic exclusion, discrimination in healthcare settings, or

restrictions on service access. Similarly, members of LGBTIQA+ communities often encounter stigma and bias within health systems, making it difficult to seek care safely. People living in conflict-affected or fragile states may experience disrupted healthcare services, forced displacement, and increased exposure to preventable diseases, including vision impairment.

By embedding a context-sensitive approach through the 'Plus' component, the GAPSED+ framework ensures that situational analyses, project development, and service design are informed by ethical, inclusive, and high-quality evidence. In line with The Foundation's Research & Evaluation Policy, this approach prioritises rigour, integrity, and respect for marginalised populations in all research and evaluation activities. It supports the identification of those most at risk of exclusion in each setting and enables the design of interventions that are locally relevant, safe, and responsive to diverse lived experiences. By grounding programming in robust, context-driven data and elevating community voices, the 'Plus' component strengthens the framework's ability to respond to emerging inequalities and adapt to dynamic social realities—ensuring more equitable access to eye health services.

INTERSECTIONALITY AND EQUITY

Key Message: Applying an intersectional lens within the GAPSED+ Equity Organising Framework allows The Fred Hollows Foundation to identify and address overlapping barriers to eye health—such as gender, indigeneity, disability, and socioeconomic status. This ensures that programs are inclusive, culturally responsive, and tailored to the needs of those most at risk of exclusion.

Achieving equity in eye health requires recognising that marginalisation is shaped by multiple, intersecting forms of disadvantage. Social identities—such as gender, disability, ethnicity, and income—do not exist in isolation. Instead, they combine to create compounded barriers that affect how individuals' access and experience healthcare.

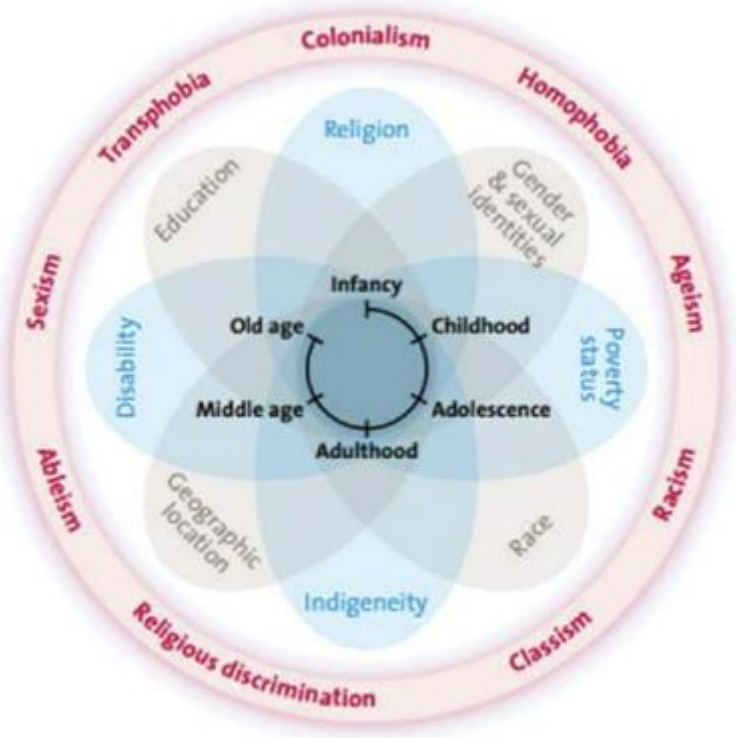
Examples:

- An older woman with a disability in a remote community may face gender-based discrimination, ageism, ableism, financial constraints, inaccessible healthcare infrastructure, and geographic isolation, making it significantly more challenging for her to receive essential eye care.
- An Indigenous and ethnic minority populations often experience exclusion from mainstream healthcare systems, leading to higher rates of preventable blindness due to historical marginalisation, underfunded health services, and cultural barriers in treatment.

The Fred Hollows Foundation embeds intersectionality as a guiding principle across its GAPSED+ Framework and Human Rights, Equity & Inclusion Policy. While the policy may not use the term explicitly, it reflects intersectional thinking by emphasising the need to address multiple, overlapping inequities in program design and delivery.
The GAPSED+ Framework enables the Foundation to examine how different dimensions of exclusion interact—such as gender and poverty or ethnicity and location—and tailor interventions accordingly. For example:

- A woman with a disability living in a remote area may face discrimination, financial barriers, and geographic isolation, severely limiting her access to care.
- Gender-responsive programming addresses the financial, cultural, caregiving and geographical barriers women face in accessing eye care.

- Indigenous communities may experience systemic exclusion due to historical marginalisation, underfunded health services, and culturally unsafe care.
- The Indigenous Australia Program supports Aboriginal and Torres Strait Islander leadership in funding and providing continued support for culturally safe, community-led services.



This diagram from UN Women's ***Intersectionality Resource Guide and Toolkit*** represents the overlapping nature of identities across the life cycle, reinforcing the need for an intersectional lens.

This intersectional approach is grounded in ethical, high-quality evidence, aligning with The Foundation's Research & Evaluation Policy. By combining quantitative and qualitative data and centring community voice, The Foundation ensures its work is responsive to context and informed by lived experience.

Through this commitment, The Foundation is building an equitable eye health system that dismantles—not reproduces—barriers, ensuring that no one is left behind in the fight against avoidable blindness.

SECTION 3: APPLYING GAPSED+ ACROSS THE PROJECT MANAGEMENT CYCLE

PROJECT INCEPTION

The project inception phase is a crucial stage where the structural elements for a successful and sustainable project are established. It's where project goals, scope, and strategies take shape, ensuring alignment with stakeholder priorities, community needs, and broader development objectives. A key component of this phase is the situational analysis, which provides the necessary data and insights about those who are most marginalised and under-represented to inform the project. This includes reviewing and using existing evidence and, where necessary,

the ethical and safeguarded generation of new evidence to ensure that project design is grounded in local realities. The situational analysis should consider, at a minimum, the GAPSED+ domains, as well as others that may be known to create disadvantages for local populations.

By assessing social, economic, environmental, and institutional factors affecting marginalised groups, the situational analysis helps identify opportunities, risks, and gaps the eye health project must address. This is also the critical stage for establishing collaborations with rights-holder groups, ensuring that the project is developed with, rather than for, the communities it seeks to serve. By engaging key stakeholders early and co-designing activities, the project is built on inclusivity, shared ownership, and contextual relevance. A well-executed inception phase, guided by GAPSED+, sets the stage for a robust, responsive, and impactful project cycle.

Situational Analysis

Key Message: A well-conducted situational analysis ensures that The Foundation and its partners systematically identify and address barriers and enablers influencing access to eye care. By directly engaging Rights Holder Organisations (RHOs), we gain insights into the structural, financial, cultural, and systemic factors that shape health access and outcomes. This process informs targeted, inclusive, and responsive programming that advances equitable eye health outcomes.

A situational analysis is a critical first step in the project cycle, providing a comprehensive understanding of the local context in which a project will operate. It involves gathering and analysing information about demographics, eye health data, healthcare systems, existing services, barriers to access, stakeholder priorities, and socio-political factors. A well-conducted situational analysis prevents assumptions from driving decision-making and ensures that projects align with local realities, national policies, and equity considerations. It includes reviewing and using existing evidence, and where gaps exist, the ethical and safeguarded generation of new evidence to strengthen analysis and design.

Using a GAPSED+ lens, ensures that issues related to gender, age, place of residence, socioeconomic status, ethnicity, disability, and other local factors are considered from the outset. The analysis helps shape targeted, inclusive, and sustainable project interventions by testing assumptions and identifying barriers.

Importantly, situational analysis is not a one-off exercise. It should be initiated during the inception phase and revisited regularly throughout the project cycle to reflect changes in context, community dynamics, and health systems. This iterative process allows programs to remain adaptive, relevant, and impactful over time.

For more information about Situational Analysis, see
- The Situational Analysis Manual
- The Situational Analysis Tool

Research Minimum Standards (RMS): Strengthening Ethical and Equitable Evidence Generation

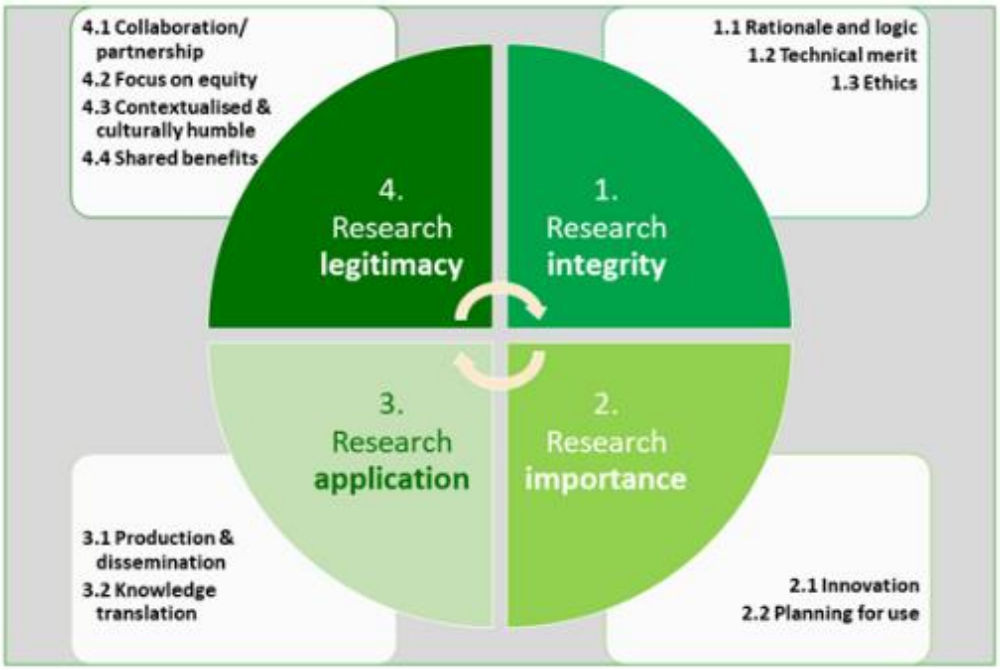
As part of The Fred Hollows Foundation's commitment to ethical, inclusive, and high-quality evidence generation, the Research Minimum Standards (RMS) framework offers practical guidance for ensuring that research supports equity, learning, and local action. Developed

collaboratively with country teams, consultants, and research advisors, the RMS is a values-driven tool designed to complement the GAPSED+ framework throughout the project cycle.

By defining what “good” research looks like in applied, program-linked contexts, the RMS promotes shared accountability, context-responsive governance, and equity-focused learning. In alignment with GAPSED+ principles, it supports research that is not only technically sound, but also relevant, inclusive, and ethically grounded.

While Research Technical Advisors continue to play a vital role in supporting design, quality assurance, and ethical oversight, the RMS is intentionally designed to build research capacity and confidence across country teams and local partners. It ensures that those closest to the work are not merely participants but co-leaders in shaping, interpreting, and using evidence, reinforcing the localisation and equity goals of GAPSED+.

The framework comprises four intersecting domains of research quality:



1. Research Integrity
2. Research Importance
3. Research Application
4. Research Legitimacy

Each domain includes sub-domains and a practical rubric to distinguish between minimum standards and above-standard criteria. More than a checklist, the RMS functions as both a benchmark for quality and a tool for continuous learning, fostering inclusive, collaborative, and transformative research practices.
When paired with the GAPSED+ lens, the RMS provides a robust foundation for ethical, equity-focused evidence generation that supports sustainable and locally led solutions in eye health.

For more information about Research Minimum Standards

- Research Minimum Standards
- Research Minimum Standards FAQs

Why partner with Rights Holder Organisations for inclusive eye health?

Partnering with Rights Holder Organisations (RHOs) is essential to delivering eye health programs that are inclusive, equitable, and grounded in the lived experiences of marginalised communities. RHOs—such as women's organisations, or OPDs—bring invaluable insights into the systemic barriers, cultural dynamics, and social determinants that shape access to care.

Involving RHOs from the outset—particularly during the situational analysis—ensures that projects are informed by real-world challenges and community-identified priorities rather than external assumptions. Their participation helps uncover locally relevant solutions, strengthens the evidence base, and supports the design of targeted interventions that reflect diverse needs and contexts.

Embedding RHOs engagement throughout the entire project cycle, from design to implementation, monitoring, and evaluation, reinforces a human rights-based approach. It ensures that those who hold the right to sight are actively involved in shaping how services are delivered to them. This engagement fosters community trust, strengthens shared ownership, and upholds ethical and safeguarding principles across both programming and evidence generation.

One practical way to facilitate ongoing and meaningful community engagement is through the establishment of **Local Community Advisory Groups.** These advisory groups serve as structured mechanisms for elevating the voices of community members and RHOs throughout the project cycle. When appropriately resourced and supported, LCAGs help ensure that project strategies, communication, and implementation approaches remain grounded in community realities, and that emerging concerns can be addressed in real-time.

To support teams in developing these structures, a Terms of Reference for Local Community Advisory Groups Template **is available and can be adapted to different country contexts.** The ToR outlines suggested composition (e.g. RHOs, traditional leaders, youth, people with lived experience of disability or vision impairment), purpose, meeting frequency, and roles such as advising on project design, monitoring equity risks, and sense-checking community-facing communication. Teams are encouraged to tailor the ToR collaboratively with local partners to ensure cultural appropriateness, representation, and functionality.

Ultimately, partnering with RHOs enables The Foundation to deliver more sustainable, rights-based and locally accountable eye health interventions that leave no one behind in the fight against avoidable blindness.

See Annex 3: Overview: Decision-Making for Conducting a Situational Analysis

This annex provides a decision-making framework for determining whether to conduct a GAPSED+ Situational Analysis in-house, outsource to consultants, or use a hybrid approach. The decision depends on internal expertise, available resources, and the complexity of the analysis needed.

RHOs play a critical role in this decision-making process, as stakeholder engagement and trust-building are key to ensuring an inclusive, equity-focused analysis. If strong RHO relationships exist, an internal or hybrid approach may be most effective, leveraging local insights. However, if specialised skills or independent evaluations are required, outsourcing may be the best option. This structured approach ensures credibility, community ownership, and strategic alignment in situational analysis.

See Annex 4: Overview: Conducting a Situational Analysis

This annex provides a structured approach for conducting a Situational Analysis, ensuring that findings inform evidence-based, equity-focused programming. It outlines key elements such as background, objectives, methodology, stakeholder engagement, deliverables, and timelines, helping teams systematically assess barriers and enablers to eye health access.

A critical component is stakeholder engagement, particularly with RHOs, government partners, and community leaders. Their involvement enhances credibility, ensures diverse perspectives are captured, and strengthens local ownership of interventions. Partnering with locally grounded RHOs also supports the ethical collection and use of evidence, embedding safeguarding principles throughout the process. The annex also guides decision-making on whether to conduct the analysis in-house or outsource it, balancing internal expertise with external technical support when necessary.

STAKEHOLDER ANALYSIS: ENGAGING RIGHTS HOLDER ORGANISATIONS FOR EQUITY

Key Message: Stakeholder analysis enhances equity and impact in eye health programs by identifying key stakeholders, power structures, and marginalised Rights Holder Organisations (RHOs).

Stakeholder analysis is a foundational component of program design, helping to create eye health interventions that are effective, inclusive, and sustainable. By systematically identifying and assessing key individuals, groups, and organisations, it clarifies who holds influence, who is directly affected, and how various interests intersect or diverge. This process is especially critical when engaging Rights Holder Organisations (RHOs)—those representing communities most impacted by blindness and vision challenges.

RHOs, such as organisations advocating for Indigenous peoples, women, people with disabilities, and other marginalised groups, play a dual role: they amplify the voices of rights holders while also being directly affected by the outcomes of eye health initiatives. Yet, despite their centrality, RHOs are often treated as beneficiaries rather than active decision-makers. Stakeholder analysis helps shift this dynamic by recognising their strategic importance and intentionally integrating their perspectives into program design, planning, and implementation. Doing so supports more equitable, contextually relevant, and rights-based approaches to eye health.

See Annex 6: Key RHOs Representing Marginalised Groups and Their Roles for more information about the various RHOs, their potential roles and priorities, and how they may be able to contribute to the project.

Why Stakeholder Analysis is a Cornerstone of Effective Program Design

A well-executed stakeholder analysis enables program teams to:

1. **Identify Key Players and Power Structures** – Understanding different stakeholders' influence, interests, and decision-making authority ensures that programs engage the right actors at the right time. This includes recognising systemic barriers that may prevent RHOs from having an equitable voice in health planning.
2. **Enhance Equity and Inclusion** – Stakeholder analysis highlights whose perspectives are underrepresented and provides a framework for ensuring RHOs are not just consulted but empowered as co-creators in program development.
3. **Anticipate Challenges and Build Consensus** – Engaging stakeholders early helps identify potential conflicts, align expectations, and build trust**,** reducing resistance and increasing buy-in from key groups.
4. **Improve Program Responsiveness and Sustainability**—By mapping out the needs and priorities of RHOs alongside other stakeholders, programs can design more targeted, locally relevant interventions that are owned and sustained by communities**.**
5. **Ensure Accountability and Continuous Learning** – Stakeholder analysis sets the foundation for clear accountability structures, ensuring that programs are responsive to the people they serve rather than dictated solely by external agendas.

Applying Stakeholder Analysis to Strengthen RHO Engagement

To maximise impact, stakeholder analysis should go beyond a technical exercise and be integrated into all stages of program design. This means:

- **Mapping Influence and Needs** – Identify where RHOs fit within broader health systems and determine the resources, capacity, and policy levers they need to participate meaningfully.
- **Addressing Power Imbalances** – Recognising that RHOs often face historical and systemic barriers to influence and proactively designing mechanisms that amplify their role in governance, funding decisions, and policy formation**.**
- **Creating Spaces for Meaningful Engagement** – Ensuring that RHOs are consulted for input and actively involved in shaping strategies and implementation plans**.**
- **Embedding Stakeholder Analysis in Ongoing Program Cycles** – Revisiting stakeholder dynamics regularly to adapt to shifting contexts, emerging challenges, and evolving community priorities**.**

Driving Equity and Impact Through Strategic Stakeholder Engagement

Stakeholder analysis is not merely a preliminary step; it is an ongoing process that shapes the design, execution, and evaluation of eye health programs. Programs can enhance equity, ownership, and long-term impact by systematically evaluating who holds power, who is impacted, and how to foster more inclusive decision-making spaces**.** When RHOs are actively involved, they contribute to developing solutions and advocate for ethical, protective practices that uphold the rights and dignity of the communities they represent. Ensuring a central role for RHOs in shaping solutions results in more sustainable, effective, and rights-based strategies to eliminate avoidable blindness**.**

PROJECT DESIGN

Project design is a critical phase in the project cycle where ideas are transformed into structured plans. This phase involves defining project objectives, identifying and engaging key stakeholders, developing strategies, and establishing implementation frameworks. Effective project design ensures that resources are allocated efficiently, risks are mitigated, and the project has a clear roadmap for success.

The GAPSED+ Framework is vital in enhancing the project design phase by providing a structured, evidence-based approach to planning.
It ensures that projects are

- Goal-oriented
- Adaptive
- Participatory
- Sustainable
- Evidence-based, and
- Data-driven

with an added focus on inclusivity and innovation.

Knowledge Translation of Situational Analysis into Project Design

Key Message: Translating situational analysis findings into project design ensures programs address barriers to equitable eye health. Engaging Rights Holder Organisations (RHOs) and marginalised communities in sense-making and prioritisation affirms that interventions are locally relevant and sustainable. A participatory approach fosters ownership, accountability, and impactful, community-driven solutions for long-term equity in eye care.

Translating findings from a situational analysis into a project design is critical to establishing programs that effectively address identified barriers and enablers of equitable eye health access. This process requires engaging stakeholders—especially Rights Holder Organisations (RHOs) representing marginalised communities—in sense-making, reviewing recommendations, and jointly prioritising actions.

A participatory approach enables program design to be informed by lived experiences and community knowledge rather than being imposed externally. This section outlines key steps to effectively achieve this translation.

Step 1: Engaging Stakeholders in Sense-Making

Why it matters
Stakeholder involvement in understanding the situational analysis findings ensures that different perspectives, lived experiences, and expert knowledge shape the project design. For a truly human rights-based approach that centres people with GAPSED+ characteristics, RHOs, community leaders, and marginalised groups must participate in this process to validate findings and identify priorities for action.

How to Do It

1. **Facilitate Stakeholder Dialogues**
   - Hold community forums, focus groups, and workshops to discuss key findings.
   - Explore insights using participatory techniques like storytelling, role-playing, and community mapping.

- Ensure accessibility (e.g., sign language interpreters, translated materials, gender-sensitive spaces).

2. **Use Participatory Analysis Methods**
   - Co-analyse findings with RHOs and community representatives.
   - Employ tools like problem trees, thematic clustering, or participatory ranking to identify major challenges and opportunities.
3. **Validate the Findings with Rights Holders**
   - Present findings back to RHOs and community representatives for validation.
   - Encourage feedback on whether the analysis accurately reflects their realities.
   - Adjust interpretations based on community insights.

Step 2: Reviewing Recommendations and Prioritising Actions

Why it Matters
Not all findings can be addressed simultaneously. Prioritisation ensures that the most urgent and impactful areas are targeted first, with the greatest benefits for marginalised groups.

How to Do It
- Co-Develop Prioritisation Criteria
- Work with stakeholders to set criteria for prioritising actions (e.g., urgency, feasibility, potential impact, alignment with community needs).
- Use tools like multi-voting, ranking matrices, or consensus-building discussions.

See Annex 6: The Prioritisation Criteria Template

A truly inclusive project design stems from a participatory process where situational analysis findings are understood and acted upon collaboratively. Engaging RHOs and marginalised communities in sense-making, prioritisation, and design ensures that interventions are responsive, sustainable, and equitable.

CO DESIGN

Key Message: Co-design is a collaborative approach that actively involves diverse stakeholders, including marginalised groups, in program development. It ensures GAPSED+ inclusion by integrating lived experiences, reducing barriers, and fostering equitable solutions. By centring community voices, co-design enhances program relevance, ownership, and impact, leading to more sustainable and inclusive outcomes.

