



EAST AFRICA CHILD EYE HEALTH PROJECT - **UGANDA**

GENDER ISSUES

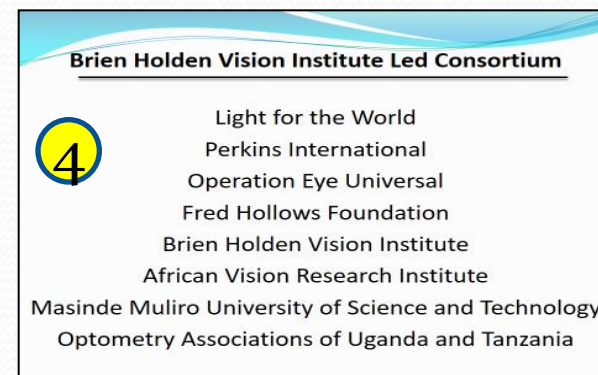
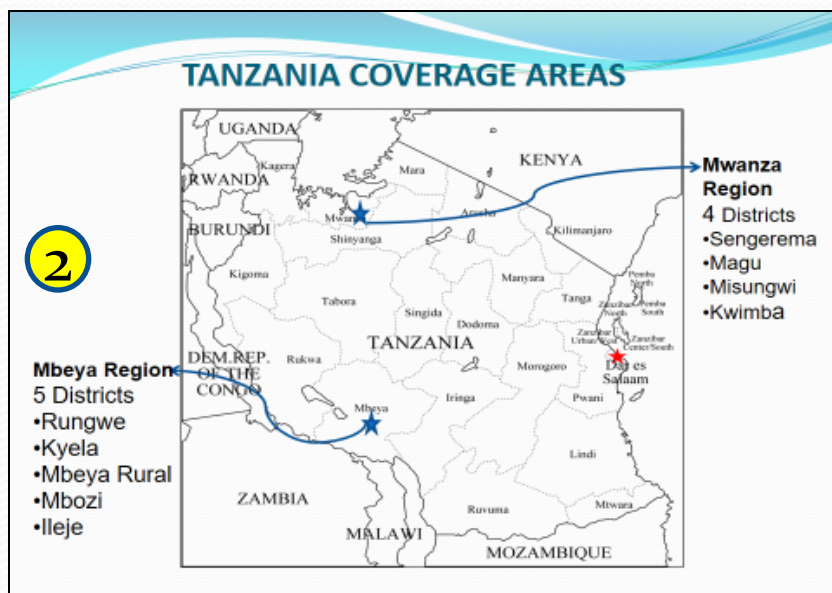
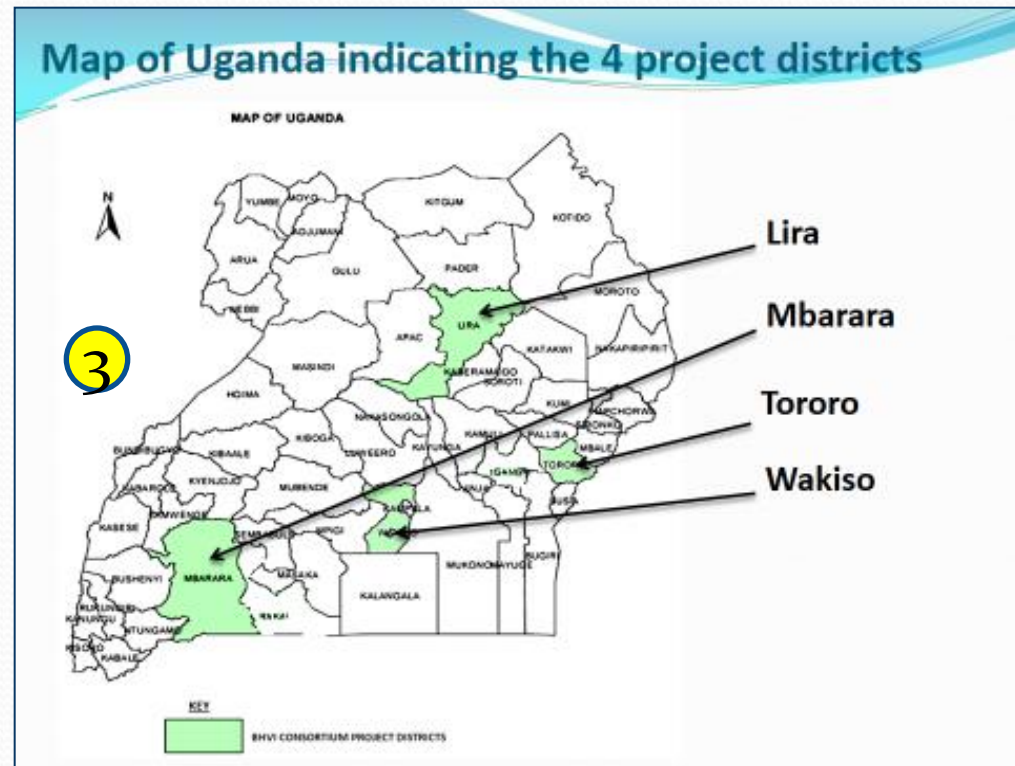
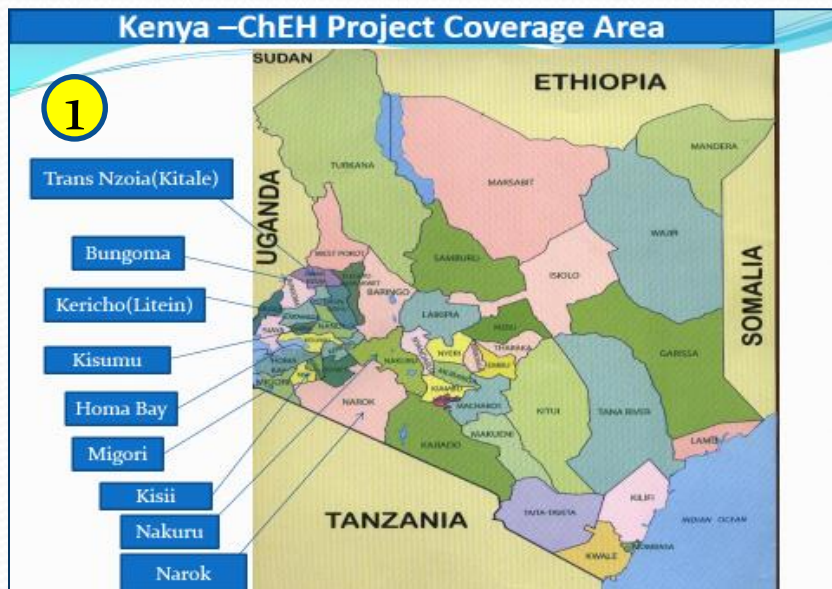
During: Africa Regional SiB webinar

