SIB EA ChEH PROJECT COUNTRY/AREAS OF IMPLEMENTATION AND PARTNERS

1. Kenya – ChEH Project Coverage Area
   - Trans Nzoia (Kitale)
   - Bungoma
   - Kericho (Litein)
   - Kisumu
   - Homa Bay
   - Migori
   - Kisii
   - Nakuru
   - Narok

2. Tanzania Coverage Areas
   - Mbeya Region
     - 4 Districts
       - Sengerema
       - Bagamoyo
       - Missungwi
       - Kwimba
   - Mwanza Region
     - 5 Districts
       - Rungwe
       - Kyela
       - Mbeya Rural
       - Mbozi
       - Illeje

3. Map of Uganda indicating the 4 project districts
   - Lira
   - Mbarara
   - Tororo
   - Wakiso

4. Brien Holden Vision Institute Led Consortium
   - Light for the World
   - Perkins International
   - Operation Eye Universal
   - Fred Hollows Foundation
   - Brien Holden Vision Institute
   - African Vision Research Institute
   - Masinde Muliro University of Science and Technology
   - Optometry Associations of Uganda and Tanzania
UGANDA SPECIFIC BARRIERS TO WOMEN AND GIRLS ACCESSING HEALTH SERVICES.

- Long Distance to health services thus limited access to services
- Higher levels of illiteracy among females than males limiting overall emancipation
- Higher levels of poverty among young women and girls limit their purchasing power for key health services.
- Gender unresponsive practices and policies such as the Ministry of Health campaign on “Go together, know together” which requires men to accompany their wives for services. This limits women use of services incase men are not responsive.
Gender sensitivity and gender balance during Human resource development (Total 50% M and 50% Females)

Gender balance during screening and related service provision in schools and health facilities (More girls were screened)

Females attendance at health facilities was more than males

During Project designing, implementation, monitoring, women and men were involved

Data collection was segregated by gender as it is in the National Health Management Information System (HMIS)

Ministry of Gender, Labour and Social Development provided technical gender related guidance & monitoring
## Project Outputs: HRD Development by Gender:

<table>
<thead>
<tr>
<th>CADRE</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TRAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Teachers CEH and screening</td>
<td>1,384</td>
<td>884</td>
<td>2,268</td>
</tr>
<tr>
<td>School teachers of blind children</td>
<td>18</td>
<td>28</td>
<td>46</td>
</tr>
<tr>
<td>OCO in Paediatric Refraction &amp; Low vision</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Ophthalmic Clinical Officers in CEH</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Ophthalmic Assistants in CEH</td>
<td>3</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Village Health Teams</td>
<td>125</td>
<td>125</td>
<td>250</td>
</tr>
<tr>
<td>MCH workers in PEC &amp; CEH</td>
<td>10</td>
<td>120</td>
<td>130</td>
</tr>
<tr>
<td>General Nurses in PEC &amp; CEH</td>
<td>25</td>
<td>65</td>
<td>90</td>
</tr>
<tr>
<td>Trainers of Trainers (TOTs)</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Vision Champions</td>
<td>351</td>
<td>649</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total Personnel Trained</strong></td>
<td><strong>1,934</strong></td>
<td><strong>1,886</strong></td>
<td><strong>3,820</strong></td>
</tr>
<tr>
<td>AREA</td>
<td>MALE</td>
<td>FEMALE</td>
<td>TOTAL</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Number screened (0 – 5 yrs)</td>
<td>445,368</td>
<td>474,420</td>
<td>919,788</td>
</tr>
<tr>
<td>Service delivery to children (0 – 5 yrs)</td>
<td>4,863</td>
<td>4,509</td>
<td>9,372</td>
</tr>
<tr>
<td>Number screened (6 – 15 yrs)</td>
<td>361,277</td>
<td>391,880</td>
<td>753,157</td>
</tr>
<tr>
<td>Service delivery to children (6 – 15 yrs)</td>
<td>12,945</td>
<td>16,220</td>
<td>29,165</td>
</tr>
<tr>
<td>Eye health education and promotion</td>
<td>1,099,601</td>
<td>1,206,258</td>
<td>2,305,859</td>
</tr>
<tr>
<td>(A) Total</td>
<td>1,924,054</td>
<td>2,093,287</td>
<td>4,017,341</td>
</tr>
<tr>
<td>Number screened (0 – 15 yrs)</td>
<td>806,645</td>
<td>866,300</td>
<td>1,672,945</td>
</tr>
<tr>
<td>Service delivery to children (0 – 15 yrs)</td>
<td>17,808</td>
<td>20,729</td>
<td>38,537</td>
</tr>
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<td>(B) Total</td>
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<td>4,017,341</td>
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</tbody>
</table>
Project Outputs: Local involvement by Gender

**ADVOCACY:** A trained CEH nurse giving an eye health talk to mothers during an immunization clinic – “EDUCATE A MOTHER, EDUCATE A NATION”

**INCREASING ACCESS:** 4 Well equipment eye clinics were established in the 4 project districts - Gender balance and participation of decision makers

3 are headed by female OCOs and 1 by male OCOs
CHALLENGES AND SOLUTIONS TO INCREASE UPTAKE

- Failure by parents of the referred children to escort them to referral centres due to distance, poverty and ignorance
  - Conducted outreach programmes, strengthened community mobilisation and sensitisation using IEC materials, Radio & CHWs
- Reaching the blind & Visually Impaired children (male & female)
  - Conducted special eye care outreach programmes to schools for the blind, Integrated school annexes and homes for children with disabilities
  - Community health workers mobilised all non school goers
  - Formulation of more approaches e.g. formation of small parents associations of the blind to mobilise others not yet reached
- Advocacy for eye health
  - A Collaborative Advocacy strategy for Eye health was developed jointly with Ministries of Health, Education, Gender, Labour and Social Development and was adapted
LESSON LEARNED

• Lack of smooth well-coordinated collaboration between stakeholders and clear understanding of the country gender regulations can impede attainment of gender related concerns.

• More girls and boys are reached when services are brought closer to them.

• Majority (60%) of blind and severely low vision children (males and females) are not in school (*Childhood blindness study in Ntugamo – Uganda*).

• Needy children by gender are easily reached with involvement of i.e, Families, communities, schools, Religious institutions, media, political leaders, peer groups etc.

• Project data indicated than girls were accessing health services more than the boys.
The project was Gender responsive as self assessed by the – GENDER ASSESSMENT TOOL (GAT) developed by the WHO

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