At the project design stage, co-design is a collaborative approach that ensures meaningful engagement, accessibility, and participatory decision-making for key stakeholders. It goes beyond consultation by actively involving RHOs—such as Women's Organisations, Organisations of Persons with Disabilities, and Indigenous Groups—in shaping projects, and services. This process, and its outcomes, enhances inclusivity, effectiveness, and sustainability throughout the entire project cycle.

Effective co-design processes must ensure full and equal participation of RHOs and community representatives, removing barriers to accessibility and addressing power imbalances. This section provides practical guidance on how The Foundation and its partners can implement genuine and inclusive co-design strategies.

Principles of Meaningful Co-Design

1. Power-Sharing and Equal Decision-Making

- Ensure RHOs and affected communities are included from the outset and not just consulted at later stages.
- Establish shared leadership models where stakeholders have equal say in decisions.
- Provide compensation for participation, recognising the expertise and time of marginalised groups.

2. Accessibility for Full and Effective Participation

- Ensure that venues, materials, and communication are accessible to all participants.
- Provide accessible formats for all communication (e.g., Braille, large print, plain language, sign language interpretation).
- Conduct meetings in accessible venues, ensuring they are wheelchair-friendly and have the necessary accommodations.
- Offer remote participation options for those unable to travel.

3. Culturally and Contextually Appropriate Engagement

- Respect traditional knowledge and leadership structures.
- Use local languages and community facilitators to ensure full comprehension.
- Allow flexibility in processes to accommodate different cultural practices.

4. Avoiding Tokenism

- Move beyond symbolic representation—engagement must influence decisions and actions.
- Provide capacity-building support to enable meaningful contributions.
- Ensure follow-through on community recommendations with transparent reporting on how input is used.

5. Appropriate Funding and Flexible Reporting for RHOs

- Ensure RHOs receive adequate financial support to participate effectively.
- Provide funding for travel, accommodation, and participation costs.

- Recognise the need for administrative and capacity-building support for RHOs, ensuring sustainability.
- Use flexible reporting requirements that acknowledge the realities of RHOs and community-led initiatives.
- Avoid overly complex compliance processes that may exclude grassroots organisations from being active partners.

Representatives from various RHOs and the communities must be included and empowered as co-creators, ensuring that solutions are inclusive, practical, and transformative.

Co-design is essential for developing inclusive, effective, and sustainable programs that truly reflect the needs of marginalised communities. By fostering power-sharing, accessibility, and culturally responsive engagement, co-design ensures that RHOs and affected groups are not just participants but co-creators. Embedding these principles strengthens program impact, equity, and long-term success.

UNDERSTANDING EQUITY GAPS TO ESTABLISH LEVEL OF NEED

Key Message: Projects must apply an equity lens, using analysis of GAPSED+ factors, including relevant prevalence and service update data to understand the extent to which access is currently meeting need and, for example, how many more women and girls, or members of other marginalised groups would need to be reached to achieve equity of outcomes. This is essential for determining relevant equity objectives and for informing the project Theory of Change.

Achieving equity in eye health outcomes requires deliberate analysis and planning. The Fred Hollows Foundation mandates that all new projects apply this equity lens during situational analysis and project development to identify and address inequities. This section of the guidance manual provides a clear, step-by-step approach to understanding equity gaps using prevalence and population data and setting measurable targets to achieve more equitable outcomes in line with The Foundation's goals.

1. **Identify Relevant Equity Factors (GAPSED+) in Context:** Begin by determining which GAPSED+ factors are most pertinent to your project's context. Not every project will focus on every factor, so choosing the key dimensions of inequity that the situational analysis and context suggest is important. The GAPSED+ domains serve as a "looking glass and not a prescription" – you should prioritise domains that align with the country's context and The Foundation's capacity to impact.

2. **Gather and Disaggregate Prevalence & Population Data:** Collect the best available data on eye health prevalence and service coverage, broken down by the relevant GAPSED+ categories.

    - **Analyse prevalence data:** For example, rates of blindness, vision impairment, disease prevalence and population data (demographic information about the groups in your area) to understand the scale of needs.
    - **Disaggregate this data by groups**: for instance, by gender, age group, location, socioeconomic status, etc. – to reveal differences in prevalence in relation to access to services. Sources might include national health surveys, Rapid Assessment of Avoidable Blindness (RAAB) studies, health clinic records, or community assessments.
    - **Ensure data is as recent and localised as possible**: If certain disaggregation (like disability status or ethnicity) is not readily available, consider conducting a baseline study or using proxy indicators to get this information. Remember,

analysis of this disaggregated data provides the basis for spotting equity gaps – if you don't break data down by GAPSED+ factors, inequities will remain hidden.

- **Use mixed methods approaches to enrich your data:** When possible, combine quantitative prevalence data with qualitative insights from focus groups, interviews, or participatory methods to better understand the experiences behind the numbers. This enables a deeper understanding of barriers and enables more nuanced and inclusive programming.

3. **Identify and Quantify Equity Gaps:** With disaggregated data in hand, analyse it to identify which groups are faring worse on key eye health indicators in relation to prevalence.

   Look for disparities between groups. Who has the lowest service coverage in relation to disease prevalence? Calculate the differences or ratios between groups to quantify the gap. For instance, you might find that cataract surgical coverage is 10% lower in women than in men or that refractive error correction rates in rural areas are half those in urban areas, even though more women than men have cataracts. You may also find that the disparities would be even greater if we had age disaggregated data for those over 50, with those in their sixties, seventies and eighties having lower coverage than those in their fifties. These differences represent equity gaps – avoidable and unfair inequalities in outcomes. Prioritise the most significant gaps that align with your project's scope.

   A useful approach is to ask: "Which gaps, if addressed, would most improve equity in eye health outcomes?" Focus on gaps backed by data and considered important by local stakeholders (e.g. the community and health authorities). Document the baseline figures for each identified gap (for example, baseline coverage % for each group), which will inform your targets.

Tip: Presenting the disparities in a simple table or graph can help stakeholders clearly see the inequity. For example, data from Cambodia showed blindness prevalence in women 50+ was 3.2% versus 1.6% in men, and cataract surgery coverage was ~69% for women versus ~79% for men – a clear gender gap prompting action. By quantifying such gaps, you set the stage for targeted interventions[1].

4. **Assess Data Gaps and Address Missing Information:** Identify any missing data or information gaps hindering your analysis. For example, perhaps you have data by gender and age but lack data on disability or ethnicity status. Rather than ignoring those factors, plan to address the gaps.

   - Acknowledge **how incomplete data might affect your understanding of equity**. Be mindful that "incomplete data impedes analysis" of disparities[2].
   - Consider solutions. Can you obtain the data through a focused survey, community consultation, or national/regional statistics as an approximation? If time or resources are limited, even qualitative information from focus groups or key informants can shed light on challenges under-represented groups experience.
   - Even when a data collection activity may not require external ethical review, **ensure any additional data collection adheres to ethical and safeguarding principles**, particularly when engaging vulnerable populations.

[1] RAAB Survey Example – Inequity in Cambodia (2019): *Higher blindness prevalence in women (3.2%) vs men (1.6%) and lower cataract surgery coverage in women (68.5% vs 78.5%)*
[2] Guide to Equity-Driven Data – *Data quality and completeness considerations for equity analysis*

- **Involve Rights Holder Organisations** (RHOs) in designing questions and methods to promote respectful, context-appropriate, and safe data practices. This also enhances trust and strengthens data quality.
- **Document any assumptions you make due to missing data** (for instance, if there is no local disability data, you might use global estimates of disability prevalence).
- **Do not let data gaps immobilise target-setting**. Instead, include activities in your project plan to improve data on those groups (such as conducting a baseline study in the project's first phase).
- **Be cautious about data quality.** Check for any obvious errors or biases in the data. If a particular data point seems off or many records lack group identifiers, note this and adjust your confidence in that analysis.

By proactively addressing missing information, you ensure that all rights-holder groups remain visible in your planning process.

In summary, fill data gaps where possible and make informed estimates where necessary so that no equity factor is left out solely due to lack of data.

5. **Determine the size and scope of inequities for marginalised groups:** With the level of need and priority gaps identified and understood, along with the RHOs, determine the scope of inequities for different groups and the level of change that would be needed to close equity gaps.
   - For instance, how many more women would need to receive services to achieve equity of outcomes based on available prevalence data than are currently receiving services now? What is the size of the equity gap? Is it reducing or growing?
   - Determine the level of change that would be required to reduce the disparities or improving outcomes for the rights-holder group.

6. **Interpret the Findings and Understand Root Causes:** Once you have identified the equity gaps, take time to interpret why these gaps exist. This step is about turning data into insight.

- Convene discussions with stakeholders, including community representatives, local health staff, relevant experts, and RHOs, to understand the disparities, as well as the barriers and enablers to access.
- Use participatory methods when reviewing findings, encouraging RHOs and community stakeholders to validate interpretations and co-identify priorities. This builds buy-in and reflects the values of co-production and equity-focused evidence generation.

Examples:
- If data shows very low service uptake in a remote village, the reasons might include lack of transportation, cost barriers, or cultural beliefs.
- If women have lower surgery rates, the causes might be related to caregiving responsibilities or decision-making power in households.

Understanding these underlying causes is crucial because it will guide what kind of interventions and targets are appropriate.

- Use problem analysis tools (like a problem tree) to map how each inequity is linked to barriers and enablers identified in the situational analysis.

- Ensure that the analysis considers intersectionality – individuals may belong to multiple GAPSED+ categories (for instance, an older woman in a rural area might face compounded barriers).
- Engaging stakeholders in this sense-making process validates the data, helps review recommendations, and agrees on priorities for action.

By the end of this step, you should have a straightforward narrative of each significant equity gap, its likely causes, and agreement on which gaps the project will tackle.

This context will ensure that your targets (in the next step) are grounded and address the root issues, not just the symptoms.

EMBEDDING GAPSED+ CONSIDERATIONS IN PROBLEM ANALYSIS

Key Message: Embedding GAPSED+ in problem analysis ensures interventions address root causes and systemic barriers, leading to inclusive, equitable solutions. It strengthens project design by incorporating diverse perspectives and using tools like the Problem Tree method for participatory analysis. This approach enhances program impact, ensuring accessibility and relevance for marginalized communities.

Why Problem Analysis Matters

A well-structured problem analysis is a cornerstone of effective project design. It helps ensure interventions target root causes, not just surface-level symptoms.
When GAPSED+ considerations are embedded in this process, projects are more likely to address systemic barriers that affect different population groups—leading to more inclusive, equitable, and sustainable outcomes.

The Role of Problem Analysis in Project Design
During the design phase, problem analysis helps:
- Define the core issue the project aims to address.
- Explore contributing factors, including structural and institutional drivers.
- Assess the broader socio-economic and policy context.

Without a GAPSED+ lens, projects risk overlooking structural inequalities and may unintentionally reinforce existing disparities—limiting both reach and impact.

How to Embed GAPSED+ in Problem Analysis
To ensure an equity-focused approach:
- Collect Disaggregated Data
  Break down prevalence and service coverage data by relevant GAPSED+ factors (e.g. gender, age, disability, socioeconomic status, geography).
- Engage Affected Communities
  Use participatory methods to understand lived experiences and identify barriers that data alone may not reveal. Include RHOs and rights-holder groups in this process.
- Map Intersecting Barriers
  Explore how different identity factors (e.g. being an older woman with a disability in a rural area) combine to shape access to services and resources.

Example: An eye health project that overlooks gender norms or economic hardship may unintentionally exclude women or low-income communities from surgical services.

Making Problem Analysis Actionable
To support inclusive project design, findings from the problem analysis should be:

- **Evidence-Based:** Clearly cite data sources and methods.
- **Transparent:** Acknowledge data gaps and limitations.
- **Contextual:** Reflect local realities, not just national averages.
- **Usable:** Present findings in formats accessible to all stakeholders.

When participatory methods are used, ethical safeguards should be applied and informed consent obtained appropriate to the setting. RHOs should be engaged as co-designers, helping shape the process, questions, and tools used.

Recommended Tool: The Problem Tree
The Problem Tree is a simple but powerful tool that:

- Helps map out the root causes (the "roots") and effects (the "branches") of a core equity issue.
- Supports group discussion and visual thinking.
- Is particularly useful with RHOs, community partners, and non-technical stakeholders.

Use the Problem Tree to explore:

- What's driving disparities in access to care?
- What are the downstream consequences?
- What needs to change for equity to be achieved?

A problem analysis that fully integrates GAPSED+ factors strengthens the foundation for effective, equity-driven project design. It ensures that solutions are not only technically sound but also socially responsive, serving the needs of all stakeholders, especially those most marginalised.

Why Use a Problem Tree with RHOs and Marginalised Communities?

- **Encourages Participation** – Makes complex issues more accessible, allowing communities to contribute their lived experiences.
- **Reveals Root Causes** – Helps identify deeper structural barriers affecting equity and access.
- **Builds Shared Understanding** – Aligns different stakeholders on the key issues and their interconnections.
- **Strengthens Advocacy** – Provides a clear visual tool for influencing decision-makers and policy discussions.
- **Promotes Locally Driven Solutions** – Ensures interventions reflect the realities and priorities of affected communities.
- **Contributes to Ethical Practice** – When used intentionally, the method can support safe, dignified participation, particularly when community facilitators and RHOs help lead the process and ensure cultural and contextual appropriateness.

By integrating the Problem Tree method into problem analysis, projects can create more responsive, inclusive, and sustainable interventions that genuinely serve the needs of all stakeholders.

Access The Foundation's Problem Tree Template.

EMBEDDING GAPSED+ CONSIDERATIONS IN SOLUTIONS ANALYSIS

Key Message: A well-structured solutions analysis ensures interventions effectively address the root causes of inequities, leading to meaningful and sustainable impact. It helps project teams develop targeted, equity-driven strategies, align interventions with GAPSED+ factors, and transition from problem identification to action. This process is essential for creating inclusive and effective programs.

A well-structured solutions analysis is critical for designing equity-driven eye health interventions. While problem analysis (e.g. via a Problem Tree) uncovers the root causes of inequities, solutions analysis identifies practical, evidence-informed responses to address them.

This process should be grounded in:

- Evidence and past lessons: Use existing research, evaluations, and stakeholder insights to avoid repeating ineffective approaches and to choose context-appropriate solutions.
- Innovation where needed: In areas with limited evidence, test new approaches carefully ensuring ethical safeguards and ongoing monitoring are in place.

To embed GAPSED+ in this process, and particularly where there are significant equity gaps, a Twin Track Approach is recommended. A “twin-track approach” in Inclusive development refers to a strategy that combines mainstreaming equity considerations into all development efforts together with targeted, specific initiatives.

For example, taking a twin-track approach to disability inclusion would include:

Mainstreaming: This involves integrating disability considerations into the design, implementation, monitoring, and evaluation of all development programs and policies. It aims to ensure that development initiatives are accessible and inclusive for people with disabilities, addressing barriers related to physical access, communication, information, and more.

Targeted Support: This involves developing and implementing specific programs and initiatives that directly address the unique needs of people with disabilities. This may include providing assistive devices, specialized education and training, accessible healthcare services, or support for disability-specific organizations and advocacy groups.

The twin-track approach emphasizes a balance between these two tracks, recognizing that mainstreaming alone may not be sufficient to address all the needs of people with disabilities, and targeted support alone may not lead to sustainable inclusion. The specific balance between mainstreaming and targeted support should be tailored to the context and the specific needs of the community and individuals involved.

The twin-track approach emphasizes a balance between these two tracks, recognizing that mainstreaming alone may not be sufficient to address all the needs of people with disabilities, and targeted support alone may not lead to sustainable inclusion. The specific balance between mainstreaming and targeted support should be tailored to the context and the specific needs of the community and individuals involved.

The **Solutions Tree** is a useful tool for this step. By turning each root cause into a solution pathway, it helps teams—especially RHOs and community partners—visualise how specific actions can lead to equitable outcomes.

Why Use the Solutions Tree for GAPSED+ Analysis?

The Solutions Tree is a powerful tool for embedding equity considerations because it:

- **Directly links solutions to the root causes of inequities**, ensuring targeted and effective interventions.
- **Encourages participatory solution development**, making the process more inclusive for RHOs and community stakeholders.
- **Provides a clear visual framework** for prioritizing interventions and aligning strategies with community needs.
- **Integrates GAPSED+ factors**, ensuring that solutions focus on the most marginalized populations.
- **Facilitates the transition from problem diagnosis to action planning**, supporting the development of equity-driven, impactful programs.
- **Strengthens the use of evidence in program design** by prompting review of what has worked in similar contexts and identifying where new evidence may need to be generated, ensuring that all solutions are both locally relevant and ethically grounded.

By systematically mapping solutions to root causes, the Solutions Tree helps project teams tackle systemic barriers and design interventions that close equity gaps in eye health access.

BUILDING A GAPSED+ INFORMED THEORY OF CHANGE

Key Message: A GAPSED+ informed Theory of Change structures interventions to address systemic inequities using problem and solutions analysis. It aligns inputs, activities, outputs, and outcomes to drive impact. By ensuring transparency, accountability, and adaptability, it fosters inclusive, equity-driven programs that create sustainable change for marginalised communities and RHOs.

A GAPSED+ informed Theory of Change (ToC) ensures that interventions are designed with a clear, evidence-based pathway to achieving equitable and sustainable outcomes. It is developed by systematically linking problem analysis and solutions analysis, ensuring that identified barriers and root causes of inequities inform the strategic actions taken.

Using the problem analysis, project teams identify the key systemic challenges and marginalised groups most affected. The solutions analysis then maps out targeted interventions that directly address these barriers. These insights are structured within the ToC framework, ensuring that activities, outputs, and outcomes align in a logical sequence toward long-term change.

The ToC is structured using key indicators:

- **Inputs** – Resources, partnerships, and policies required to implement interventions effectively.
- **Activities** – Specific actions undertaken to address the identified issues, ensuring inclusive participation.
- **Outputs** – Immediate, measurable results of activities, such as improved service access or policy changes.
- **Outcomes** – Short-, medium-, and long-term changes, arranged hierarchically to show the direction of impact.
- **Impact** – The goal of the intervention is systemic equity improvements in eye health.
- **Assumptions** – The underlying beliefs about how and why change will occur, ensuring transparency and adaptability.

A well-developed ToC is a guiding framework for implementation, monitoring, and learning. It ensures accountability, helps adapt programs based on real-world outcomes, and fosters

alignment among stakeholders, including Rights Holder Organisations (RHOs). By embedding GAPSED+ principles, the ToC drives action and ensures that interventions are inclusive, equity-driven, and transformative for those most affected by systemic inequities.

Access The Foundation's Theory of Change Template

BUILDING A GAPSED+ INFORMED PROJECT LOGIC

Key Message: A GAPSED+ informed project logic structures interventions using an evidence-based framework to promote equity, inclusion, and sustainability. It integrates Problem Tree, Solutions Tree, and Theory of Change analyses to address systemic barriers in eye health. Project logic translates strategic plans into actionable, measurable steps, ensuring targeted, accountable, and impactful interventions.

A GAPSED+ informed project logic ensures that interventions are designed with a structured, evidence-based framework that promotes equity, inclusion, and sustainability. It serves as a blueprint for implementation, outlining how activities, outputs, and outcomes align to achieve meaningful change. By integrating insights from the Situation Analysis, Problem Tree, Solutions Tree, and Theory of Change (ToC), a project logic helps ensure that interventions are both strategic and impact-driven, particularly in addressing systemic barriers to eye health access for marginalised groups.

How the Problem Tree, Solutions Tree, and Theory of Change Feed into Project Logic

Developing a GAPSED+ informed project logic relies on a structured process that begins with identifying the root causes of inequities and progresses toward designing effective solutions. This process unfolds through the following stages:

1. **Problem Tree Analysis** – Identifies the root causes of barriers to eye health, mapping out how different systemic issues (such as gender inequality, poverty, disability exclusion) contribute to poor outcomes.
2. **Solutions Tree Analysis** – Builds on the Problem Tree by flipping identified barriers into actionable solutions, ensuring interventions directly address the systemic challenges mapped in the problem analysis.
3. **Theory of Change (ToC)** – Creates a strategic pathway to impact, mapping the logical connections between activities and expected equity outcomes, with clear assumptions about how change will happen.
4. **Project Logic** – Translates the ToC into a structured program framework, breaking down interventions into inputs, activities, outputs, and measurable outcomes.

Each stage feeds into the next, ensuring that project interventions are not only well-designed but also accountable to the needs of marginalised communities and capable of delivering sustainable change. **The Difference Between Theory of Change and Project Logic**
While both ToC and project logic serve as planning tools, they serve different functions in program design:

- Theory of Change provides a big-picture roadmap, outlining the logical pathways of change and the assumptions behind an intervention. It illustrates why and how a program will lead to impact.

- Project Logic breaks this down into a practical, operational framework, detailing what needs to happen at each stage to achieve the intended outcomes. It is structured into inputs, activities, outputs, and outcomes, providing a clear implementation plan.

In essence, the ToC defines the change strategy, while project logic operationalises it into a structured program design that can be monitored and evaluated.

The Importance of Project Logic in GAPSED+ Access to Eye Health

A GAPSED+ informed project logic is essential for ensuring that interventions effectively reach marginalised groups and reduce inequities in eye health. A strong project logic should also be grounded in ethical, inclusive, and evidence-based decision-making - drawing from what is known to work, identifying gaps in knowledge, and ensuring that new or adapted interventions are contextually relevant and safe. Its role includes:

- **Aligning Resources with Equity Needs** – Ensures program activities directly **respond to barriers identified** through problem analysis, making interventions more **targeted and impactful**.
- **Enhancing Program Accountability** – Provides clear indicators and measurable milestones, ensuring programs deliver on equity goals.
- **Facilitating Inclusive Participation** – Structures activities to involve RHOs and marginalised communities, ensuring solutions reflect their lived experiences.
- **Driving Sustainable Change** – Ensures that solutions are embedded within broader systems, leading to long-term improvements in eye health accessibility.