By Godfrey Kaggwa

BRIEN HOLDEN VISION INSTITUTE

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SIB EA ChEH PROJECT COUNTRY/AREAS OF IMPLEMENTATION AND PARTNERS



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.

PROJECT SERVICE STRATEGIES BY GENDER (Summary)

- 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:

CADRE	MALE	FEMALE	TRAIN
School Teachers CEH and screening	1,384	884	2,268
School teachers of blind children	18	28	46
OCO in Paediatric Refraction & Low vision	2	2	4
Ophthalmic Clinical Officers in CEH	9	5	14
Ophthalmic Assistants in CEH	3	5	8
Village Health Teams	125	125	250
MCH workers in PEC & CEH	10	120	130
General Nurses in PEC & CEH	25	65	90
Trainers of Trainers (TOTs)	7	3	10
Vision Champions	351	649	1,000
Total Personnel Trained	1,934	1,886	3,820

Project Outputs: Service delivery by Gender (Summary)

AREA	MALE	FEMALE	TOTAL
Number screened (0 – 5 yrs)	445,368	474,420	919,788
Service delivery to children (0 – 5 yrs)	4,863	4,509	9,372
Number screened (6 – 15 yrs)	361,277	391,880	753,157
Service delivery to children (6 – 15 yrs)	12,945	16,220	29,165
Eye health education and promotion	1,099,601	1,206,258	2,305,859
(A) Total	1,924,054	2,093,287	4,017,341
Number screened (0 – 15 yrs)	806,645	866,300	1,672,945
Service delivery to children (0 – 15 yrs)	17,808	20,729	38,537
Eye health education and promotion	1,099,601	1,206,258	2,305,859
(B) Total	1,924,054	2,093,287	4,017,341

Project Outputs: Local involvement by Gender



1

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



2

INCREASING ACCESS: 4 Well equipped 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 that 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

vision

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