By grounding interventions in problem analysis (including of disaggregated prevalence, population and service level data), solutions analysis, and ToC, the project logic ensures that eye health programs are structured, measurable, and focused on closing equity gaps. It transforms high-level strategic plans into actionable steps, ensuring that GAPSED+ principles are fully integrated into every implementation stage.

EMBEDDING A DO NO HARM APPROACH

Key Message: The Do No Harm approach ensures that projects do not unintentionally harm vulnerable populations. This relies on using GAPSED+ considerations to assess and mitigate safeguarding, environmental, economic, and political risks. Through risk assessments, mitigation strategies, community engagement, and continuous monitoring, interventions remain ethical, inclusive, and effective.

The Do No Harm approach is a foundational principle in ethical development and humanitarian work. It ensures that interventions, even with the best intentions, do not unintentionally harm the very people they aim to support. For The Foundation and its partners, this means embedding GAPSED+ considerations to prevent risks that may disproportionately affect vulnerable populations, including women, children, people with disabilities, ethnic minorities, and those facing socioeconomic marginalisation.

The Do No Harm approach aligns with The Foundation's commitment to safeguarding, human rights, and ethical programming. It also adheres to **DFAT's Child Protection and** Safeguarding **policies**, ensuring compliance for projects funded by the Australian Government. In addition, it is reinforced by The Foundation's Research and Evaluation Policy, which ensures that all evidence-generation activities are carried out with integrity, respect for participants, and in alignment with international ethical standards.

Step-by-Step Guide to Applying a Do No Harm Approach

Step 1: Identify Risks to Vulnerable Groups

- Conduct context-specific risk assessments before designing interventions.
- Consider how different GAPSED+ factors might intersect to increase risk.

Example:
A mobile eye clinic may improve access in rural areas but may expose women to risks if transport is not culturally acceptable or safe.

Step 2: Analyse and Categorise Risks

Categorise risks into four main domains:

1. **Safeguarding Risks:** Risks of exploitation, abuse, or neglect affecting vulnerable groups.
2. **Environmental Risks:** Risks related to climate impact, waste disposal, and sustainability of interventions.
3. **Economic Risks:** Risks that may create financial burdens or inequities (e.g., high service costs, loss of income during treatment).
4. **Political Risks:** Risks arising from government policies, instability, or potential conflicts that could impact access to services.
5. **Research and Evidence Risks:** Risks arising from the collection, analysis, or use of data and evidence. These include breaches of confidentiality, lack of informed consent, exclusion or misrepresentation of marginalised groups, and unintended harm caused by how data is gathered, interpreted, or shared.

External Ethics Review

Some research and evaluation projects may require an external ethics review from a national or local ethics board. This is particularly important when the research involves vulnerable groups—such as children, Indigenous peoples, or people living with disabilities—or when the intended use of evidence is to influence public policy, support peer-reviewed publication, or demonstrate the effectiveness of an intervention for scaling. In such cases, project leads should contact the Research Team and Peer Review Coordinators early in the design phase for guidance and support.

Research activities must be guided by ethical approval processes where required, safeguarding protocols, and alignment with The Foundation's Research and Evaluation Policy.

Step 3: Develop Mitigation Strategies

- Embed equity-focused safeguards to minimise harm.

Examples:
- Implement gender-sensitive service delivery to ensure safe access for women.
- Partner with local disability organisations to ensure accessibility in eye health programs.

Step 4: Ensure Community Participation and Consent

- Conduct community consultations to validate interventions and assess risks.
- Use informed consent processes tailored to vulnerable groups, ensuring accessibility for people with disabilities and language diversity.

Step 5: Monitor and Respond to Risks

- Establish feedback mechanisms so communities can report unintended harm.
- Conduct periodic risk reassessments throughout project implementation.
- Adapt interventions based on community feedback and monitoring data.

The Do No Harm approach ensures that interventions are ethically sound, inclusive, and effective. By systematically identifying and mitigating risks, The Foundation and its partners can safeguard vulnerable groups and enhance the positive impact of programs while complying with Child Protection, PSEAH and Safeguarding requirements. Ongoing monitoring and participatory engagement with communities will further ensure that risks are proactively managed, and equity remains at the core of all interventions.

BUILDING A GAPSED+ INFORMED MERL FRAMEWORK

Key Message: A GAPSED+ informed MERL framework ensures programs are data-driven, equity-focused, and responsive to community needs. It emphasises inclusive target setting, key evaluation questions, and disaggregated indicators to track progress. By integrating these elements, The Foundation enhances impact, promotes systemic change, and ensures interventions are measurable, ethical, and aligned with equity principles.

Implementing The Foundation's Monitoring, Evaluation, Reporting, and Learning (MERL) Framework ensures that The Foundation's programs effectively measure progress, track systemic change, and support inclusive interventions. This section of the Guidance Manual provides a structured approach to integrating GAPSED+ considerations into MERL processes, focusing on target setting, key evaluation questions, and sample indicators.

It aligns with The Foundation's MERL Minimum Standards and Research and Evaluation Policy ensuring that monitoring and evaluation efforts reflect The Foundation's commitment to ethical and equity-focused programming.

Note: For projects that are planning to conduct impact studies, a set of core indicators has been outlined in The Fred Hollows Foundation's Results Impact Framework (RIF). These indicators are designed to support consistent measurement of broader social and economic outcomes across projects. Teams should engage with the Research team early in the design phase to ensure that appropriate indicators are selected and embedded in the evaluation approach. This collaboration will help ensure methodological rigour, alignment with organisational priorities, and effective use of tools outlined in the RIF Indicator Dictionary.

Step-by-Step Guide to a GAPSED+ Informed MERL Framework

Step 1: Define Inclusive Targets

- Incorporate targets needed to achieve equity of outcomes, based on your analysis of prevalence and population data, your problem and solution trees and your Theory of Change – for example, include them in the objectives or outcomes in your Project Design Document and ensure they appear in the Monitoring, Evaluation, Reflection and Learning (MERL) as key performance indicators.

Example: If baseline data shows that women make up 60% of those with cataracts, but current project data indicates only 50% of those receiving cataract surgery are women, (and there are close to as many men as women in the overall population) then an ideal target might that **60% of those receiving cataract surgery are women by the end of the project**.

- If full parity is not immediately feasible, set an interim target such as "reduce the gender gap in surgical coverage by half". The key is that the target explicitly aims to improve equity of outcome – i.e. narrowing the gap between groups.
- Disaggregate by key equity factors to reflect the needs of the relevant GAPSED+ groups, identified in the Situational Analysis.
- Balance quantitative and qualitative targets to track barriers, enablers, and lived experiences.
- Ensure feasibility and resourcing by considering appropriate data collection and partner involvement.
- Make sure the targets are realistic given your project duration and resources:
    - Consider past trends or similar projects to judge what level of improvement is attainable.
    - Start with a modest, achievable gain (e.g. increasing service uptake for an underserved group by 20%) rather than set an overly ambitious goal that might discourage the team.
- Ensure the target is meaningful – it should represent significant progress toward equity, in line with The Foundation's commitment to "reduce eye health inequity across the GAPSED+ domains".
- Be clear on the timeframe (e.g. "by Year 3 of the project, X will be achieved") and how you will measure it (the indicator and data source).
- For each target, define who is responsible for achieving it and any assumptions (for instance, "if government provides additional outreach support, we will reach 80% of persons with disabilities with services").

Setting these equity targets creates accountability for closing the gaps identified. They are concrete objectives that focus your team's efforts on rights holder groups rather than just overall averages.

In line with **The Foundation's** MERL Minimum Standards, targets must be clearly defined, aligned with strategic objectives, and consistently tracked.

Best Practices: Develop a simple monitoring plan for each equity target. Define how often you will collect data (e.g. quarterly service stats, annual surveys) to track progress. Where possible, set up systems to disaggregate routine monitoring data by GAPSED+ factors (for example, clinic registers should record gender, age, disability status, etc., to measure progress on your targets, and align with donor data collection requirements. If you find gaps in data collection, include activities to strengthen data systems (such as training staff on recording disability data). Also plan regular team reflections on equity: for instance, include a review of equity target progress in quarterly meetings. If a target is not on track, use these forums to discuss why and adjust strategies or even the target if needed. The Foundation has committed to monitor the impact of programming in reducing inequities and adjust design as required – your project should do the same on a micro level. By integrating and aligning targets in this way, you ensure that equity is not just a one-time analysis, but a continuous thread from project design through implementation and evaluation.

These steps will help you systematically identify who is being left behind and set concrete goals for more equitable health outcomes. By using data-driven insights and addressing gaps head-on, program managers and implementers can design interventions targeting under-represented rights holder's needs. The result is a project design that not only delivers results in overall eye health but does so in a way that moves the needle toward equity – making sure improvements reach everyone, especially those often excluded. Remember that equity-focused target setting is an iterative learning process: as you implement, keep monitoring and be ready to adapt your targets and strategies. Ultimately, success is measured by how many people benefit and who benefits. By embedding these equity considerations in project design, you are taking a critical step toward equalising outcomes and upholding every community member's human right to sight.

Examples of Inclusive Target Setting:

- Increase cataract surgery access for women in rural communities by 20% over three years.
- Improve eye care service accessibility for persons with disabilities by training 50 additional health workers on disability-inclusive approaches.

Step 2: Develop Key Evaluation Questions (KEQs)

Key evaluation questions (KEQs) guide impact, effectiveness, and equity assessments. The KEQs should:

- Focus on outcomes and systemic change.
- Align with donor (e.g., DFAT) requirements.
- Reflect The Foundation's strategic priorities.
- Promote ethical evidence use, inclusion of rights-holder perspectives, and learning for continuous improvement.

The **Research and Evaluation Policy** highlights the need for rigorous, systematic, and ethical evaluations that contribute to decision-making and continuous improvement.

Menu of Sample Key Evaluation Questions:

Evaluation Dimension	Key Evaluation Question
Relevance & Equity	How well did the program address disparities in eye health access?
Effectiveness	To what extent did interventions improve access to eye care services for vulnerable populations?
Efficiency	Were resources effectively used to maximise equity-focused impact?
Sustainability	Are the interventions scalable and sustainable beyond the project timeline?
Impact	What measurable changes occurred in health outcomes for X underrepresented groups?
Inclusion & Participation	To what extent were rights-holder groups (e.g., RHOs) engaged in design, implementation, and evaluation?
Ethical Practice	Were data collection and evaluation processes conducted ethically, safeguarding participants' dignity, privacy, and wellbeing?
Use & Learning	How have findings been used (or how will they be used) to inform policy, program decisions, or future scale-up?

Step 3: Select Sample Indicators

Indicators should monitor both output and outcome levels, align with The Foundation's MERL framework, and be disaggregated where applicable.

Menu of Sample Indicators:

Indicator Type	Example Indicator
Output Indicator	% of trained health workers using inclusive eye care practices.
Outcome Indicator	% increase in eye care service uptake among women in rural areas
Process Indicator	# of community consultations conducted on barriers to access.
Equity Indicator	% reduction in gender disparity in cataract surgery access.
Sustainability Indicator	% of local clinics integrating inclusive policies.
Impact Indicators (FHF's Results Indicator Framework)	• Change in educational performance • Change in school attendance • Patient-reported most significant change • Change in health-related quality of life • Change in workforce productivity

Indicator Type	Example Indicator
	• Change in workforce participation • Change in vision-related quality of life

These indicators align with The Foundation's MERL Minimum Standards, ensuring data-driven decision-making and adaptive management.

Step 4: Implement Disaggregated Data Collection
To track intervention effectiveness:

- Disaggregate all data (as much as possible) to capture inequities.
- Use participatory methods, e.g. focus groups and community-led feedback mechanisms.
- Leverage existing data methods where possible to enhance sustainability.
- Ensure data informs program adaptation through regular review and analysis.

A GAPSED+ informed MERL framework ensures that programs are data-driven, equity-focused, and responsive to community needs. By setting clear targets, developing equity-based evaluation questions, and tracking progress through disaggregated indicators, The Foundation and its partners can enhance the impact of their interventions while ensuring no group is left behind. This approach fully aligns with The Foundation's MERL Minimum Standards**, Research and Evaluation Policy**, and **Position Statement on** Equity**.**

Access The Foundation's Monitoring, Evaluation, Reporting and Learning (MERL) Minimum Standards

PROJECT IMPLEMENTATION

In the project implementation phase, strategic plans are put into action, transforming designs and commitments into tangible results. This phase involves executing planned activities, managing resources, monitoring progress, and adapting to challenges. As one of the most dynamic and critical stages of the project cycle, effective implementation ensures that the project achieves its intended impact and remains responsive to real-world conditions.

Maintaining momentum during implementation requires strong collaboration with RHOs and continuous engagement with key stakeholders. Embedding the GAPSED+ Framework in all implementation aspects—ensuring that actions remain goal-oriented, participatory, adaptable, sustainable, evidence-based, and data-driven—helps keep the project aligned with its objectives while allowing for necessary adjustments. By upholding these principles, projects can remain inclusive, accountable, and impactful, ensuring that implementation is not just about delivering outputs but also fostering long-term, meaningful change.

ONGOING ENGAGEMENT OF RIGHTS HOLDER ORGANISATIONS

Key Message: Integrating RHOs at every stage of the project implementation is critical for equitable, inclusive programming. By partnering with RHOs continuously (not just at the project design phase), projects ground themselves in a human rights-based approach, making sure no one is left behind.

This section provides practical guidance on sustaining meaningful RHO engagement throughout project implementation. It covers best practices for collaboration, addresses common challenges

(with solutions), and outlines how to set up inclusive project steering committees. A step-by-step guide ensures RHOs remain actively involved in planning, monitoring, and evaluation.

Access The Foundation's Partnership Principles

Best Practices for Engaging RHOs in Project Implementation

Engaging RHOs during implementation goes beyond initial consultations – it requires ongoing, structured collaboration. Below are best practices to ensure meaningful participation and sustained partnership with RHOs during the life of the project:

- **Engage Early and Continuously:** Involve RHOs from the beginning of implementation planning and maintain engagement at various times in the project cycle, not as a one-off event. Early involvement (e.g. in work planning) allows RHOs to influence decisions before activities roll out. Continue regular consultations and co-working sessions with RHO representatives throughout implementation to adapt to emerging needs. Rights holders should contribute from the identification of risks through to monitoring solutions, ensuring their influence on decision-making is ongoing.

- **Formalise Partnerships and Roles:** Establish clear partnership agreements or Memoranda of Understanding (MOUs) with each RHO partner. An MOU spells out the collaboration's nature – shared goals, roles, responsibilities, decision-making processes, and resource commitments. This clarity helps avoid misunderstandings and future conflict by setting common ground rules for how the RHO and project team will work together. Formal agreements also signal the project's commitment to treating RHOs as equal partners.

- **Build Capacity and Provide Support:** Recognise that RHOs may need support to engage effectively (e.g. training, funding, logistics). Dedicate resources (time, budget, mentoring) to strengthen RHO's capacity to participate equally. For example, provide orientation workshops on the project's objectives and processes or training in monitoring tools. Investing in Rho's capacities empowers them to contribute meaningfully rather than tokenistically.

Access the Foundation's
- Partner Capacity Self Review & FAQs
- Rough Guide to Partner Capacity Development

- **Ensure Informed and Accessible Participation:** Meaningful participation requires that RHOs have the information and access needed to engage. Share project plans, reports, and data with RHO representatives in a transparent and user-friendly way (e.g. translate documents into local languages, use accessible formats). Ensure RHOs understand each engagement's purpose and how their input will be used. Allocate sufficient time for meetings and interactions so RHO members can voice their perspectives fully – rushing or limiting their involvement undermines the quality of input. Access to information is a prerequisite for participation and enables RHOs to influence decisions effectively.

- **Foster Trust and Safe Spaces:** Create an environment of mutual respect where RHOs feel safe to speak candidly. A safe space means RHOs can discuss sensitive issues or criticise project approaches without fear of reprisal or dismissal. To build trust,

demonstrate follow-through on RHO feedback (show that their recommendations are taken seriously). Be aware of power dynamics – project staff should listen actively and defer to Rho's lived experience on community issues. Culturally appropriate facilitation (e.g. having community elders or an impartial moderator lead sessions) can help equalise power imbalances. Respect confidentiality and consent, especially if discussing community vulnerabilities or personal stories. This also ties into safeguarding.

- **Communicate and Validate Continuously:** Maintain clear two-way communication channels with RHOs. Provide regular updates on project progress and invite RHO input on any proposed changes. Equally important, close the feedback loop –and report to RHOs about how their contributions have influenced decisions and outcomes. For example, after an RHO raises a concern or suggestion, follow up in subsequent meetings to explain how the project adjusted in response (or why a different course was taken). Such feedback validation reinforces to RHOs that their participation is valued and impactful. Ongoing communication (through meetings, email groups, messaging apps, community notice boards, visits to the community, etc.) sustains engagement and trust over the project's duration.

- **Integrate RHOs in Implementation Activities:** Whenever feasible, treat RHOs as implementation partners – not only advisors. This could mean subcontracting certain activities to RHO organisations (with adequate resources), or co-hosting community events together. For instance, a disability rights RHO might lead the accessibility audit of health facilities, or a women's union might co-facilitate outreach sessions for women's eye health. Such practical involvement gives RHOs ownership of outputs and leverages their on-the-ground networks to enhance project reach. It also ensures interventions are culturally and socially tailored by those who know the community best.

- **Apply "Do No Harm" and Safeguarding with RHO Input:** RHOs can help identify risks and unintended consequences during implementation. It is highly recommended to engage RHOs in project steering committees so that they can actively contribute to project planning and decision making. As a minimum, regularly consult them to spot any negative impacts on the community or marginalised groups (e.g. is anyone being excluded? Has any intervention created tension?). Jointly develop mitigation strategies for risks identified. RHOs are often best positioned to notice subtle forms of harm or backlash arising in the community and to advise on culturally safe, appropriate responses. Engaging RHOs in risk management and safeguarding oversight aligns with a robust Do No Harm approach, ensuring the project protects participants' well-being and rights.

A Step-by-Step Guide: Engaging RHOs Throughout Project Implementation

Project teams should adopt a structured, phased approach to ensure RHOs remain actively engaged through each implementation phase. Below is a step-by-step guide covering planning, execution, monitoring, and evaluation – with RHO engagement strategies at each stage:

Step 1: Joint Implementation Planning with RHOs – (Project Inception into Implementation)

Before activities begin, convene planning sessions with RHO partners to:

- Co-develop the implementation plan to align schedules, roles, and work methods.
- Jointly refine the project's Theory of Change or work plan with an eye to equity (does the plan adequately address the gaps identified for each GAPSED+ dimension?)
- Set or review targets for inclusion (e.g. participation targets for women, people with disabilities, etc., which RHOs can help achieve)
- Map out RHO contributions to specific activities.

- Assign responsibilities collaboratively, e.g., “RHO X will lead community awareness in these villages, and RHO Y will advise on the training curriculum for health workers.”
- Invite RHOs to point out any cultural or contextual issues in the plan and adjust accordingly.
- Establish the governance and communication arrangements: form the inclusive steering committee (as above), schedule regular coordination meetings, and agree on communication protocols.

Key outcome of Step 1: All parties have a shared, detailed roadmap for implementation with clear touchpoints for RHO engagement and a mutual understanding of “who does what, when.”

Step 2: Collaborative Implementation of Activities – (Throughout Implementation)
As the project delivers services and activities, integrate RHOs into the implementation process:

- **Co-Delivery:** Whenever feasible, RHOs should co-deliver interventions. For example, if eye screening camps are being conducted, RHO members can help mobilise their communities and assist at the events (ensuring marginalised groups **attend). If training workshops are held, include RHO facilitators or guest speakers** who can share lived experiences (e.g., a disability advocate teaching about inclusive practices). This partnership approach not only builds community trust but also improves the reach and relevance of activities.

- **Adaptive Management with RHO Input:** During implementation, maintain a reflexive approach where RHO feedback is regularly used to adapt activities. Set up brief after-action reviews or debriefs with RHOs after major activities to learn what worked or what issues arose for participants. Embrace RHOs as advisors who help troubleshoot problems in real-time. This could be done through monthly implementation review meetings that include RHO personnel and project staff jointly analysing progress and solving issues.

> **Example:** After a community meeting, RHO representatives might report that women were hesitant to speak – prompting the project to adjust facilitation in future or hold women-only focus groups.

- **Communication and Community Engagement:** RHOs often excel at community engagement. Leverage this strength by having RHOs lead ongoing community communications about the project. They can disseminate information in local languages through culturally appropriate channels (community radio, dramas, etc.) and ensure inclusive messaging. During implementation, RHOs can organise regular community updates or feedback forums to create a dialogue between beneficiaries and the project team. This keeps the community informed and allows mid-course corrections. The project should provide RHOs with up-to-date information and materials to share, ensuring consistency. This model positions RHOs as the bridge connecting the project to the people it serves.

Step 3: Participatory Monitoring and Mid-Term Reflection – (Monitoring & Mid-Course Adjustment)

Monitoring and evaluation should not be conducted in isolation from RHOs; instead, use a **participatory monitoring** approach:

- **Joint Monitoring Visits:** Involve RHO representatives in field monitoring visits and supervision of activities. For example, if the project team visits clinics or communities to

check on implementation, include RHO members in the team. They might observe things others overlook – such as subtle barriers faced by specific groups – and they can converse with community members in an open, peer manner to gather candid feedback. Their presence also reinforces transparency.

- **Community Feedback Mechanisms:** Establish channels for community members (the ultimate rights holders) to provide feedback, complaints, or suggestions and have RHOs help manage these channels. RHOs, being grassroots-based, can manage feedback kiosks, suggestion boxes, or hotline awareness in the community, and ensure that the feedback is brought to the project's attention. This mechanism increases accountability and trust.

- **Mid-term Reviews with RHOs:** At mid-point or key milestones, hold a reflective review session with the full participation of RHOs (and ideally some community members). Assess progress toward equity targets: Do services reach marginalised groups as planned? Are there early signs of reduced gaps in outcomes? RHOs can help analyse monitoring data with a critical eye on who benefits. Use participatory techniques (focus group discussions and community scorecards facilitated by RHOs) to evaluate the project's performance from the community perspective. The findings should feed into adjustments for the remaining implementation period. RHOs and project staff should co-create action plans to address any shortcomings (e.g. if men are still accessing services more than women, devise strategies with women's organisations to improve female uptake). This participatory MERL aligns with ethical and inclusive practice, ensuring RHOs and communities are not just data sources but active analysts and decision-makers in improving the project.

Step 4: Inclusive Evaluation, Closure and Next Steps – (End of Project & Evaluation)
As the project concludes, continue to centre RHOs in capturing results and planning for sustainability:

- **Engage RHOs in Final Evaluation:** Whether the evaluation is internal or external, RHOs should be involved in its design and execution. They can help define evaluation questions that matter to the community (for instance, assessing empowerment or attitude changes, not just service delivery stats). RHOs can assist evaluators in reaching vulnerable sub-groups for surveys or interviews, ensuring their voices are included. Community-led evaluation methods (like Most Significant Change stories collected by RHOs) sometimes complement the formal evaluation. At a minimum, RHO perspectives should be included in interpreting the evaluation findings – perhaps through a workshop where evaluators present initial results and RHO representatives validate or critique the conclusions based on their on-the-ground knowledge. This guards against blind spots and adds credibility to the evaluation.

- **Document Lessons and Success Stories Together:** Work with RHOs to document stories of change, highlighting the contributions of marginalised group members and RHOs themselves. This could mean co-writing case studies or human-interest stories for reports. Ensure the storytelling respects dignity and agency (avoid any "poverty porn" – let the stories emphasise how people acted to improve their situation with the project/RHO support). Featuring RHO roles in success stories also acknowledges their value. Such documentation can be a powerful tool for advocacy and fundraising beyond the project.

Plan for Post-project Sustainability: Use the closing phase to discuss how community engagement and capacity gains will be sustained. RHOs are often key to continuing the work after the project ends. The steering committee may transition into a working group led by RHOs and local government to carry initiatives forward. Develop a **handover plan** in collaboration with RHOs – identify any resources or training they need before project closure to keep momentum.

For example, if an RHO will continue community screenings or advocacy, ensure they have the equipment or contacts established. Acknowledge that the partnership does not end abruptly: maintain relationships (through MOUs or networks) so that RHOs can call on the foundation or partners for advice or linkage in the future. This reinforces the principle that the project's impact endures through empowered local organisations.

Following these steps helps institutionalise RHO engagement throughout implementation. At each phase—planning, implementation, monitoring, and closing—the project team should ask:

- "How are we ensuring that implementing partners are not working in silos?"
- "How are we involving RHOs and the communities they represent in this step?"

By consistently applying participatory models, robust communication, and accountability mechanisms, the project will remain responsive to rights holders. This not only improves equity outcomes but also builds trust and capacity that lasts beyond the project's life.

ESTABLISHING PARTNERSHIP AGREEMENTS OR MOUS

Key Message: Effective partnerships are essential for embedding the GAPSED+ framework in eye health programs and achieving sustainable, equitable outcomes. Structured MOUs, proactive risk management, and a strong safeguarding approach ensure collaborations are inclusive, transparent, and accountable.

Effective partnerships are crucial for embedding the GAPSED+ framework into eye health programming and achieving sustainable, equitable outcomes. This section outlines the principles of collaboration, the role of Memorandums of Understanding (MOUs), and essential considerations for forming, managing, and sustaining partnerships with Rights Holder Organisations.

MOUs serve as a foundational agreement between The Fred Hollows Foundation and its partners, ensuring a shared commitment to equity, risk management, safeguarding, and a 'Do No Harm' approach. You will find guidance on structuring partnerships that align with the GAPSED+ framework and practical steps for ensuring effective collaboration.

Additionally, this chapter aligns with the Partnership Agreement Guidelines by ensuring that all partnership agreements adhere to the structured workflow, compliance, and due diligence processes established within The Foundation's guidelines.

Key Principles for Effective Partnerships

- **Equity & Inclusion**: Ensuring partnerships prioritise marginalised communities and promote equitable access to healthcare.
- **Transparency & Accountability**: Establishing clear roles, responsibilities, and mechanisms for tracking progress.
- **Local Ownership**: Encouraging active participation from communities and local organisations.
- **Sustainability**: Fostering long-term collaborations that lead to systemic change.
- **Flexibility & Adaptability**: Allowing space for responsive and context-specific approaches to equity challenges.

Memorandums of Understanding (MOUs) and Partnership Agreement Workflow

MOUs serve as a formal agreement defining the partnership's scope, roles, and commitments. While not legally binding, an MOU establishes a structured framework for collaboration and accountability.

An MOU outlines:

- The shared vision and objectives of the partnership.
- The scope of collaboration and expected contributions from each party.
- Risk management and mitigation measures.
- Safeguarding commitments and 'Do No Harm' principles.
- MERL frameworks to track impact.

Key Components of an MOU

MOUs should include the following elements:

1. **Background & Rationale:** Explanation of the partnership's purpose and alignment with the GAPSED+. Framework
2. **Scope of Collaboration:** Defining joint activities, responsibilities, and focus areas.
3. **Roles & Responsibilities:** Clear delineation of what each party brings to the partnership.
4. **Risk Identification & Mitigation Strategies:** Processes for identifying and managing risks.
5. **Safeguarding & Do No Harm Approach:** Commitment to preventing harm and protecting vulnerable populations.
6. **Funding & Resource Allocation:** Clarifying financial or in-kind contributions (if applicable).
7. **Duration & Review Mechanisms:** Establishing timelines and conditions for renewal or termination.
8. **Dispute Resolution:** Protocols for addressing disagreements or conflicts.

Partnership Agreement Workflow

To ensure consistency and compliance, all partnership agreements should follow The Foundation's established workflow:

1. **Initial Screening & Risk Assessment:** The Relationship Manager completes World Check One (WC1) with the Risk and Due Diligence Team.
2. **Contract Drafting:** Once approved, the Relationship Manager drafts the agreement using the auto-generated template in Power Apps.
3. **Review & Approval:** The Country Manager reviews the draft, and internal reviewers provide feedback before finalising the contract.
4. **Partner Review & Negotiation:** The contract is shared with the partner for their review, with necessary revisions incorporated into the final version.
5. **Signing & Execution:** The signed agreement is uploaded into The Foundation's system for official documentation.

Ongoing Risk Identification & Mitigation in Partnerships

Effective partnerships require proactive risk management to anticipate, assess, and respond to potential challenges. Risk identification and mitigation should be embedded throughout the partnership lifecycle, and this can be done in collaboration with RHO partners.

Common Risks in Partnerships

- **Operational Risks:** Misalignment of objectives, lack of capacity, or insufficient resources.
- **Financial Risks:** Unclear funding mechanisms, dependency issues, or mismanagement of funds.
- **Reputational Risks:** Conflicts of interest, ethical concerns, or lack of community trust.

- **Programmatic Risks:** Inability to achieve project outcomes due to external factors (e.g., political instability, environmental challenges).
- **Safeguarding Risks:** Inadequate protections for vulnerable populations or failure to prevent harm.

Mitigation Strategies

- Conduct joint risk assessments at the beginning of the partnership.
- Develop a risk register to track emerging risks and mitigation measures.
- Ensure regular review meetings to assess and address risks.
- Define clear escalation procedures for reporting and managing risks.
- Establish contingency plans to adapt to unexpected challenges.

Safeguarding & Do No Harm Approach

A fundamental principle of all partnerships under the GAPSED+ framework is a strong commitment to safeguarding and ensuring that all activities are designed to 'Do No Harm.' Safeguarding refers to the responsibility of organisations to protect people from harm, exploitation, and abuse.

Do No Harm in Partnerships

The 'Do No Harm' principle ensures that partnership activities:

- Are designed with sensitivity to the needs and vulnerabilities of communities.
- Avoid unintended negative consequences, such as reinforcing inequalities.
- Incorporate inclusive participation to ensure all voices are heard.

Strong partnerships are the foundation for equitable and sustainable eye health programs. By adopting structured MOUs, proactive risk management, and a commitment to safeguarding, organisations can ensure their collaborations effectively advance the principles of GAPSED+. This chapter provides guidance on forming, managing, and evaluating partnerships to drive systemic change and improve access to inclusive, high-quality eye health services for all.

MONITORING, EVALUATION, REPORTING, AND LEARNING

Key Message: MERL ensures equitable, ethical, and data-driven decision-making within the GAPSED+ framework. It prioritises inclusion, accountability, and continuous learning by engaging marginalised communities in program design, implementation, and evaluation. Through risk identification, participatory monitoring, and ethical research, MERL strengthens transparency, safeguarding, and adaptive programming for sustainable, equity-focused impact.

Monitoring, Evaluation, Reporting, and Learning (MERL) is a fundamental component of the GAPSED+ framework, ensuring that interventions are effective, equitable, and aligned with human rights, safeguarding, and ethical research principles. This section provides guidance on applying the GAPSED+ Framework, and linking them to The Fred Hollows Foundation's MERL Minimum Standards, Indicators RIF Indicators - Dynamics 365 and the Indicator Details - RIF's Interactive Dictionary - Power BI to ensure continuous improvement and accountability.

GAPSED+ within MERL is participatory, ethical, and inclusive, ensuring the voices and experiences of marginalised groups inform program design, implementation, and evaluation. This approach aligns with The Foundation's commitment to transparency, accountability, and adaptive learning.

Principles of MERL in GAPSED+

The GAPSED+ Framework, in the MERL process is underpinned by the following considerations:

- **Equity and Inclusion:** Ensuring that monitoring and evaluation processes account for the experiences of marginalised groups.
- **Participation and Ethical Engagement:** Actively involving RHOs and marginalised communities in MERL activities.
- **Transparency and Accountability:** Using robust data collection and reporting mechanisms to assess program impact and ensure responsible decision-making.
- **Learning and Adaptation:** Leveraging data for evidence-based decision-making and course correction.
- **Safeguarding and 'Do No Harm':** Embedding safeguards to protect marginalised communities in MERL processes.

THE MERL FRAMEWORK AND ITS APPLICATION IN GAPSED+

The GAPSED+ Framework, within MERL aligns with The Foundation's broader MERL framework, covering the four key phases of the project cycle:

Project Identification Phase

- Conduct baseline studies to identify equity gaps and barriers to eye care.
- Engage RHOs in data collection to ensure diverse perspectives inform program design.
- Use participatory research methodologies aligned with The Foundation's Ethical Research Guidance.

Project Development Phase

- Develop MERL plans that integrate GAPSED+ indicators.
- Set equity-focused targets based on GAPSED+ domains
- Conduct risk assessments and develop risk mitigation plans.

Project Implementation Phase

- Regularly collect disaggregated data to monitor equity impact.
- Implement real-time monitoring tools to ensure programs remain adaptive and responsive.
- Conduct quarterly reflection sessions with community partners and stakeholders.

Project Evaluation and Learning Phase

- Conduct inclusive evaluations that capture the voices of marginalised communities.
- Use participatory evaluation tools to ensure meaningful engagement.
- Disseminate findings through community dialogues, ensuring transparency and accountability.

MERL Minimum Standards in GAPSED+

The Foundation's MERL Minimum Standards provide a structured approach to measuring impact. Key components include:

- **Standardised Indicators**: Establishing core equity and inclusion indicators aligned with GAPSED+ and the Indicators RIF Indicators - Dynamics 365 and Landing Page - RIF's Interactive Dictionary - Power BI
- **Data Disaggregation:** Ensuring all data collected is disaggregated by GAPSED+ factors (gender, age, disability, etc.).
- **Ethical Research Standards:** Adhering to guidelines that protect participant rights and ensure informed consent.
- **Community Participation**: Using co-design and participatory monitoring approaches.
- **Adaptive Learning:** Embedding feedback loops that allow for real-time adjustments to project implementation.

Risk Identification and Mitigation in MERL
Given the sensitivity of data collection and community engagement, MERL processes must proactively identify and mitigate risks. This includes:

- Ensuring informed consent and ethical data collection practices.
- Avoiding extractive research by prioritising community-led monitoring.
- Using safeguarding measures to protect vulnerable populations from potential harm.
- Implementing data security protocols to ensure confidentiality and privacy.

Ethical Research and Do No Harm in MERL
The Foundation's Ethical Research Guidance ensures that all MERL activities uphold ethical standards, particularly in working with marginalised communities. Key considerations include:

- **Ensuring ethical clearance is obtained** wherever necessary, in line with **The Foundation's Research and Evaluation Policy.**
- **Respect for Participants:** Ensuring all research and data collection uphold dignity and autonomy.
- **Informed Consent Processes:** Using accessible formats (e.g., local languages, visual aids) to ensure participants fully understand their involvement.
- **Do No Harm:** Ensuring that research does not reinforce stigma or exclusion.
- **Community Ownership:** Ensuring that findings are shared with participants and used for their benefit.

Indicators and Targets in GAPSED+ MERL
Setting meaningful indicators is essential to track progress in embedding equity within programs. Some recommended indicators include:

- Percentage of project beneficiaries disaggregated by GAPSED+ factors.
- Number of community-led initiatives integrated into project design.
- Percentage of RHOs actively participating in monitoring and evaluation processes.
- Equity impact assessment scores for service accessibility and quality**.**

Participatory Monitoring and Learning Approaches
To ensure an inclusive MERL process, projects should:

- Use community scorecards to gather feedback on service quality and access.
- Conduct focus group discussions to assess the lived experiences of beneficiaries.
- Implement peer-led monitoring initiatives, where members of marginalised groups collect and analyse data.
- Use storytelling and qualitative case studies to highlight program impact beyond quantitative indicators.

MERL in GAPSED+ is not just about tracking progress—it is about ensuring that interventions are effective, ethical, and inclusive. By embedding MERL Minimum Standards, Results and Impact Framework, and Ethical Research Guidelines, The Foundation ensures that all programs uphold the principles of equity, safeguarding, and accountability. Continuous learning, participatory monitoring, and adaptive programming are essential for realising the full potential of GAPSED+ in achieving equitable eye health outcomes.

Access The Foundation's
- MERL Minimum Standards
- Results and Impact Framework
- Research and Evaluation Policy

PROJECT REPORTING AND SHARING STORIES OF CHANGE

Effective project reporting and storytelling are essential for demonstrating impact, engaging stakeholders, and ensuring transparency and accountability in GAPSED+ initiatives. This chapter guides ethical and equity-focused reporting, ensuring that stories of change centre the voices and agency of marginalised groups while avoiding exploitative narratives (such as 'poverty porn').

The purpose of project reporting and storytelling is to:

- Highlight evidence-based outcomes and lessons learned.
- Showcase the contributions and leadership of marginalised groups, not just their struggles.
- Strengthen engagement with donors, policymakers, and stakeholders.
- Ensure ethical, rights-based storytelling that upholds dignity and representation.
- Foster learning and reflection within project teams and implementing partners.
- Facilitate knowledge translation and sense-making processes to ensure research and experiences inform action.

CONDUCTING KNOWLEDGE TRANSLATION AND SENSE-MAKING ACTIVITIES

Knowledge translation is not just about sharing research findings. It involves recognising different types of knowledge, such as personal experiences, practical insights, and cultural understandings.

For example: The Lowitja Institute defines knowledge translation as the complex series of interactions between knowledge holders, producers, and users, aiming for research impact that leads to positive and sustainable long-term benefits for Aboriginal and Torres Strait Islander peoples.

Knowledge translation—also known as evidence uptake or implementation science—is the process of putting knowledge into action to improve outcomes. It goes beyond sharing research findings; it involves continuous communication and collaboration between The Foundation, project partners, government and health officials, communities, and other stakeholders. How knowledge is shared—and the context in which it is applied—shapes whether and how it is used.

Projects are always generating knowledge, but it's important to ask: What kinds of knowledge are we focusing on? Who decides what counts as knowledge, and what is considered useful? These questions matter because the knowledge we prioritise influences how we understand access to eye health—who is benefiting, who is being left out, and whether the services provided reflect the actual eye health needs in a specific context.
Understanding the needs, priorities, and experiences of people accessing eye health services, alongside those implementing programs, helps ensure that knowledge is applied in ways that are both meaningful and practical.

Sense-making supports this process by creating space for listening, reflection, and shared learning. It encourages the exchange of perspectives, stories, and insights across diverse stakeholders—government, health and INGO partners, regional health organisations (RHOs), and people who have participated in or benefitted from eye health projects. Rather than simply collecting data or focusing on immediate actions, sense-making values multiple worldviews and promotes learning through inclusive dialogue. It requires openness to diverse perspectives and recognition of different ways of knowing.

Community-Based Knowledge Translation and Sense-Making Activities

To foster participatory engagement in knowledge translation, GAPSED+ encourages the following activities:

- Reflexive practice – Encouraging self-awareness and critical reflection on experiences.
- Story circles – Sharing lived experiences in a group setting to uncover insights.
- Community feedback loops – Creating iterative spaces for community input and program adaptation.
- Role-playing – Using dramatization to explore different perspectives and solutions.
- Peer discussions – Facilitating knowledge-sharing among community members.
- Concept mapping – Visually organizing ideas to clarify connections and meaning.
- Mindful listening – Engaging deeply in conversations to enhance understanding and empathy.
- Contextualization – Adapting knowledge to specific cultural, social, or environmental contexts.
- Collaborative problem-solving – Working together to find inclusive and sustainable solutions.
- Reflection activities – Structured exercises to evaluate experiences and insights.
- Story harvesting – Gathering and analysing narratives to capture key learnings.
- Most Significant Change (MSC) methodology – Identifying and evaluating key transformative moments in a program.
- Conceptual conflict discussions – Exploring differing viewpoints to foster deeper understanding and innovation.

These activities ensure that knowledge translation is inclusive, context-specific, and meaningful, empowering communities to shape and apply learning in ways that best serve their needs.

PROJECT REPORTING FRAMEWORK

Types of Project Reports

To maintain transparency and accountability, project reporting in GAPSED+ should include:

- **Progress Reports:** Regular updates on project activities, challenges, and adaptations.
- **Impact Reports:** Data-driven reports showcasing outcomes and impact on equity.
- **Case Studies:** Deep dives into specific interventions, their challenges, and successes.
- **Stakeholder Reports:** Updates tailored for donors, partners, and RHOs.
- **Annual Reports:** A comprehensive summary of progress, key learnings, and future priorities.

Key Reporting Components

All project reports should align with GAPSED+ principles and include:

- **Equity-Focused Data:** Disaggregated by gender, age, disability, and socioeconomic status.
- **Narratives of Change:** Stories from beneficiaries and contributors to highlight impact.
- **Challenges and Lessons Learned:** Honest reflection on implementation and adaptation.
- **Stakeholder Contributions:** Recognition of RHOs, communities, and partners in project success.
- **Next Steps and Recommendations:** Forward-looking insights for improved programming.

SHARING STORIES OF CHANGE

Why Stories Matter
Stories of change provide a human-centered perspective on project impact and create deeper emotional connections with audiences. They help:

- Demonstrate real-world impact beyond quantitative data.
- Engage donors and stakeholders by illustrating program success.
- Advocate for policy change by amplifying lived experiences.
- Strengthen community engagement by valuing diverse voices and leadership.

Storytelling Guidelines
To ensure ethical, equity-driven storytelling, follow these guidelines:

- **Avoid disempowering narratives:** Do not use images or narratives that depict people in a disempowering way.
- **Highlight Agency and Resilience:** Frame individuals as change-makers, not just victims.
- **Ensure Representation:** Feature voices across gender, disability, and ethnicity to reflect community diversity.
- **Obtain Informed Consent:** Clearly explain how stories and images will be used.

Contextualise Success: Share the broader systemic factors that contributed to change, not just individual stories.

Ethical Storytelling Checklist
Before publishing or sharing a story of change, ensure it meets the following ethical storytelling standards:

- Have we obtained informed consent from all individuals featured in the story and images?

- Does the story respect the dignity of the individual and avoid exploitation?
- Are we accurately representing the context and achievements without exaggeration?
- Does the story highlight agency and empowerment rather than framing the subject as a passive recipient?
- Have we included diverse voices to reflect a range of lived experiences?
- Are images and language free from stereotypes or harmful tropes?
- Is the story fact-based and aligned with verified project data?
- Have we ensured privacy and confidentiality where necessary, especially for vulnerable individuals?
- Are we crediting contributors and RHOs appropriately for their work and perspectives?
- Does the story align with The Foundation's ethical communication standards?

Project reporting and storytelling using a GAPSED+ Framework lens are powerful tools for transparency, learning, and advocacy. By centring ethical storytelling principles, amplifying the contributions of marginalised groups, and ensuring responsible data use, The Foundation can drive meaningful engagement and systemic change. By integrating these practices into project reporting, ensures that project impacts are communicated in ways that are dignified, inclusive, and impactful.

INCLUSIVE LANGUAGE GUIDELINES

Language plays a fundamental role in development, shaping relationships, fostering inclusion, and ensuring equitable participation in eye health initiatives. Inclusive language is critical in project reporting and storytelling, particularly in aligning with the GAPSED+ framework to address inequities related to gender, age, place, socioeconomic status, ethnicity, and disability.

This section provides guidance on integrating inclusive language across project design, implementation, monitoring, evaluation, and reporting. It ensures that all communication within The Fred Hollows Foundation and partner organisations reflects equity, dignity, and representation for all communities.

The Impact of Language on Marginalised Groups

Language is deeply connected to power dynamics, cultural understanding, and access to information. The failure to integrate language considerations into project planning and reporting can exclude vulnerable and marginalised groups, leading to barriers in service delivery, advocacy, and stakeholder engagement. Inclusive language ensures that all individuals—particularly those from marginalised communities—are accurately and respectfully represented.

Translation and Accessibility Gaps

- Lack of language integration in project design, implementation, and reporting can hinder understanding and participation.
- Key development terms (e.g., gender, accountability, resilience, sustainability) may not have direct translations in some languages.
- Multiple translations (e.g., English to a national language, local dialect, and sign language) increase complexity and risk misinterpretation.

Cultural Sensitivities and Contextualisation

- Some topics may be considered taboo (e.g., gender equality, disability, or reproductive health) and require culturally appropriate framing.
- The use of euphemisms may obscure meaning and limit the effectiveness of communication.

- Colonial language legacies may reinforce exclusion and require decolonised approaches.

The Burden of Bilingualism

- Many bilingual or multilingual staff take on unpaid translation roles outside their job descriptions.
- Staff may feel pressure to prove language proficiency in organisational settings, leading to an uneven institutional playing field.
- Translation coordinators and interpreters often lack visibility and recognition within organisations.

Good Practices in Knowledge Translation and Interpretation

Ensuring high-quality translation and interpretation is essential for fostering inclusive and equitable communication. The following best practices can help bridge linguistic barriers in development work:

- **Plan for translation from the outset:** Allocate resources for professional translation services and multilingual materials in project budgets.
- **Use plain language:** Avoid jargon and overly technical terms to make content more accessible across different linguistic groups.
- **Co-develop translations with local communities:** Engage RHOs and local experts to ensure that translated content aligns with cultural contexts and community terminology.
- **Conduct back-translation and verification:** Have a second translator review the translation to confirm accuracy and avoid misinterpretation.
- **Ensure accessibility:** Provide translated materials in multiple formats, including print, digital, audio, and braille where applicable.
- **Hire trained interpreters:** Ensure interpreters are skilled in both language and cultural nuances, particularly for sensitive topics.
- **Brief interpreters beforehand:** Provide context, terminology guides, and expectations before meetings, interviews, or community engagements.
- **Use community interpreters where possible:** Where formal interpreters are unavailable, identify bilingual community members and provide training on best practices in interpretation.
- **Practice inclusive dialogue:** Encourage speakers to pause frequently to allow accurate interpretation and ensure full participation from all stakeholders.
- **Respect sign language requirements:** Ensure professional sign language interpreters are available for deaf and hard-of-hearing participants.

Inclusive language is a crucial component of equity-driven development. By integrating culturally sensitive, accessible, and representative language practices, The Fred Hollows Foundation and its partners can ensure more equitable participation and engagement in eye health projects. By embedding inclusive language in project reporting, storytelling, and advocacy, GAPSED+ reinforces dignity, respect, and empowerment for all communities.

PROJECT CLOSURE

Project closure is a critical phase, ensuring that projects are concluded in a way that is sustainable, ethical, and participatory. Proper closure consolidates lessons learned, strengthens relationships with RHOs and other stakeholders, and ensures accountability to the communities served. This chapter outlines good practices for closing projects while prioritising equity, inclusion, and knowledge-sharing.

Consideration of Ethical and Inclusive Project Closure

Project closure should uphold transparency, participation, accountability, and sustainability. The key principles include:

- **Equity and Inclusion:** Ensuring that marginalised groups have a voice in the closure process.
- **Sustainability:** Embedding long-term impact beyond project funding.
- **Safeguarding and 'Do No Harm':** Avoiding disruption or negative consequences for stakeholders.
- **Knowledge Transfer and Learning:** Documenting and sharing insights for future programming.
- **Stakeholder Recognition:** Acknowledging the contributions of RHOs, community leaders, and project beneficiaries.

Key Steps in Project Closure

1. Engaging Stakeholders and Communities

Before closing a project, it is essential to engage with communities, RHOs, and key partners to ensure a smooth transition and minimise any potential negative impact. Best practices include:

- Exit discussions with RHOs and community leaders to assess outstanding needs and plan for sustainability.
- Feedback loops through participatory forums to allow stakeholders to voice concerns or recommendations.
- Celebratory and transition events to acknowledge project achievements and community contributions.

2. Final MERL Review

Closing a project requires a final assessment of its impact, lessons learned, and areas for improvement. In line with the Project Closure Checklist Steps include:

- Conducting a final equity-focused impact assessment aligned with GAPSED+ indicators.
- Reviewing disaggregated data (gender, age, disability, etc.) to evaluate inclusion effectiveness.
- Documenting successes, challenges, and recommendations for future initiatives.
- Complete the End of Project Report

3. Sustainability and Handover Planning

Sustainability planning is crucial to ensure that the project's benefits continue beyond closure. Consider:

- Capacity-building handovers to RHOs, local organisations, or government bodies.
- Embedding community-led initiatives that can sustain project activities.
- Securing ongoing resources (where applicable) through partnerships or advocacy efforts.

4. Financial and Administrative Closure

Project closure must include a transparent financial and contractual wrap-up, ensuring all obligations are met. Key actions:

- Final financial reporting and resource reconciliation.
- Grant and donor compliance checks to meet funding requirements.
- Closing out agreements with RHOs, contractors, and vendors.

5. Knowledge Management and Legacy Planning

Lessons learned should be captured and disseminated for broader impact. Consider:

- Documenting case studies and best practices for internal and external learning.
- Creating knowledge-sharing platforms where future projects can access insights.
- Ensuring materials remain available (e.g., translations, accessible formats) for communities and partners.

6. Ethical Communications and Storytelling

Project closure often includes final reporting and communications. Ensure ethical storytelling by:

- Centring community voices in impact stories, avoiding deficit-based narratives.
- Using inclusive language and imagery in reports and presentations.
- Gaining informed consent when publishing stories, photos, or videos.

7. Celebrating Successes

Recognising achievements and contributions during project closure fosters goodwill, strengthens relationships, and promotes motivation for future initiatives. Celebration should be participatory and inclusive, ensuring that all stakeholders, particularly Rights Holder Organisations and communities, feel acknowledged and valued.

8. Ensuring Inclusive Participation

- Engage diverse community members in planning and participating in closure events.
- Consider accessibility needs so that people with disabilities can fully engage.
- Use culturally appropriate ways of celebration to respect local traditions and customs.
- Ensure gender balance in who is acknowledged and given a platform to speak.

By celebrating success in an inclusive and meaningful way, projects reinforce community ownership, sustain motivation, and encourage ongoing advocacy efforts beyond formal closure.

Addressing Challenges in Project Closure

Managing Stakeholder Expectations

- Clearly communicate closure timelines well in advance.
- Provide guidance on continued access to services (if applicable).
- Offer referrals to other resources where feasible.

Ensuring Safeguarding Measures Remain in Place

- Establish mechanisms for ongoing reporting of safeguarding concerns.
- Ensure community members know where to access support beyond project completion.
- Secure long-term accountability from local partners or government institutions.

Handling Unintended Consequences

- Conduct risk mitigation assessments to anticipate and minimise closure-related risks.
- Provide psychological and social support where needed, particularly in sensitive projects.
- Engage communities in discussions on adapting to changes post-project

Project closure is not merely an administrative process—it is an opportunity to reinforce relationships, ensure sustainability, and contribute to broader systemic change. By following ethical, inclusive, and participatory approaches, projects that have embedded GAPSED+ throughout can leave lasting positive impacts on the communities they serve. The insights gained during closure should feed into future programming, advocacy, and learning, ensuring that the work continues to evolve and improve over time.

SECTION 4: ANNEXES

ANNEX 1: TERMINOLOGY

- **Accessibility –** Ensuring all individuals, particularly persons with disabilities, have equal access to services, information, and opportunities by removing barriers.
- **Accountability –** The obligation of organisations to justify actions and decisions, ensuring transparency and responsibility toward communities and stakeholders.
- **Adaptive Learning –** A continuous process of reflecting on and adjusting project strategies based on real-time feedback and data.
- **Annexes –** Supplementary materials, including checklists, templates, and additional guidance.
- **Capacity Building –** Strengthening the skills, knowledge, and resources of individuals, organisations, or communities to enhance development effectiveness.
- **Culturally Safe Care –** An approach ensuring projects, and eye health services respect and integrate cultural identities and community values, particularly for Indigenous and marginalised communities.
- **Community Feedback Loops –** A participatory mechanism allowing communities to provide ongoing input for program improvements.
- **Co-Design –** A collaborative approach ensuring Rights Holder Organisations (RHOs) actively participate in program design and decision-making.
- **Concept Mapping –** A visual tool used to organise ideas and clarify connections between concepts in program planning.
- **Community Scorecards –** A participatory monitoring tool that captures community feedback on service quality and access.
- **Data Disaggregation** – Breaking down data by GAPSED+ factors (e.g., gender, age, disability) to identify and address inequities.
- **Do No Harm Approach** – A principle ensuring interventions do not unintentionally cause harm to vulnerable populations.
- **Equity Lens –** A systematic approach ensuring programs address barriers faced by marginalised groups, ensuring fair access to services and opportunities.
- **Ethical Research –** A set of principles guiding research activities to protect participant rights, ensure informed consent, and avoid harm.
- **Free, Prior, and Informed Consent (FPIC)** – A principle ensuring local community members, and people receiving services have the right to give or withhold consent to projects affecting them before implementation.
- **Gender Equity** – Ensuring equal access, opportunities, and outcomes for people of all genders by addressing systemic barriers**.**
- **Indicators** – Quantitative and qualitative measures used to track program progress toward outputs, outcomes, and impact.
- **Inclusive Target Setting** – Establishing measurable, equity-driven objectives to ensure marginalised groups benefit from interventions.
- **Intersectionality** – The concept that different social identities (e.g., gender, ethnicity, disability) overlap, creating unique barriers and experiences.
- **Key Evaluation Questions (KEQs)** – Questions guiding impact, effectiveness, and equity assessments in Monitoring, Evaluation, Reporting, and Learning (MERL).
- **Monitoring, Evaluation, Reporting, and Learning (MERL)** – A structured framework ensuring data-driven, equity-focused decision-making across projects.
- **Most Significant Change (MSC) Methodology** – A qualitative evaluation tool identifying key transformative moments in a program.
- **Outcome Indicators** – Metrics tracking long-term changes in health, social, or economic well-being due to an intervention.

- **Output Indicators** – Metrics tracking immediate results of program activities (e.g., number of health workers trained).
- **Organisations of Persons with Disabilities (OPDs)** – Representative groups advocating for the rights of persons with disabilities in policy and service provision.
- **Participatory Monitoring and Learning** – A community-led process ensuring marginalised groups actively engage in evaluating project outcomes.
- **Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH)** – Policies ensuring development programs operate safely and ethically.
- **Reflexive Practice** – A structured approach promoting self-awareness and critical reflection to improve project impact.
- **Rights Holder Organizations (RHOs)** – Organisations representing marginalised groups advocating for their rights.
- **Safeguarding –** Measures ensuring that vulnerable populations are protected from harm, exploitation, and abuse.
- **Sense-Making –** A participatory process where stakeholders interpret findings, reflect on experiences and apply learnings.
- **Social Inclusion –** Ensuring that all individuals, regardless of gender, disability, ethnicity, or socioeconomic status, have equal participation opportunities.
- **Theory of Change (ToC)** – A strategic framework mapping how activities, outputs, and outcomes contribute to a long-term impact.

ANNEX 2: INCLUSIVE LANGUAGE AND TERMINOLOGY GUIDE

Inclusive language is people-first, respectful, and dignity-affirming, avoiding labels or stereotypes that marginalise groups. In all GAPSED+ domains, choose words that emphasise the person before any attribute and use precise, culturally respectful terms. Avoid negative or deficit-based wording that defines people by a condition or implies inferiority. The tables below detail preferred terminology to use and terms to avoid in each domain, with explanations.

Gender (Gender Identity and Expression)

Use gender-inclusive terms that respect individuals' self-identification. Avoid language that reinforces a binary view of gender or outdated terms for gender-diverse people. Embrace neutral titles and pronouns where appropriate.

Terminology to Use (Inclusive)	Terminology to Avoid	Why / Explanation
Gender-inclusive language (e.g. "everyone" or "folks")	"Ladies and gentlemen"	Assumes a binary gender audience and excludes those who don't identify as male or female. Using inclusive terms addresses all people without gender bias.
"They/them" (singular) pronoun (or person's name)	"He or she" (when gender is unknown)	"They" as a singular pronoun is inclusive of all gender identities and avoids reinforcing a gender binary. It respects non-binary individuals who may use they/them pronouns.
"Partner" or "spouse"	Assuming "husband/wife"	Gender-neutral relationship terms respect LGBTIQA+ couples and those who don't frame relationships in heteronormative terms. It avoids making assumptions about someone's partner's gender.

Age

When describing age, avoid terms that other or stigmatise older adults or young people. Use specific age ranges or neutral descriptors. Emphasise personhood rather than age-related labels and avoid implying frailty or dependency based on age.

Terminology to Use	Terminology to Avoid	Why / Explanation
"Older persons", "older people"	"The elderly"; "seniors"	Terms like "the elderly" generalise and otherize older people, suggesting they are a separate group apart from society. "Older people" is respectful and age-neutral, simply indicating age without negative connotation.
"Person aged __" or "__-year-old person"	"The elderly"; "seniors"	Terms like "the elderly" generalise and 'otherise' older people, suggesting they are a separate group apart from society. "Older persons" is respectful and age-neutral, simply indicating age without negative connotation.
Older person with ___" (if describing a condition)	"senile"; "doddering"	Avoid using "senile" as a label for an older person — if cognitive impairment is relevant, say "a person with dementia". Terms like "senile" are derogatory and equate aging with illness, whereas person-first phrasing separates the person from a condition.
"Youth" or "young people"	"kids" (in formal context); "juveniles"	In formal or professional contexts, "kids" or "juveniles" can be seen as informal or carry a negative tone (especially "juvenile" implying delinquency). "Young people" or specifying age (e.g. "teenagers," "children") is more respectful and clearer

.

Place of Residence

Use precise, neutral terms for regions and living situations. Avoid words that carry stigma about where people live. This includes terms for countries, neighbourhoods, and housing status. Language around place should not reinforce hierarchies (developed vs. undeveloped) or criminalise residency status.

Terminology to Use	Terminology to Avoid	Why / Explanation
“Low- and middle-income countries (LMICs)” or “developing countries”	“Third World countries”	“Third World” is an outdated Cold War-era term that is now seen as derogatory and implying inferiority. Referring to countries by income level or as “developing” is more neutral and focused on economic context rather than a hierarchy of worth.
“Global South / Global North” (where appropriate)	“Underdeveloped countries”	Saying “underdeveloped” suggests a lack or failure in comparison to a norm. Terms like Global South can be used to discuss regions in development discourse without the pejorative tone or simply be specific (e.g. “Sub-Saharan African countries,” “South Asia”).
“Informal settlement” or “low-income neighbourhood”	“slum”; “ghetto”	Words like “slum” or “ghetto” are loaded with stigma, painting communities as dirty or crime ridden. “Informal urban settlement” or “low-income neighbourhood” acknowledges the community without judgment, focusing on economic and planning factors rather than insulting residents.
“Rural community” or “remote area”	“The middle of nowhere”	Describing a place as “the middle of nowhere” is dismissive to those who live there. Using “rural” or “remote” community is factual and respectful, and it doesn’t imply that the area is irrelevant or empty.
“Undocumented immigrant” or “undocumented person”	“Illegal immigrant”; “illegal alien”	Labelling a person “illegal” criminalises their existence. “Illegal alien” is especially dehumanising. “Undocumented immigrant” accurately describes a person’s legal status (lacking official documents) without defining them by a crime, thus maintaining respect and recognising their personhood.
“People experiencing homelessness” (or “people without housing”)	“The homeless”	Referring to individuals as “the homeless” turns their lack of housing into an identity. “People experiencing homelessness” is person-first and emphasises that homelessness is a condition, often temporary or changeable, not a defining character trait. This phrasing recognises their dignity and that their situation does not wholly define them.

Socioeconomic Status

Use language that describes economic situations without judgment. Avoid terms that define people by poverty or imply moral failure. Instead of focusing on what people lack (“poor,” “needy”), focus on neutral descriptions of their economic condition. This aligns with a rights-based perspective that people are entitled to basic needs and opportunities.

Terminology to Use	Terminology to Avoid	Why / Explanation
“People living in poverty” or “low-income individuals/families”	“The poor”; “poverty-stricken”	Phrases like “the poor” generalise people by a condition of poverty, which can reinforce an “us vs. them” mentality. Person-first phrasing such as “people living in poverty” describes the situation without defining their identity by it. It avoids pitying

Terminology to Use	Terminology to Avoid	Why / Explanation
		language like “poverty-stricken,” focusing on the systemic condition rather than an inherent trait.
“Under-resourced communities” or “underserved communities”	“Underprivileged communities”	“Underprivileged” frames the community by what it lacks (privilege), which can sound condescending. “Under-resourced” or “underserved” highlights that the issue is lack of resources or services provided to the community, not a deficiency in the people themselves. This shift focuses to equity and rights – that these communities deserve more resources – rather than portraying them as pitiable.
“Person receiving public assistance” or “person using welfare services”	“Welfare reliant”; “on welfare”	Describing someone as “welfare reliant” can carry a stigma of dependency or blame. Stating that a person receives assistance is more neutral and temporally accurate (people use services, they are not defined by them). It avoids implying that the individual is nothing more than a burden on welfare.
People in need” or better, “people affected by ___” (specific issue)	“Needy people”	Labelling individuals or groups as “needy” is deficit-based and can be demeaning. Instead, if discussing those requiring support, say “people in need of [specific resource]” or focus on the circumstance (e.g. “people affected by the disaster”). This frames the need as a situation, not an identity, preserving dignity.
“Historically marginalised” or “underrepresented groups”	“minorities”	The term “minorities” implies a lesser status (“minor”) and lumps diverse groups into one category. It’s increasingly viewed as problematic. Phrasing like “historically marginalised communities” recognises that systemic discrimination, not inherent “minority” status, is at issue. “Underrepresented” is another alternative that points to lack of representation rather than a group’s intrinsic qualities.

Ethnicity and Indigeneity

Be specific and respectful when referring to ethnic or Indigenous groups. Use the names that communities call themselves, and capitalise terms like Indigenous, Black, etc., as appropriate. Avoid outdated or colonial terms. Do not use collective labels that erase distinct identities (e.g. “minority” or “non-white” as a catch-all) when you can name the specific group. Always centre the identity as described by the people themselves.

Terminology to Use	Terminology to Avoid	Why / Explanation
“Indigenous peoples” (capitalised, plural)	“Aborigines”; “natives”	Use “Indigenous peoples” or First Nations, to refer broadly to First Nations, and Aboriginal peoples, as it’s respectful and recognises diverse groups. Terms like “Aborigines” (for First Nations Australians) or “natives” can be offensive or reductive. They were often used in colonial contexts and fail to acknowledge specific nation

Terminology to Use	Terminology to Avoid	Why / Explanation
		names or the preferred identifiers of those communities.
"Aboriginal and Torres Strait Islander peoples" (when referring to Indigenous Australians)	"Aboriginals" (as a noun)	In Australia, the specific phrase "Aboriginal and Torres Strait Islander peoples" is used to respectfully encompass the two major Indigenous groups. Saying "Aboriginals" or "the Aboriginal" is considered inappropriate – "Aboriginal" should be used as an adjective (e.g. Aboriginal person), not a collective noun, and it should be accompanied by "peoples" when talking generally to acknowledge there are many distinct communities.
"Black people"; "Asian people"; "Latinx people" (or the specific ethnicity, e.g. "Vietnamese people", "Somali community")	"The blacks"; "Orientals"; "the Asians"	Always refer to racial/ethnic groups with respectful terms and avoid using "the ____" which otherises. For example, say "Black people" (capital B for Black as a culture/ethnicity) instead of "the blacks", which is derogatory. Never use terms like "Oriental" for people – use "Asian" or the specific ethnicity (e.g. "Chinese American"), as "Oriental" is an outdated term that objectifies people from Asia.
"People of colour (POC)" or "Black, Indigenous, and People of Colour (BIPOC)"	"Coloured people"	"Coloured people" is an offensive, outdated term historically used during segregation. "People of colour" is a modern, inclusive term for non-white communities that puts "people" first and is generally accepted in many contexts. BIPOC specifically highlights Black and Indigenous people within people of colour. Always choose the term the group prefers; when possible, name the specific community rather than using a broad category.
"Roma people" or "Romani communities"	"Gypsies"	"Gypsy" is a derogatory term for the Roma/Romani ethnic group. The people should be called Roma or Romani. Using their proper name respects their identity and removes the negative stereotypes associated with the word "gypsy."
"Undocumented migrant" (or "refugee," "asylum seeker" if legally applicable)	"Illegal immigrant"; "illegal alien"	When ethnicity and nationality intersect with immigration status, ensure not to dehumanize. As noted above, "illegal immigrant/alien" should be avoided. If referring to someone's ethnic community, don't attach "illegal" to their identity. Instead use terms that describe their status accurately (undocumented, refugee, etc.) without implying criminality. This respects both their ethnic identity and their situation.

Disability

Use person-first language for disabilities unless you are aware the individual/community prefers identity-first (some Deaf or autistic individuals prefer identity-first – when in doubt, ask or default to person-first). Avoid any language that suggests pity or that a person is defined by their disability. Do not use euphemisms like "special needs" that sugarcoat disability; direct but respectful terms are better. Focus on the person and, when relevant, the assistive tools or accommodations rather than limitations.

Terminology to Use	Terminology to Avoid	Why / Explanation
“Person with a disability” / “people with disabilities”	“The disabled”; “disabled person” (as default)	Using “the disabled” as a collective label separates people from society and defines them solely by disability. Person-first phrasing (person/people with a disability) emphasises their humanity first. (Some individuals may self-identify as “disabled people” with pride, but as a rule in inclusive writing, person-first is safer unless you know identity-first is preferred .)
“Person who uses a wheelchair”	“Wheelchair-bound person”; “confined to a wheelchair”	Terms like “bound” or “confined” to a wheelchair are deficit-based and misleading – a wheelchair is enabling mobility, not confining. Say “uses a wheelchair”, which indicates the person actively uses an assistive device. This phrasing avoids implying that the wheelchair is a prison and instead focuses on the person’s agency.
“Accessible parking/facilities”	“Handicapped parking”; “disabled restroom”	“Handicapped” is an outdated term with negative connotations, and labelling facilities as “disabled” is incorrect (the facility isn’t disabled). Use “accessible” to indicate suitability for people with disabilities. For example, “accessible parking” describes the purpose (parking reserved for those with disability permits) without using an antiquated label for people.
“Person with low vision” or “person who is blind/has low vision”	“The blind” (as a group); “vision impaired person”	Avoid using “the blind” as a blanket noun; instead say “people who are blind” or “people with visual impairments.” This is person-first and avoids implying a monolithic group. “Vision impaired” as an adjective is common, but some prefer to emphasize the person (and some blind individuals accept “blind person” as identity-first). When unsure, default to describing the person with the condition, not as the condition.
“Person with a mental health condition”	“Mentally ill person”; “the mentally ill”; “crazy/insane”	Saying “mentally ill” as a label can be stigmatising. Instead, “person with a mental health condition” or “living with mental illness” is more respectful and separates the individual from the illness. Derogatory terms like “crazy,” “insane,” or casual use of “schizophrenic” should be avoided entirely in reference to people, as they are dismissive and harmful. Focus on the specific condition if relevant (e.g. “person with schizophrenia” rather than “schizophrenic person”) and only mention it when necessary to the context.
“Person with an intellectual disability”	“Mentally retarded”	“Retarded” is an offensive, outdated term that was once a medical classification but is now a slur. Never use it. The correct term is “intellectual disability” or a specific developmental disability (and use person-first language: e.g., “child with an

Terminology to Use	Terminology to Avoid	Why / Explanation
		intellectual disability"). This aligns with current professional and community standards of respect

Note: The "+" in GAPSED+ stands for additional context-specific factors (e.g. religion, language, sexual orientation, etc.) that might be relevant in each setting. The same principles apply – use inclusive, rights-affirming language for any group. For example, when referring to religion, say "Muslim people" or "people of Muslim faith" rather than using terms like "Mohammedans" (outdated and offensive). Always listen to and use the self-descriptions that communities prefer. By following these guidelines across all GAPSED+ domains, communication will be respectful, inclusive, and aligned with dignity and human rights for all individuals and groups.

ANNEX 3: DECISION MAKING ON CONDUCTING A GAPSED+ ANALYSIS

Whether to conduct a GAPSED+ Analysis in-house, outsource to consultants, or take a hybrid approach depends on organisational capacity, expertise, and strategic priorities.

Conducting the GAPSED+ Analysis In-House

An internal approach is ideal when:

- The Foundation and partners have strong research capacity.
- Deep contextual knowledge of local eye health challenges is required.
- Internal capacity-building is a priority for long-term sustainability.
- Adequate time and staffing are available without affecting program delivery.
- The staff and partners have strong relationships with RHOs, ensuring effective stakeholder engagement and trust-building.

Outsourcing the GAPSED+ analysis to consultants

Engaging external consultants is beneficial when:

- Specialised expertise (e.g., participatory research, engagement with specific marginalised groups) is needed.
- A broader social inclusion lens is required to identify underrepresented or emerging marginalised groups.
- Objectivity is crucial, particularly when evaluating previous program outcomes or politically sensitive topics.
- A rapid assessment is required for time-sensitive funding opportunities or program launches.
- The Foundation is operating in new geographies with limited prior experience or local networks.
- Internal teams lack the capacity to conduct an in-depth analysis.

Hybrid approach: leveraging the best of both

A blended model often ensures optimal results. Internal teams lead the process to align with organisational goals and maintain community engagement, while consultants contribute technical

expertise or independent evaluation. This approach balances efficiency, credibility, and sustainability.

Decision Guide: Who Should Conduct the GAPSED+ Analysis?

Start by asking the following questions:

1. Do we have strong internal research capacity and contextual knowledge?
Yes → Go to Question 2
No → Go to Question 4

2. Do we also have adequate time and staff capacity?
Yes → Go to Question 3
No → Consider a Hybrid Approach (blend internal leadership with external support)

3. Is internal capacity building a priority?
Yes → Consider a Hybrid Approach
No → Conduct the GAPSED+ Analysis In-House

4. Do we need specialised expertise or objectivity (e.g., participatory methods, inclusion lens, independent evaluation)?
Yes → Outsource to Consultants
No → Consider a Hybrid Approach

Summary of Pathways

- **In-House:** If you have the capacity, contextual knowledge, time, and no urgent need for external objectivity.
- **Hybrid Approach:** If internal leadership is possible but enhanced by external expertise or where capacity building is a goal.
- **Outsource:** When internal capacity is limited or when technical, objective, or rapid assessments are needed.

ANNEX 4: CONDUCTING A GAPSED+ ANALYSIS

1. Background & Context

A GAPSED+ analysis thoroughly evaluates the local eye health system, identifying access barriers and socio-political factors with a focus on equity and inclusion, ensuring findings are translated into actionable recommendations.

2. Objectives of the GAPSED+ Analysis

- Identify barriers and enablers to eye health access for marginalised populations.
- Assess the effectiveness of current service delivery models.
- Analyse the impact of The Foundation's past programs and other health interventions.
- Provide data-driven recommendations for future programming and policy development.
- Ensure knowledge translation by tailoring outputs to different stakeholder needs.

3. Scope of Work

- **Geographic Focus:** [Specify country/region]
- **Target Populations:** GAPSED+ (ensure to consider the + in your local context)
- **Key Themes:** Affordability, accessibility, human resources, service delivery models, stakeholder coordination, and community engagement.
- **Contextual Factors:** National health policies, funding mechanisms, government partnerships, and intersections with other sectors (e.g., education, disability rights).

4. Methodology
A structured, evidence-based approach will be followed. This may include:

- **Desk Review:** Analysis of existing reports, policies, and datasets.
- **Quantitative Analysis:** Assessment of service utilisation data, demographic trends, and epidemiological studies.
- **Qualitative Research:** Key informant interviews, focus groups, and case studies capturing lived experiences.
- **Stakeholder Engagement:** Consultations with government bodies, NGOs, RHOs, and health workers.
- **Ethical Considerations:** Compliance with data protection laws, ethical review processes, and informed consent protocols.

5. STAKEHOLDER ENGAGEMENT & KNOWLEDGE TRANSLATION

Internal engagement (if conducted in-house)
- Define responsibilities for data collection, validation, and dissemination.
- Develop an internal communication plan to ensure findings inform decision-making.

External engagement (if outsourced)
- Collaborate with ministries of health, eye care providers, relevant RHOs, and community leaders.
- Ensure consultant alignment with The Foundation's teams.

Validation & knowledge translation
- Organise stakeholder feedback sessions to refine findings.
- Develop tailored outputs such as community presentations and technical reports.

6. Deliverables
The deliverables may include:
- **Inception Report:** Methodology, work plan, and data sources.
- **Data Collection & Analysis Report:** Findings from primary and secondary data sources.
- **Final GAPSED+ Analysis Report:** Comprehensive report including key findings and recommendations.
- **Presentation of Findings:** Stakeholder workshop to discuss results and validate key takeaways.
- **Knowledge Translation Products:** Infographics, presentations, and executive summaries tailored for different audiences.

7. Timeline & Work Plan

The timeline and workplan for the GAPSED+ Analysis will depend on the size and scope of the analysis to be conducted and whether it is being conducted in house or externally, but should allow time for:
- Desk review and stakeholder mapping
- Data collection (surveys, interviews, focus groups)
- Data analysis and preliminary findings
- Report drafting
- Stakeholder sense making, validation and finalisation and
- Dissemination.

8. Budget & Resources
The budget should cover:
- Personnel costs (internal staff or consultant fees).

- Travel and logistics for fieldwork and stakeholder consultations.
- Data collection tools and software.
- Dissemination activities (workshops, knowledge translation materials).

9. Consultant Recruitment (If Outsourced)
If outsourcing, The Foundation may seek consultants with:

- Expertise in social inclusion and equity-focused research.
- Experience conducting situational analyses in global health.
- Strong research skills in qualitative and quantitative methodologies.
- Capacity to produce knowledge translation outputs for different audiences.
- Experience engaging government and local stakeholders.

10. Application Process (For External Consultants)
Interested candidates must submit:

- A technical proposal outlining their approach.
- A financial proposal with a detailed budget breakdown.
- CVs of key team members.
- Samples of previous similar work.
- Deadline for Submission: [Insert Date]

ANNEX 5: SAMPLE GAPSED+ INCEPTION REPORT TEMPLATE

Project Title: (Insert Project Name)
Project Duration: (Start Date – End Date)
Lead Organisation: The Fred Hollows Foundation
Implementing Partners: (List partners, including Rights Holder Organizations (RHOs), local NGOs, and government agencies involved)
Report Prepared by: (Insert Name, Position, and Organization)
Date of Submission: (DD/MM/YYYY)

1. Introduction
1.1 Purpose of the Inception Report

- Provide an overview of the project's objectives, scope, and intended impact.
- Outline how GAPSED+ considerations will be embedded throughout the project cycle.
- Establish the project's approach to equity, inclusion, and safeguarding.

1.2 Project Background and Rationale

- Briefly describe the problem the project aims to address.
- Summarise key contextual factors (e.g., gender disparities, disability inclusion gaps, socio-economic barriers).
- Reference previous assessments, baseline studies, and consultations with RHOs and affected communities.

2. GAPSED+ Analysis and Equity Considerations
2.1 GAPSED+ Framework Integration

Describe how the project will address each GAPSED+ factor:

GAPSED+ Dimension	Identified Barriers	Proposed Strategies
Gender/Sex	(E.g., Limited access to eye care for women due to social norms)	(E.g., Gender-sensitive service delivery, female health workers)
Age		
Place of Residence		
Socioeconomic Status		

GAPSED+ Dimension	Identified Barriers	Proposed Strategies
Ethnicity, Indigeneity, Race, and Culture		
Disability		
Plus		

2.2 Intersectionality Considerations

- Explain how multiple GAPSED+ factors intersect to create additional barriers.
- Identify at-risk subgroups within the target population (e.g., elderly women with disabilities in rural areas).

2.3 Consultation and Community Engagement

- Describe how RHOs and affected communities were engaged in project design.
- Summarise key insights from consultations and how they informed project planning.

3. Project Design and Implementation Plan

3.1 Project Objectives and Outcomes

- Clearly define the project's equity-focused objectives.
- Align objectives with GAPSED+ principles and human rights-based approaches.

3.2 Implementation Strategy

- Describe planned activities, ensuring inclusivity at each stage.
- Highlight co-design approaches with RHOs and marginalised groups.
- Identify potential risks and mitigation strategies.

3.3 Work Plan and Timeline

Activity	Responsible Party	Timeline	Key Equity Considerations
Baseline assessment			
Community consultations			
Capacity-building workshops			
Service delivery pilot			

4. Monitoring, Evaluation, Reporting, and Learning (MERL)

4.1 MERL Framework and Approach

Outline the MERL strategy to track equity and inclusion outcomes.
Describe participatory monitoring tools (e.g., community scorecards, storytelling).

4.2 Key Indicators and Targets

Provide sample indicators aligned with GAPSED+ factors.

Indicator Type	Example Indicator	Disaggregation
Equity Indicator	% increase in eye care access for women in rural areas	Gender, Location
Disability Inclusion	% of persons with disabilities accessing services	Disability Type
Community Engagement	# of RHOs actively involved in decision-making	Organisation Type

4.3 Risk Management and Safeguarding

- Identify potential equity risks and mitigation strategies.

- Explain how safeguarding principles (including Do No Harm) will be applied.

5. Resource Allocation and Budget

- Provide an overview of resource distribution, ensuring funding supports inclusive approaches.
- Include budget lines for disability-accessible services, gender-sensitive training, and community-led monitoring.

6. Conclusion and Next Steps

- Summarise key priorities for project implementation.
- Identify any outstanding gaps that need to be addressed before full rollout.
- Provide an action plan for refining the project based on ongoing consultations and learning.

Annexes

Annex 1: Stakeholder Consultation Report
Annex 2: Baseline Data Summary
Annex 3: Risk Identification and Mitigation Plan
Annex 4: M&E Indicator Framework

This GAPSED+ Inception Report Template ensures a structured, equity-driven approach to project planning, integrating inclusive participation, risk management, and evidence-based decision-making from the outset. Let me know if you need any modifications or additional sections.

ANNEX 6: KEY RHOS REPRESENTING MARGINALISED GROUPS AND THEIR ROLES

An effective Situational Analysis begins by identifying key RHOs (Stakeholder Mapping) in the project context. Below are the main categories of RHOs, including their typical roles, priorities, and how they can contribute to eye health partnerships:

Women's Rights Organisations

- **Who they are:** Women's advocacy groups, feminist networks, and community-based women's organisations.
- **Roles and priorities:** Advancing gender equity, addressing barriers women face in accessing healthcare, and advocating for policies that support women's leadership in health governance.
- **Contributions to eye health:** Ensuring gender-responsive services, helping identify barriers specific to women (e.g., mobility, financial dependence, cultural norms), and mobilising women to participate in screenings and treatments.

Youth Organisations

- **Who they are:** Youth councils, student alliances, child rights NGOs, and volunteer networks focused on young people.
- **Roles and priorities:** Ensuring young people's voices are heard in policy and programming, advocating for youth-friendly health services, and integrating eye health education into schools and youth activities.
- **Contributions to eye health:** Engaging youth in community education campaigns, integrating vision screening in schools, and advising on service designs that cater to young people's needs (e.g., digital outreach, youth-friendly clinics).

Older Persons Associations

- **Who they are:** Senior citizens' groups, pensioners' clubs, and NGOs focused on aging.
- **Roles and priorities:** Advocating for age-friendly services, reducing health disparities in older adults, and promoting access to care for age-related eye conditions.
- **Contributions to eye health:** Supporting the design of senior-friendly eye services, raising awareness about treatable conditions like cataracts, and mobilising older populations to attend screenings and surgeries.

Community Organisations for Rural and Low-Income Groups

- **Who they are:** Village committees, rural health volunteers, and urban slum-dweller associations.
- **Roles and priorities:** Breaking down barriers to access, advocating for healthcare affordability, and ensuring outreach services reach remote areas.
- **Contributions to eye health:** Identifying underserved populations, providing local mobilisation, and supporting community-based service delivery.

Ethnic Minority, culturally/ linguistically diverse and Indigenous People's Organisations

- **Who they are:** Aboriginal Controlled Health Organisations (ACHO) Indigenous-led councils, tribal leadership networks, and cultural associations.
- **Roles and priorities:** Advocating for culturally safe healthcare, preserving indigenous knowledge, supporting language barriers, and reducing discrimination in health services.
- **Contributions to eye health:** Facilitating trust and community acceptance, adapting health education materials for cultural relevance, and ensuring services are linguistically and culturally accessible.

Organisations of Persons with Disabilities (OPDs)

- **Who they are:** National blindness unions, cross-disability coalitions, and local disability support groups.
- **Roles and priorities:** Promoting accessibility, ensuring inclusive policies, and advocating for the rights of people with disabilities.
- **Contributions to eye health:** Conducting accessibility audits, training staff on disability etiquette, and integrating assistive devices into service delivery.

Other Underrepresented Groups' Organisations

- **Who they are:** Refugee and migrant rights groups, LGBTQI+ organisations, and organisations in conflict-affected areas.
- **Roles and priorities:** Ensuring equitable health access for socially marginalised groups, eliminating discrimination, and providing targeted support for unique health challenges.
- **Contributions to eye health:** Identifying legal and social barriers, ensuring inclusive outreach services, and advocating for policy changes.

Integrating RHOs into Situational Analysis

RHOs should be engaged to:

- Provide insights into barriers and enablers of eye health access.
- Validate data and highlight community-specific challenges.
- Co-develop strategies that are locally relevant and actionable.
- Participate in stakeholder workshops and community consultations.

Key Actions for RHOs in Situational Analysis

- **Stakeholder Mapping:** Identify RHOs relevant to the target populations.
- **Community Consultations:** Facilitate focus groups and interviews with affected communities.
- **Co-Analysis of Findings:** Review situational analysis outcomes to ensure alignment with lived realities.
- **Knowledge Translation:** Assist in developing community-friendly versions of findings.

Template for Co-Developing Prioritisation Criteria
Use this template to guide discussions and decision-making when prioritising actions:

Criteria	Definition	Score (1-5)
Urgency	How critical is this issue for the marginalised group?	
Feasibility	Can this action be realistically implemented with available resources?	
Impact	Will addressing this issue significantly improve access to eye care?	
Community Priority	Does this align with the expressed needs of the community?	
Sustainability	Will this action lead to long term projects?	
Equity Focus	Will this address the challenges of the most marginalised group/s in accessing eye health?	

Instructions:

- Each criterion is rated on a scale of 1 (lowest) to 5 (highest).
- Stakeholders collaboratively score each proposed action based on these criteria.
- The highest-scoring actions become priority areas for the project design.

2. **Align Priorities with RHOs' Agendas and Advocacy Efforts**
    - Ensure the project reinforces existing advocacy and development initiatives led by RHOs.
    - Identify ways to integrate project objectives with national and regional health strategies.
3. **Ensure Equity-Centred Decision-Making**
    - Use an equity lens to evaluate proposed actions, ensuring they address root causes of exclusion.
    - Consider intersectional approaches that target overlapping forms of marginalisation.

Step 3: Translating Priorities into Project Design

Why it Matters
Once priorities are set, they must be embedded in a project design that is actionable, measurable, and sustainable.

How to Do It
- Develop Community-Led Solutions
- Co-design interventions with RHOs, ensuring community ownership and leadership.
- Leverage local knowledge and traditional health practices where applicable.
- Ensure Accessibility and Inclusion in Service Models
- Integrate Universal Design principles in infrastructure and service delivery.
- Train health workers on the GAPSED+ Equity Framework and support appropriate RHOs to provide culturally appropriate care training.
- Create Feedback Loops
- Establish mechanisms for ongoing engagement, ensuring that RHOs and communities continue shaping project implementation.
- Include monitoring frameworks that track equity outcomes, not just service coverage.

ANNEX 7: PROBLEM TREE STEP BY STEP GUIDE

This annex provides a step-by-step guide on using the Problem Tree method in alignment with the GAPSED+ framework, illustrating how it can highlight equity considerations and guide targeted interventions. While the Problem Tree is one tool among many, it is particularly effective in identifying disparities, structuring discussions, and ensuring that RHOs can actively contribute to the problem analysis process.

Why Use the Problem Tree for GAPSED+ Problem Analysis?

The Problem Tree method is particularly useful for embedding a GAPSED+ lens into problem analysis because:

- It visually organises complex problems, making it easier to see how different factors contribute to inequities.
- It helps uncover root causes often overlooked, ensuring that interventions address systemic barriers rather than just symptoms.
- It supports participatory sense-making, allowing RHOs and marginalized communities to engage in problem analysis in a meaningful way.
- It provides a shared understanding of the problem, helping stakeholders prioritise which causes to address.

By integrating the GAPSED+ framework into this method, program managers ensure that all relevant dimensions of inequity are considered and that solutions are designed to reduce disparities in eye health outcomes.

Step-by-step guide: using the problem tree for GAPSED+ problem analysis

Step 1: Define the Core Equity Problem (Trunk of the Tree)

Begin by clearly defining the **core problem** related to inequity in eye health. This should be a single statement that describes:

- **What the problem is** (e.g., lower cataract surgery rates, higher prevalence of blindness, lack of access to services).
- **Who is affected** (which population or marginalised group within GAPSED+?).
- **Where the problem occurs** (geographical location or setting).

For example:
"Women in rural communities have significantly lower cataract surgery uptake than men."
"People with disabilities face significant barriers in accessing eye care services in [region]."
"Indigenous populations have a higher prevalence of preventable blindness due to lack of culturally appropriate eye care."

TIP:

Ensure that the core problem is framed in a way that highlights inequity and that it aligns with findings from your situational analysis.

Step 2: Identify Direct Causes (Primary Roots of the Tree)

Ask: "Why does this problem exist?"

- Brainstorm 4-6 primary causes that directly contribute to the core problem.
- These should cover different GAPSED+ domains, such as gender barriers (e.g., women needing permission to travel for surgery), economic barriers (e.g., cost of services), disability-related barriers (e.g., clinics not being accessible), etc.
- Place each of these causes as primary "roots" feeding into the problem.

For example, if the problem is *"Low cataract surgery uptake among rural women"*, primary causes could include:

- **Financial Barriers**: Surgery costs are unaffordable for low-income women.
- **Social Barriers**: Cultural norms restrict women's decision-making in health matters.
- **Geographic Barriers**: Distance to the nearest eye care facility is too far.
- **Health System Barriers**: Lack of female ophthalmologists makes some women uncomfortable seeking treatment.

Step 3: Uncover Deeper Root Causes (Secondary and Tertiary Roots)

For each primary cause, ask **"Why does this happen?"** to identify deeper, systemic causes. Repeat this process until you reach fundamental barriers that need to be addressed.

For example:
Financial barriers → Women's incomes are lower than men's → Women rely on male family members for financial decisions → Gender norms limit women's financial independence.

Geographic barriers → No transport options for rural women → Local government funding for health transport is low → Rural areas have weaker political representation.

This step ensures that GAPSED+ factors are embedded throughout the analysis, making inequities explicit and helping to design interventions that address their root causes.

Step 4: Identify the Consequences (Branches of the Tree)

Ask: "What happens as a result of this problem?"

- Identify short-term and long-term consequences of the problem.
- Show how inequities lead to further exclusion or marginalisation.

For example, if women in rural areas lack access to cataract surgery:

- **Immediate consequences**: Women experience avoidable blindness and reduced quality of life.
- **Broader consequences**: Women's economic productivity declines, household poverty increases, and caregiving burdens shift to younger girls, affecting their education.

This step helps demonstrate the urgency of addressing the problem and ensures interventions are designed to break cycles of inequity.

Using the Problem Tree to Inform Solutions

Once the problem tree is completed, use it to guide intervention planning:

- **Turn root causes into intervention areas** (e.g., if financial barriers are a root cause, consider subsidies for low-income groups).
- **Ensure solutions target the most marginalised groups** by addressing barriers unique to their GAPSED+ category.
- **Use it as a communication tool** to explain the need for targeted equity strategies to communities, RHOs, partners, Government agencies, or funders.

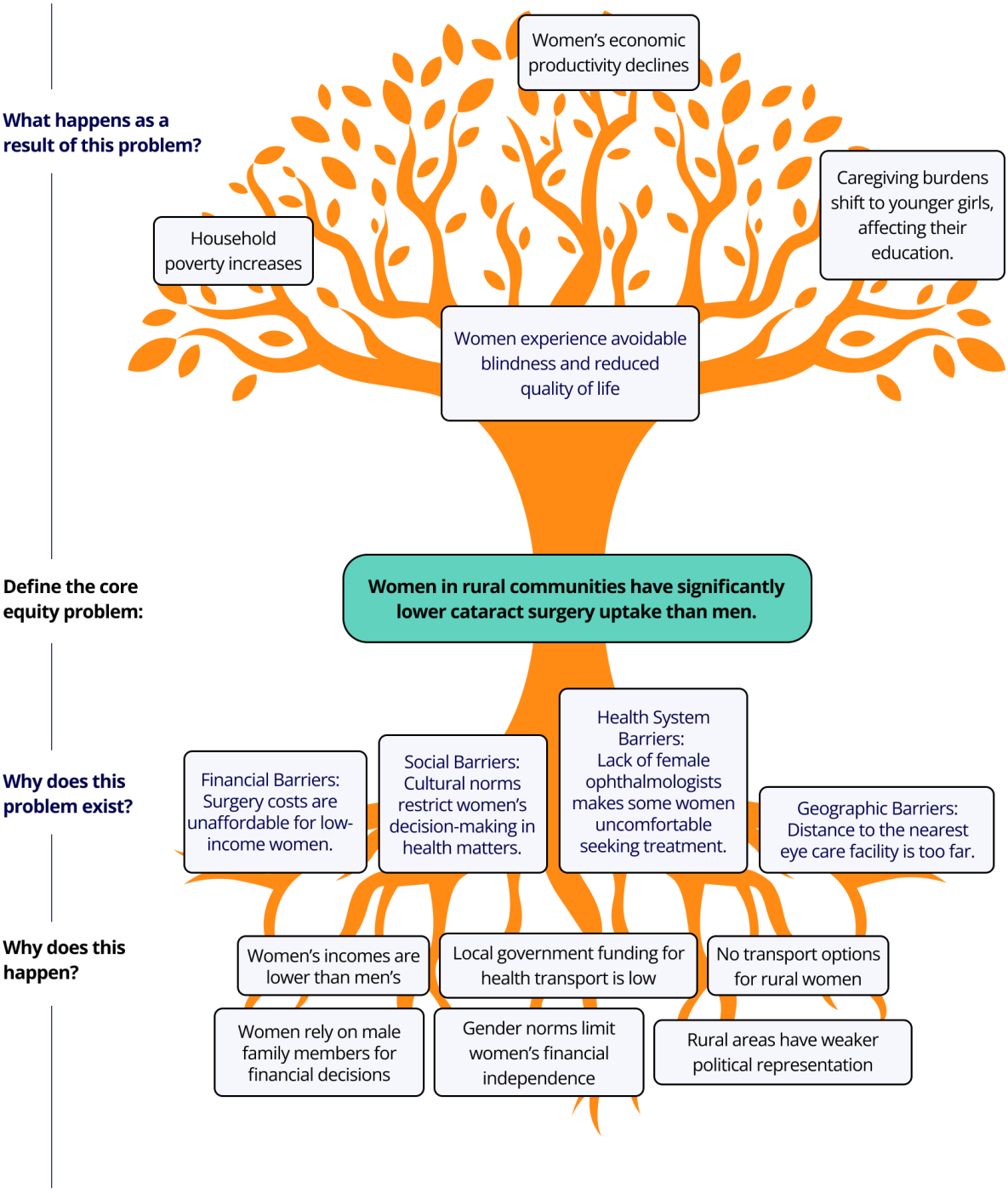
For example:

Root Cause Identified	Potential Solution
Surgery costs too high for rural women	Introduce financial support programs for women's eye health
No transport options for rural areas	Develop mobile eye care units or transport subsidies
Lack of awareness about eye health in Indigenous communities	Partner with Indigenous leaders to deliver culturally appropriate health education

Embedding GAPSED+ considerations in problem analysis is essential for designing inclusive, equitable, and effective eye health projects. The Problem Tree method is one of the most practical and accessible tools for RHOs, allowing them to actively identify barriers, visualise inequities, and contribute to solution development. While this is just one approach to problem analysis, it is a useful framework that ensures program managers and implementers systematically address the root causes of inequity in eye health service access and outcomes.

By integrating the GAPSED+ framework into problem analysis tools like the Problem Tree, we can ensure that marginalised voices are centred in program design and that interventions directly target the factors perpetuating inequities in eye health.

Problem Tree



ANNEX 8: SOLUTION TREE STEP BY STEP GUIDE

This annex provides a step-by-step guide for using the Solutions Tree method to design GAPSED+-inclusive interventions, ensuring that solutions are structured, evidence-based, and directly address disparities in eye health access and outcomes.

Step-by-Step Guide: Using the Solutions Tree for GAPSED+ Solutions Analysis

Step 1: Define the Equity-Focused Objective (Trunk of the Tree)
The first step in developing a Solutions Tree is to define the overarching equity objective the intervention aims to achieve. This objective should be directly linked to the core problem identified in the Problem Tree.

For example:
Problem Statement (Problem Tree): "Women in rural communities have significantly lower cataract surgery uptake than men."

Solution Objective (Solutions Tree): "Achieve gender parity in cataract surgery uptake by improving access, affordability, and awareness for rural women."

This objective serves as the tree's truck, guiding the development of targeted solutions.

Step 2: Convert Root Causes into Solutions (Primary Roots → Primary Solutions)

Each root cause identified in the Problem Tree should now be flipped into a solution statement, ensuring that interventions directly address equity barriers.

Example:
Addressing Gender Barriers in Cataract Surgery Uptake

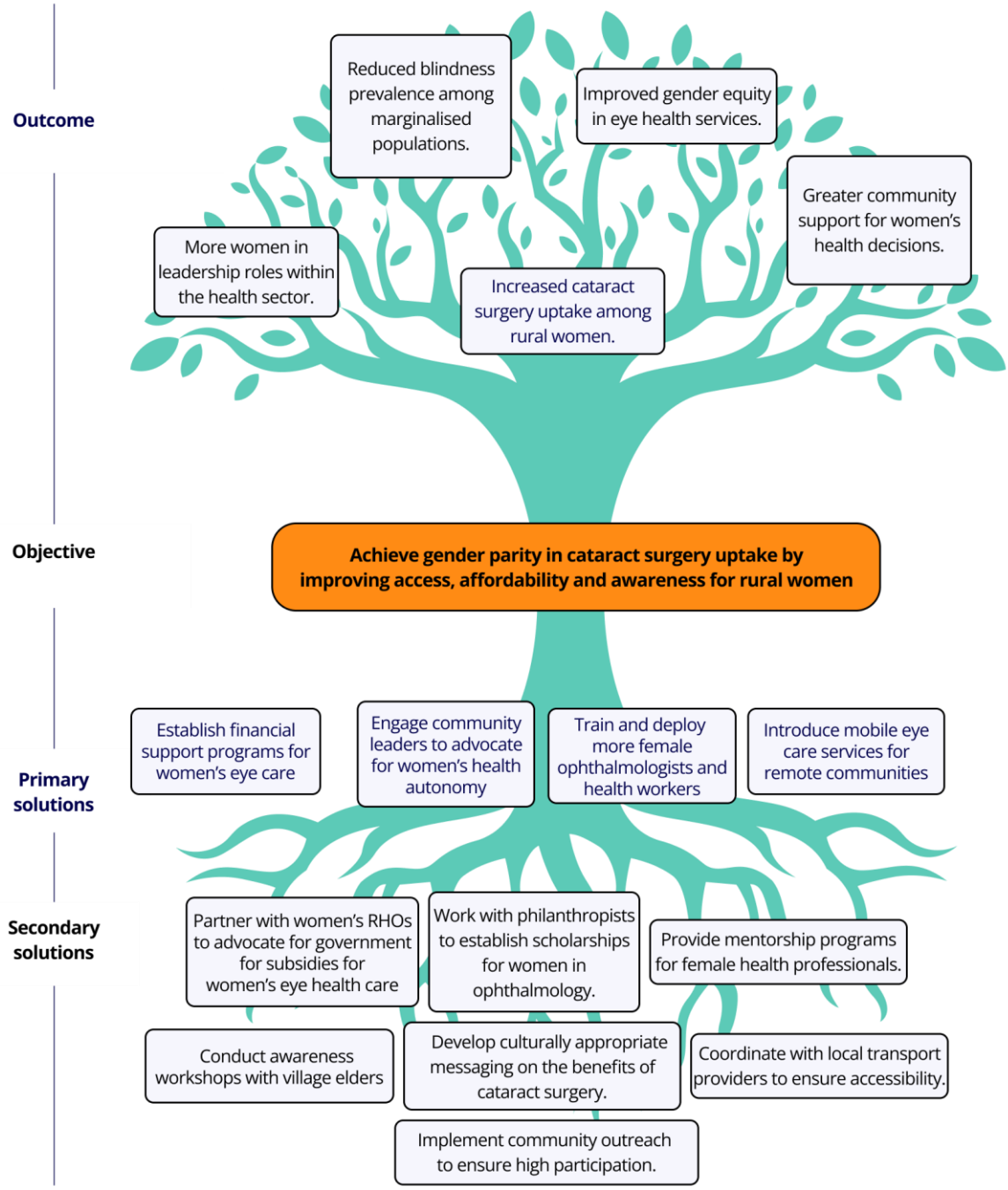
Root Causes (Problem Tree)	Solution (Solutions Tree)
Surgery costs are unaffordable for rural women	Establish financial support programs for women's eye care
Cultural norms restrict women's decision making in health matters	Engage community leaders to advocate for women's health autonomy
Lack of female ophthalmologists in rural areas	Train and deploy more female ophthalmologists and health workers
Distance to the nearest eye care facility is too far.	Introduce mobile eye care services for remote communities.

These solutions form the roots of the tree, ensuring that interventions are directly linked to eliminating key barriers.

Step 3: Develop Supporting Actions (Secondary Solutions)

For each primary solution, develop supporting actions that strengthen implementation and sustainability. These secondary solutions act as "branches" growing from the primary solutions.

Solution Tree



Example: Expanding solutions for rural women's eye care

Primary Solution	Supporting Actions
Establish financial support programs for women	Partner with women's RHOs to advocate for government for subsidies for women's eye health care
Engage community leaders to promote women's health autonomy	Conduct awareness workshops with village elders Develop culturally appropriate messaging on the benefits of cataract surgery.
Train and deploy female ophthalmologists.	Work with philanthropists to establish scholarships for women in ophthalmology. Provide mentorship programs for female health professionals.
Introduce mobile eye care units.	Coordinate with local transport providers to ensure accessibility. Implement community outreach to ensure high participation.

These supporting actions create a comprehensive, multi-layered intervention, ensuring sustainability and maximum impact.

Step 4: Identify Expected Outcomes (Branches of the Tree)

Now that the solutions have been mapped identify the expected equity outcomes resulting from implementing these interventions. These form the branches of the tree, representing the long-term impact of the solutions.

For example:

- Increased cataract surgery uptake among rural women.
- Greater community support for women's health decisions.
- Improved gender equity in eye health services.
- More women in leadership roles within the health sector.
- Reduced blindness prevalence among marginalised populations.

These outcomes should be aligned with GAPSED+ equity targets, ensuring that the intervention reduces disparities and improves inclusion.

Step 5: Validate Solutions with RHOs and local Communities

A key part of embedding GAPSED+ considerations in solutions analysis is engaging RHOs and marginalised groups to validate proposed solutions. This ensures that interventions are culturally appropriate, contextually relevant, and genuinely address the needs of affected populations.

How to Validate Solutions with RHOs:

- Facilitate participatory workshops where RHOs and community representatives review and refine the Solutions Tree.
- Use a ranking system to prioritise solutions based on feasibility, impact, and community acceptance.
- Collect feedback on whether the solutions address the actual barriers experienced by marginalised groups.
- Ensure diverse representation (e.g., women, people with disabilities, Indigenous leaders) in discussions to ensure intersectional equity perspectives are included.

By embedding GAPSED+ considerations into solutions analysis, the Solutions Tree method ensures that interventions are strategic, inclusive, and equity driven.
This method provides program managers and RHOs with a structured framework for:

- Developing targeted interventions that address root causes of inequities.

- Ensuring marginalised voices are included in the solution design process.
- Translating problem analysis into actionable, measurable outcomes.
- Aligning interventions with equity-focused goals in eye health programming.

By systematically linking solutions to identified barriers, the Solutions Tree bridges the gap between problem analysis and effective program design, ensuring that interventions are truly transformative for marginalised populations in eye health.

By embedding GAPSED+ considerations at every stage of solutions analysis, we move beyond general interventions to equity-centred programming that creates lasting change.

ANNEX 9: THEORY OF CHANGE STEP BY STEP INSTRUCTIONS

This annex provides a **step-by-step guide** to developing a GAPSED+ informed TOC, embedding equity considerations at every stage.

Step-by-Step Guide to Building a GAPSED+ Theory of Change

Step 1: Define the Vision and Long-term Goal

- Clearly articulate the ultimate impact The Foundation and partners seek to achieve.
- Ensure the goal reflects equity, inclusion, and systemic change.

Example:
All individuals, regardless of socioeconomic status or disability, have equitable access to quality eye health services.

Step 2: Identify the Root Causes and Barriers

- Refer to your previous work, including the **situational analysis** to map inequities and structural barriers.
- Use **problem analysis** to distinguish between symptoms and root causes.

Example:
Instead of only addressing a lack of clinics, examine deeper issues such as gender norms that prevent women from accessing care.

Step 3: Map Causal Pathways
Draw connections between interventions and expected short, medium, and long-term outcomes.

Example:
Input - Community eye health outreach
Output - Increased awareness and screenings
Short-term Outcome - More people access eye care services
Long-term Outcome - Reduced blindness prevalence in marginalised communities

Step 4: Define Assumptions and Risks

- Identify underlying assumptions that must hold true for change to occur.
- Recognise risks that may undermine success (e.g., lack of government buy-in, cultural resistance).
- Embed GAPSED+ considerations to ensure interventions are inclusive and effective.

Step 5: Set Measurable Outcomes and Indicators

- Define equity-focused indicators to track progress.

Example:
Indicator - Increase in cataract surgeries among women from 45% to 70%
Indicator - Reduction in the disparity between rural and urban eye health access by 30%

Step 6: Validate with Partners

- Engage partners and relevant stakeholders (refer to Stakeholder Mapping)
- Ensure co-design and participatory validation to align TOC with lived experiences.

Example:
Hold focus groups with disability advocacy groups and government health agencies to refine accessibility interventions.

GAPSED+ Theory of Change Template

Step	Description
Vision & Goal	Define the long-term change The Foundation and partners aim to achieve.
Root Causes & Barriers	Identify systemic inequities, through the problem analysis
Causal Pathways	Map how interventions will lead to the intended impact. Refer to the solutions analysis to help you.
Assumptions & Risks	List key assumptions and challenges.
Indicators	Develop equity-focused, measurable outcomes. Refer to the MERL chapter of this guidance manual.
Stakeholder Engagement	Ensure validation and feedback from partners, including Government, NGOs, and health organisations. (Refer to the Stakeholder Mapping section of the Guidance Manual)

Developing a GAPSED+ informed TOC ensures that interventions tackle systemic inequities rather than just treating symptoms. By embedding intersectionality, data-driven equity targets, and participatory approaches, The Foundation and its partners can create sustainable and transformative system change in eye health and beyond.

ANNEX 10: STEP-BY-STEP GUIDE TO BUILDING A PROJECT LOGIC

This annex provides a step-by-step guide to developing a GAPSED+ informed project logic, embedding equity considerations at every stage.

Step-by-Step Guide to Building a GAPSED+ Informed Project Logic

Step 1: Define the Equity-Driven Outcomes

- Identify the ultimate impact The Foundation and partners seek to achieve.
- Ensure that outcomes reflect The Foundation's approach to equity, inclusion, and systemic change.

Example:
Increased access to culturally appropriate and gender-sensitive eye health services for marginalised populations.

Step 2: Identify Key Barriers

- Refer to the Situational Analysis to identify the most significant barriers to equitable access.
- Use problem analysis to link barriers to their root causes.

Example:
If rural populations face limited access to services, assess transportation, cost, and provider availability as contributing factors.

Step 3: Design Activities to Address Barriers

- Develop specific interventions that target key barriers.
- Ensure that activities are evidence-based, participatory, and inclusive.

Example:
Barrier - Women face mobility restrictions → Activity: Provide community-based mobile clinics.
Barrier - Lack of affordability → Activity: Implement subsidised or free services for marginalised groups.

Step 4: Define Assumptions and Contextual Factors

- **Identifying Assumptions**: List underlying beliefs that influence the project's success.
- **Validating Assumptions**: Use stakeholder consultations, baseline data, and pilot programs to confirm assumptions.
- **Impact of Assumptions on Project Logic:**
  - Assumptions shape causal pathways and influence expected outcomes.
  - If assumptions are incorrect, project impact may be compromised.
- **Categorising Assumptions by GAPSED+ Domains:**
  - Gender: "Women will be able to travel independently to health facilities."
  - Disability: "Disability-friendly infrastructure will be available and used by target groups."

    - Socioeconomic Status: "Providing free services will eliminate financial barriers to healthcare."
- **Mitigation Strategies:**
    - Address incorrect assumptions through adaptive programming.
    - Develop contingency plans for unexpected challenges.

Step 5: Establish Measurable Indicators and Outputs*
(refer to the MERL chapter)

- Ensure **alignment with the MERL framework** while maintaining a high-level approach.
- Use **output, outcome, and impact indicators** to measure progress.
- Indicators should be **disaggregated by GAPSED+ factors** where applicable.
- Example:
    - **Output Indicator**: Number of mobile clinics established in remote areas.
    - **Outcome Indicator**: Percentage increase in women accessing eye care services.
    - **Impact Indicator**: Reduction in disparities between rural and urban eye care access.

Step 6: Validate with Partners

- Engage partners and stakeholders, including Government, NGOs, health organisations, and RHOs.
- Ensure that project logic aligns with stakeholder priorities and community needs.

Example: Conduct multi-sectoral workshops to refine activities and validate implementation strategies.

Menu of Sample Activities to Enhance Equity in Programming. These are suggested samples, and each activity needs to be tailored to your specific context, and your TOC.

Barrier	Sample Activity
Gender-based barriers	Establish gender-sensitive outreach programs with women-led service delivery.
Economic barriers	Introduce tiered pricing, financial assistance, or free services for low-income populations.
Geographic barriers	Implement mobile eye clinics and telemedicine services for remote areas.
Cultural and linguistic barriers	Develop materials in local languages and partner with community leaders for advocacy
Disability barriers	Ensure facilities and communication methods are accessible for people with disabilities.
Age-related barriers	Offer paediatric and geriatric eye care tailored to specific needs.

ANNEX 11: PRACTICAL STEPS FOR CO-DESIGN

Step 1: Identify and Engage RHOs Early

- Map relevant Women's Organisations, OPDs, and Indigenous groups.
- Build relationships before project design begins.
- Establish formal partnerships to ensure ongoing engagement.

Step 2: Ensure Equitable Participation

- Provide funding support for participation (e.g., travel, childcare, accessibility aids).
- Use co-facilitation models with RHO representatives.

- Adapt engagement formats (e.g., focus groups, community-led workshops, storytelling approaches).

Step 3: Implement Accessible and Inclusive Processes

- Conduct an accessibility audit of venues and communication materials.
- Train facilitators on inclusive participation techniques.
- Offer multiple ways to contribute, including written, verbal, and visual methods.

Step 4: Validate and Adapt

- Regularly check with RHOs and communities to ensure the process remains inclusive.
- Make changes based on feedback to improve accessibility and engagement.
- Ensure ongoing dialogue rather than one-off consultations.

Checklist for Inclusive Co-Design

Category	Key Considerations
Stakeholder Engagement	Are RHOs actively involved from the start?
Accessibility	Are all materials available in alternative formats?
Venue & Logistics	Is the meeting space a place of safety? Is it accessible and inclusive?
Decision-Making	Are stakeholders given real decision-making power?
Feedback & Follow-Up	Is there transparency on how input is used?

Co-design ensures that projects and services are shaped by those most affected. By prioritising meaningful engagement, accessibility, and participatory processes, The Foundation and its partners can create equitable, sustainable, and impactful interventions.

ANNEX 12: CHALLENGES TO EFFECTIVE RHO ENGAGEMENT (AND SOLUTIONS)

Implementing the above best practices is not without challenges. Common barriers can hinder effective RHO engagement if not proactively addressed. Below, we identify key challenges and offer solutions for each:

- **Limited Capacity or Resources of RHOs:** Many RHOs operate with scarce funding, small staff, or volunteers. They may struggle to attend frequent meetings or carry out project tasks due to resource constraints.

  Solution: Meet RHOs where they are – provide capacity support and flexibility. Offer stipends or cover travel costs for their participation. Simplify engagement by scheduling meetings at convenient times/locations and using cost-effective communication (e.g. virtual meetings to cut travel). If needed, assign project staff to assist RHOs with technical tasks (reporting, financial management) or pair less-experienced RHOs with a mentor organisation. Building long-term capacity (training in project management, advocacy, etc.) is a win-win: strengthening the RHO and improving project sustainability.

- **Misalignment of Priorities or Expectations:** The project team and RHOs might have different priorities. For example, the project is focused on service delivery targets, while the RHO's mission emphasises advocacy or broader social change. If not reconciled, this can lead to frustration or disengagement.

  Solution: Establish a shared vision and mutual expectations from the outset. Co-create project goals or an equity vision statement with RHOs so everyone agrees on the ultimate outcomes. Use the partnership MOU to document aligned objectives and the scope of

RHO involvement explicitly. Regularly revisit these commitments during implementation to ensure continued alignment. If priorities diverge, open a dialogue to find common ground or negotiate adjustments. Maintaining open communication and flexibility will help prevent conflict when trade-offs are needed.

- **Lack of Recognition or Tokenistic Involvement:** If RHOs feel they are only being included to "tick a box" or their input is consistently overridden, their motivation to engage will wane. Power imbalances can exacerbate this – for instance, if RHO representatives are outnumbered or outvoted by other stakeholders in decisions.

  Solution: Empower RHO voices through genuine inclusion and shared power. Ensure RHOs have a meaningful say – giving them voting rights in committees or requiring consensus-based decision-making on key issues. Treat RHO knowledge as equally valid as technical experts. RHO contributions should be publicly acknowledged (in reports and at events) so they feel valued. Simple steps like rotating meeting chairpersons to include RHO reps or having community members set part of meeting agendas can shift dynamics towards greater equality. The project should demonstrate that RHO recommendations, not just polite discussion, lead to concrete actions.

- **Difficulty Identifying or Reaching the Right RHOs:** In some contexts, marginalised people may not have formal organisations or be politically underrepresented. Projects might struggle to find legitimate spokespeople for certain groups, leading to gaps in representation.

  Solution: Conduct a thorough stakeholder mapping in the Situation Analysis, or the project's inception stage, to identify all potential RHOs (including informal groups, local leaders, or regional chapters of national organisations). Leverage networks – ask known community contacts or NGOs to recommend grassroots groups or advocates who speak for the unheard. Where formal RHOs don't exist, consider supporting forming a community advisory group of diverse community members. It may also be necessary to engage multiple small RHOs to cover different facets of marginalisation (e.g. one for women, one for ethnic minorities, one for people with disabilities) to ensure all voices are at the table. Be inclusive and creative in representation.

- **RHO Time Constraints and Competing Commitments:** RHO staff and volunteers often juggle many responsibilities (their own programs, serving their communities, etc.). A donor-funded project's timeline may not always sync with the pace at which community groups operate.

  Solution: Adapt to RHO availability and be realistic in planning their inputs. Build in buffer time for RHO consultations and avoid last-minute requests for feedback. Coordinate calendars in advance – share the project implementation schedule with RHOs and jointly decide the timing of key engagement points (e.g. quarterly review meetings and community campaigns). If an RHO cannot attend a meeting, provide alternative ways to contribute (like written input or one-on-one discussions). Respecting their availability and being patient with timelines will help RHOs stay engaged without feeling overburdened.

- **Power Asymmetries and Communication Barriers:** RHOs may feel intimidated in forums with government officials, donors, or technical experts. Jargon and technical language can also alienate community representatives, causing them to disengage.

  Solution: Level the playing field in communication. Inclusively facilitate meetings – moderators should ensure everyone gets equal floor time and that technical terms are explained in plain language. Provide capacity building on understanding technical aspects (for example, train RHO reps on interpreting data or budgets so they can participate

confidently in those discussions and sensitise other stakeholders (like government or medical personnel) on the value of RHO input and respectful listening. RHOs will be more forthcoming when they see that their voices carry weight and are respected despite power differences. Creating sub-committees or working groups on specific topics can also allow RHOs to lead areas within their expertise, balancing influence.

- **Resource and Sustainability Constraints:** Sometimes projects view RHO engagement as extra work or outside the main budget. Under pressure to deliver quick results, teams might sideline participatory processes.

  Solution: Make RHO engagement a budgeted and scheduled part of the project, not an optional add-on. Allocate funds for RHO activities (meetings, outreach, training) and assign staff responsibility to manage stakeholder engagement. Emphasise the long-term benefits: involving RHOs can boost the effectiveness of interventions and prevent misallocation of resources by aligning actions with actual community needs. When properly resourced, RHO engagement is an investment that improves project quality and impact, rather than a cost. Leadership should champion this message, so engagement doesn't get cut when timelines tighten.

Project teams can maintain sustained, meaningful RHO engagement by anticipating these challenges and implementing proactive solutions. Overcoming barriers is crucial because the benefits of engaging RHOs are significant – it strengthens local ownership and partnerships, enabling communities to see themselves as agents of change, and leads to more effective, equitable outcomes.

ANNEX 13: FORMING INCLUSIVE PROJECT STEERING COMMITTEES WITH RHO PARTICIPATION

One effective mechanism to institutionalise RHO engagement during implementation is to include RHOs in Project Steering Committees (PSCs) or equivalent governance bodies. A project steering committee is a governing body of key stakeholders overseeing and guiding a project to ensure it meets its goals. By reserving seats for RHOs on the steering committee, projects ensure that communities are represented in high-level decisions.

Below is a step-by-step guide to setting up a steering committee that meaningfully includes RHOs:

1. **Define the Purpose and Rationale:** Clearly articulate why RHO inclusion on the steering committee is essential. The rationale may include improving equity in decision-making, bringing grassroots insights to strategic discussions, and enhancing accountability to the community. Having rights holders in the steering committee ensures that the ideas, needs, and concerns of marginalised groups are heard at the highest level of the program . This leads to decisions that are better aligned with community realities and gives RHOs the power to influence project direction directly. Document this purpose in the committee's Terms of Reference (TOR) as a guiding principle.
2. **Determine Committee Composition (Include Key RHOs):** Decide how many RHO representatives will sit on the committee and from which groups. Aim for **diverse representation** – e.g. one member from a women's rights organisation, one from a disability advocacy group, one from an Indigenous peoples' association, etc., depending on the context. Ensure these RHO members have equal standing to other members (such as government officials, NGO staff, and donors) in the committee. It may be useful to cap committee size for manageability, but **do not marginalise RHOs by having too few**; they should form a critical mass that can confidently voice perspectives. Strive for gender balance and diversity among RHO reps themselves to reflect intersectional viewpoints. If

possible, involve the RHOs in nominating or selecting their representative to improve legitimacy.

3. **Outline Roles and Responsibilities of RHO Members:** In the committee TOR or governance guidelines, spell out the expected roles of RHO representatives. Typical responsibilities for all steering committee members include providing strategic guidance, reviewing progress, and making decisions on project adjustments. RHO members can have additional specific roles such as championing the interests of their constituent group (e.g. women, people with disabilities) during discussions, ensuring that equity considerations remain front and centre in committee decisions, helping to interpret community feedback or data for the committee; and flagging any emerging social risks or cultural issues. For instance, an RHO rep might be tasked with reviewing whether project reports adequately cover inclusion indicators or verifying that communication strategies are culturally appropriate. By defining these roles, RHOs come into the committee with a clear mandate and others understand the value they add.
4. **Establish Selection and Onboarding Processes:** Decide how RHO representatives will be chosen and **onboarded**. Selection should be transparent and merit-based – outline criteria such as connection to marginalised communities, leadership experience, ability to represent group views, and willingness to commit time. You might solicit network nominations or hold a community consultation to choose reps. Once selected, onboard RHO members just as you would other committee members (or even more thoroughly). Provide an orientation covering the project objectives, the steering committee's function, decision-making procedures, and current project status. If RHOs are unfamiliar with formal meeting protocols or technical content, arrange preparatory briefings or initially assign a "buddy" (mentor) to support them. Effective onboarding builds confidence and ensures RHO reps can participate equally from the first meeting.
5. **Set Inclusive Committee Procedures:** Adjust the steering committee's operating procedures to facilitate meaningful RHO participation. This includes practical arrangements (e.g. schedule meetings at times and venues accessible to RHO members, provide interpretation or translation if needed, compensate any lost income or travel costs for attending). It also includes **inclusive facilitation** rules: perhaps rotate the chairing role to an RHO member periodically, or require that for any decision, input from RHO reps is explicitly heard and recorded. Ensure all committee documents are shared with RHO members in advance (with enough time for them to consult their constituencies if appropriate). Foster an atmosphere where RHO members feel comfortable voicing dissent or bringing up community concerns. If power dynamics are an issue, the committee could adopt consensus-based decisions or otherwise guard against any single group dominating. The goal is that RHO reps are not passive observers but active, respected decision-makers in the group.
6. **Clarify Accountability and Communication Lines:** The steering committee should model downward accountability – meaning it doesn't only report to donors or senior management but also communicates back to the communities. Define how RHO committee members will relay information between the committee and the broader population they represent. For example, an Indigenous RHO rep might be responsible for briefing local community councils about project decisions or gathering community feedback to present at the next committee meeting. Provide mechanisms (like time on each agenda for RHO feedback from the field) to institutionalise this two-way communication. Additionally, incorporate RHO involvement in any committee sub-groups or monitoring teams (e.g. if a sub-committee on Monitoring & Evaluation is formed, include an RHO member there as well). By embedding RHOs throughout the governance structure, the project's accountability to rights holders is continually reinforced.

By following these steps, projects can set up steering committees that are genuinely participatory and inclusive. Including RHOs in governance is mutually beneficial: it builds RHO capacity in leadership and advocacy and strengthens the project's legitimacy and effectiveness through shared ownership. As noted, having rights holders in the steering committee ensures their ideas

and concerns directly shape the program's course, leading to more responsive and successful outcomes.

ANNEX 14: KEY MESSAGES AND GUIDELINES FOR RHO ENGAGEMENT

To reinforce the importance of ongoing RHO engagement, below are **key messages** and guiding principles that summarise this chapter's insights:

- **RHO engagement is a cornerstone of equitable programming:** Projects that continuously involve RHOs uphold a human rights-based approach, giving marginalised people agency in decisions. This leads to more inclusive services and ensures the project truly addresses the needs of those most affected

  In short, *"Nothing about us without us"* – RHOs must be co-creators of solutions, not just beneficiaries.

- **Invest in partnerships, not just consultations:** Treat RHOs as enduring partners through implementation. This requires investing time, trust, and resources into the relationship – such as capacity building, formal agreements, and shared leadership. Appropriately resourcing RHO engagement (budget, training, staff time) is essential for it to be meaningful and sustainable. Superficial or one-off consultations are insufficient; real partnership yields greater impact.
- **Inclusive governance improves accountability and results:** Bringing RHOs into project governance (e.g. steering committees or advisory boards) enhances transparency and accountability. It empowers rights holders to shape strategy and oversee progress directly. When rights holders have a seat at the table, decisions are more likely to consider on-the-ground realities, leading to more effective and accepted interventions. This partnership-based collaboration strengthens local ownership and helps communities see themselves as agents of change.
- **Address barriers and power imbalances head-on:** Effective RHO engagement requires recognising and mitigating barriers like power differentials, limited capacity, and potential conflicts. Projects should actively level the playing field (e.g. through safe spaces, training, language support) so that RHO voices carry weight. A conscious effort to share power with RHOs can transform the project dynamics, making the implementation process more equitable.
- **Use RHO insights for adaptive management:** RHOs offer invaluable insights into risk, context, and community response. Listening to and acting on these insights through continuous feedback loops enables adaptive management. This makes the project more agile and reduces the risk of misguided activities. Engaging RHOs helps prevent misallocation of resources by aligning actions with rights holders' actual needsand can flag unintended consequences early, so the team can course-correct swiftly.
- **Collaboration with RHOs builds long-term change:** While the project has finite life, strengthening RHOs during implementation contributes to longer-term social change. RHOs increase their capacity and experience, positioning them to continue advocacy or services post-project. Moreover, the trust and networks built among RHOs, communities, and authorities can endure and be leveraged for future initiatives. In essence, successful RHO engagement leaves behind empowered local organisations and more resilient communities, which is a legacy beyond the immediate project outcomes.

ANNEX 15: CHECKLIST: ENSURING ACTIVE RHO ENGAGEMENT IN IMPLEMENTATION

Use the following checklist to integrate and maintain RHO engagement throughout the project implementation phase:

- **Key RHOs Identified & Involved:** Have we identified all relevant RHOs representing our target marginalised groups, and have they been brought into the project (as partners or advisors) from the start of implementation?

> **Tip:** Check that each GAPSED+ group – Gender, Age, Place, Socioeconomic, Ethnicity/Indigeneity, Disability, plus other context-specific groups – has at least one RHO voice in the process.)

- **Roles & Expectations Clarified (MOU in place):** Have we signed an MOU or partnership agreement outlining roles, responsibilities, and mutual expectationswith each RHO? Does it cover communication plans, decision-making processes, and resource commitments to avoid ambiguity?
- **RHOs in Governance Structures:** Are RHOs represented in our project steering committee or similar governance body? Do the committee's TOR specify RHO inclusion and authority (e.g. voting rights, specific responsibilities for equity oversight)? Ensure RHO members have been properly onboarded and trained to participate effectively.
- **Regular Coordination Meetings Scheduled:** Have we established a regular meeting schedule (e.g. monthly or quarterly) with RHO partners to discuss implementation progress and issues? Are these meetings participatory, with agendas that allow RHOs to raise community feedback and new ideas? *(Verify that meetings are arranged at accessible times/locations and with necessary accessibility accommodations.)*
- **Information Sharing Mechanisms:** Are we providing RHOs with timely information (work plans, progress reports, budgets as appropriate)? Do RHOs have access to data and reporting on project indicators, especially equity-related?

> **Example:** sharing disaggregated service delivery data so RHOs can see how their communities are faring.
> Ensure information is shared in a usable format (translated if needed, with jargon explained).

- **Community Feedback Loop Active:** Is there a system for community members to voice feedback or complaints during implementation, and are RHOs involved in managing this feedback loop? Check that feedback from the community is reviewed in project meetings and responses or adjustments are made. RHOs should be facilitating two-way communication between the project and the wider community.
- **Joint Monitoring & Reviews Conducted:** Have we included RHO representatives in monitoring visits, evaluations, or review sessions? For example, verify that mid-term review workshops or field supervision trips had RHO participation. If a mid-term report was produced, were RHOs consulted on the findings and recommendations? Plans for the remainder of the project should reflect any input from RHOs at review stage.
- **Adaptations Documented and Implemented:** Can we document instances where RHO input led to a project change or adaptation? (E.g. "Community women felt uneasy at mixed-gender meetings, so we adjusted the approach by holding women-only forums as advised by the women's RHO.") This shows a responsive system. If no such changes are

evident, it may indicate RHOs are not being heard enough – re-engage and ensure their feedback is solicited and acted upon.

- **Safeguarding & Do No Harm Checks:** Are RHOs actively involved in identifying risks and safeguarding issues as the project progresses? Confirm that at each major milestone, the team consulted RHOs about potential harms or exclusions and that mitigation actions were taken. Also ensure any incident reporting or safeguarding committees include RHO participation or oversight.
- **End-of-Project Transition Planned with RHOs:** As the project winds down, do we have a plan with RHOs for transition or handover of activities? Check that RHOs have been engaged in sustainability planning, and that capacity support (if needed) was provided to prepare them for post-project responsibilities. Communities should be informed (with RHO help) about how support will continue or how they can seek services/advocacy after project closure.

By systematically working through this checklist, project teams can verify that RHOs are not only "in the room" but are genuinely integrated into the fabric of implementation. This approach ensures the project remains accountable to the people it aims to serve, and it increases the likelihood of achieving lasting, equitable outcomes. In summary, the continuous engagement of RHOs is both a practical strategy for better project performance and an ethical imperative in line with the GAPSED+ commitment to inclusion and equity. Through partnership, challenges can be navigated and success shared – solidifying RHOs as co-authors of the project's impact story.

ANNEX 16: PROJECT CLOSURE CHECKLIST

1. **Stakeholder and Community Engagement**
   - Conduct exit discussions with RHOs and community leaders
   - Implement feedback mechanisms and participatory forums
   - Organise transition and celebratory events

2. Monitoring and Evaluation
   - Conduct final equity-focused impact assessment
   - Review disaggregated data for inclusivity assessment
   - Document successes, challenges, and lessons learned

3. Sustainability and Handover Planning
   - Develop a sustainability plan with RHOs and partners
   - Facilitate capacity-building and knowledge transfer
   - Secure ongoing resources and support where possible

4. Financial and Administrative Closure
   - Complete final financial reports and reconciliations
   - Ensure grant and donor compliance
   - Close out agreements with contractors and vendors

5. Ethical Communications and Reporting
   - Capture and share knowledge through case studies
   - Ensure informed consent for all published materials
   - Use inclusive and ethical storytelling methods

6. Risk and Safeguarding Measures
   - Establish mechanisms for ongoing safeguarding
   - Identify risks and plan mitigation strategies

- Provide referrals for continued community support

ANNEX 17: INFORMED CONSENT TEMPLATE

Project Informed Consent Form
Project Name: [Insert project name]
Location: [Insert location]
Date: [Insert date]

Purpose of the Project
The purpose of this project is to [insert a brief description of the intervention]. Your participation is voluntary, and you have the right to refuse or withdraw at any time without any consequences.

What Participation Involves
By participating, you may be asked to [describe activities, e.g., answer questions, receive services, attend co-design workshops]. All information collected will be treated confidentially.

Potential Risks and Benefits
Risks: [List potential risks, e.g., discomfort due to eye surgery, data confidentiality concerns e.g., sharing data with government services]
Benefits: [List expected benefits, e.g., access to healthcare, participation in decision-making]

Confidentiality
Your information will remain confidential and will not be shared without your permission, except as required by law or safeguarding concerns.

Your Rights
- You have the right to ask questions about the project at any time.
- You can withdraw at any time without affecting your access to services.
- You can request to see any data collected about you.

Consent Statement
I have read (or have had read to me) and understood the information provided about this project. I voluntarily agree to participate.
Participant Name: _____
Participant Signature: _____
Date: _____

For Participants Unable to Provide Written Consent:
I have read the above information to the participant, and they have given their verbal consent.
Witness Name: _____
Witness Signature: _____
Date: _____

ANNEX 18: MEMORANDUM OF UNDERSTANDING TEMPLATE (MOU)

This serves as a template for developing a Memorandum of Understanding (MOU) between The Fred Hollows Foundation and a Rights Holder Organisation (RHO). It provides a structured framework that can be tailored to suit the specific needs, priorities, and agreements of the involved parties. The purpose of an MOU is to establish a mutual understanding of roles, responsibilities, and collaborative efforts to promote equity in eye health. While not legally binding, this document outlines expectations, areas of potential cooperation, and mechanisms for ensuring accountability. The outcomes of an MOU include enhanced stakeholder engagement, strengthened program implementation, and improved advocacy efforts, ultimately contributing to sustainable and inclusive eye health initiatives.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) serves as an annex to the GAPSED+ Guidance Manual and aligns with the principles outlined in the Partnerships and MOUs chapter. It provides a structured framework for collaboration between The Fred Hollows Foundation and a Rights Holder Organisation (RHO), ensuring compliance with partnership workflows, risk management, safeguarding, and the 'Do No Harm' approach.

1. PARTIES TO THE AGREEMENT

This Memorandum of Understanding (MOU) is made between:

- The Fred Hollows Foundation ("The Foundation"), an international development organisation committed to ensuring equitable eye health services worldwide.
- [Rights Holder Organisation (RHO) Name], a representative organisation advocating for the rights and inclusion of [specific marginalized group, e.g., persons with disabilities, Indigenous communities, women's rights].

2. BACKGROUND AND PURPOSE

This MOU establishes a structured partnership under the GAPSED+ framework. The objectives of the partnership include:

- Strengthening the representation of rights-holder communities in eye health programming.
- Embedding equity-focused approaches in project planning, implementation, and monitoring.
- Enhancing advocacy efforts for inclusive and accessible eye care policies.
- Supporting knowledge-sharing and capacity-building initiatives for sustainability.
- Implementing risk identification and mitigation strategies.
- Upholding safeguarding principles and a 'Do No Harm' approach in all activities.

3. SCOPE OF COLLABORATION

Both parties may explore collaboration in the following areas: (edit as relevant)

a. Equity and Inclusion in Eye Health Programs

- Supporting the integration of GAPSED+ principles in interventions.
- Conducting participatory research to identify systemic barriers to eye care.
- Co-designing inclusive solutions that address access and service delivery gaps.

b. Capacity Building and Knowledge Sharing

- Providing training and technical support on inclusive service delivery.
- Facilitating workshops to enhance advocacy efforts.
- Supporting community-based education campaigns on eye health equity.

c. Stakeholder Engagement and Representation

- Ensuring meaningful participation of rights-holder representatives in decision-making processes.
- Engaging with government agencies, NGOs, and donors for collaborative advocacy.
- Strengthening networks and partnerships to promote equity-driven programming.

d. Ongoing Risk Management and Safeguarding

- Conducting regular risk assessments and implementing mitigation measures.
- Adhering to safeguarding protocols and ethical guidelines.
- Establishing clear mechanisms for reporting and resolving safeguarding concerns.

e. Monitoring, Evaluation, and Learning (MEL)

Developing joint monitoring and evaluation frameworks to assess impact.
Conducting periodic reviews to refine strategies and interventions.
Sharing lessons learned and best practices for continuous improvement.

4. ROLES AND RESPONSIBILITIES

The Fred Hollows Foundation Responsibilities:

- Provide technical expertise, financial resources (as agreed), and project oversight.
- Ensure GAPSED+ principles are integrated across project cycles.
- Support capacity-building efforts and facilitate policy engagement.
- Maintain transparency, accountability, and compliance with partnership workflows.

[RHO Name] Responsibilities:

- Represent the interests and perspectives of rights-holder communities.
- Facilitate grassroots engagement and community consultations.
- Contribute knowledge and expertise to co-develop inclusive eye health solutions.
- Adhere to safeguarding policies and risk management procedures.

5. FUNDING AND RESOURCE ALLOCATION

- This MOU does not constitute a legally binding financial agreement.
- Funding for specific activities will be determined on a case-by-case basis through separate agreements.
- Both parties commit to mobilising resources to support joint initiatives where feasible.

6. DURATION AND REVIEW

This MOU will remain in effect for [XX] months/years, commencing on [Start Date] and concluding on [End Date].
A formal review will be conducted [Annually/Biannually] to assess progress, effectiveness, and necessary adjustments.
Amendments to this MOU must be made in writing and agreed upon by both parties.

7. DISPUTE RESOLUTION

- Any disputes arising under this MOU will be resolved through constructive dialogue and negotiation.
- If unresolved, an independent mediator may be appointed by mutual agreement.

8. CONFIDENTIALITY AND DATA PROTECTION

- Both parties commit to maintaining the confidentiality of sensitive information shared under this MOU.

- Data collection, storage, and use will adhere to ethical research principles and relevant data protection laws.

9. TERMINATION

- Either party may terminate this MOU with [XX] days' written notice, provided reasonable justification is given.
- In the event of a significant breach of the agreement, the MOU may be terminated immediately by written notice.

10. SIGNATURES

By signing below, the parties acknowledge their agreement to the terms outlined in this MOU.

For The Fred Hollows Foundation:
Name: _____
Position: _____
Signature: _____
Date: _____

For [Rights Holder Organisation]:
Name: _____
Position: _____
Signature: _____
Date: _____