

GENDER EQUITABLE EYE HEALTH TRAINING FOR HEALTH PERSONNEL

A guide in how to conduct gender equity discussions with eye health personnel

October 2019

Introduction

This guide has been designed to be used within The Fred Hollows Foundation programs to promote gender equity within the health service providers that the foundation partners with. The materials should be modified to ensure they are country contextual and are appropriate for the target audience.

We hope that participants will have fun working together on all these tasks, building cohesion and exploring ideas of gender equity within their workplace, sharing problems and solutions. In this way, the intention is that health personnel will be equipped with the awareness and confidence to make changes within their workplace, their family and communities and lobby for change with policy makers and government at all levels.

As sensitive or confronting information may be discussed throughout this training it is essential that facilitators take time at the end of the course to debrief about anything they may have found difficult or confronting.

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For any further information please contact Anita Afford – Senior Programs Gender Advisor
Fred Hollows Foundation aafford@hollows.org

Notes for Facilitators

This facilitator's guide is designed to be used by facilitators experienced in working in gender equity. The issues of gender and roles of men and women can be sensitive in many of the countries that we work in, and facilitators should research and understand the situation before they commence the course. As with any training, good preparation is the key to success, so facilitators should be very clear before they start on what they hope to achieve over the time of the course, and their roles. They will need to explain this carefully at the beginning of the course to the participants.

As this course is intended to be delivered with the Fred Hollows Foundations partners who could be government or private sector health providers, facilitators need to be sensitive to what appropriate behavior might be. Be empathetic, listen carefully and respond appropriately. Although you may have time constraints, it is important to follow the learning curve and pace of the participants, remembering the objective is to build confidence and capacity, not undermine it.

- **Listen and allow space for people to talk.** You are a facilitator, so work with participants to guide them, do not take over. Create an environment that people feel that they can openly and honestly share their opinions.
- Do not let certain individuals **dominate**. Although it is essential to have leaders on board, the purpose is for everyone to participate, men and women, not just those in authority within the organization or government department. The objective is not only to build organizational or department capacity and confidence, but personal capacity too. In practice, facilitators will have to observe participants carefully to ensure everyone gets an equal chance to participate.
- **Do not judge.** Talking about gender equity means facilitating discussions about culture and peoples values and ethics. Everyone has different opinions and we want to ensure open and honest discussion. Do not make judgements or tell people they are wrong. Rather question people in a non-threatening way, discussing everyone's opinions and ideas. The idea is to get people to start to think about change or how to make change happen and the only way for that to happen is for people to want to change themselves, not being bullied or shamed into it.
- As this course can be delivered to a variety of health personnel from national to community level there maybe participants with a variety of language abilities. Facilitators need to take this into account and if required a translator should be provided to ensure everyone is able to participate equally.

Please note that the times for each activity are approximations, and are there for a guide only. Timing of each activity will depend on number of participants and the facilitator's discretion on group discussion. The course can be done over a longer period than two days or over half days.

DAY 1

Opening remarks and welcome

Objective	To welcome everyone to the course
Time	30 minutes or shorter depending on how many people need to make remarks

Pre training survey

Objective	To gather information from participants on their level of gender equity knowledge
Time	30 minutes or shorter
Procedure	Ask each participant to complete a pre training survey. An example is Annex 1

Overview of workshop objectives and setting expectations

Objective	To give logistical information regarding the workshop. To get ideas of the expectations of participants of the workshop. These expectations can be revisited throughout the workshop to see if they are being met, and at the end of the workshop to see if there is anything outstanding that requires follow up.
Time	30 minutes
Procedure	To give an overview of the program, set some ground rules and set the scene. Ask the group what they expect to get from the training? Write their ideas on flipchart and leave these around the room
Notes	It is ideal if participants agree and draw up rules. If written they should be very simple. Facilitators should ensure one of the rules is about regularity of attendance and commitment

The facilitator can introduce the course in the following way:

“This course is designed for people to reflect on their attitudes and values regarding the roles of men and women, girls and boys, and non-binary people and to better understand how these views shape the way they interact within their families, communities and work.

The course is designed to encourage discussion and for people to share their ideas, experiences and stories. What is said will be kept confidential and should not be repeated with others outside of the course.

During the course we want people to be honest and open to contribute to discussions. We will be talking about sensitive subjects. People need to show respect to people’s ideas and contributions and not make judgements. Everyone will have a chance to contribute. There are no right or wrong answers, we are here to share and discuss ideas and experiences and learn from each other.”

Introduction game

Objective	For everyone to get to each other and relax
Time	This will depend on the number of participants
Procedure	Ask each participant to introduce themselves, what their position is and then they need to share one of their hobbies but without using words.
Notes	There are many introduction games that can be used Facilitators can play as many of these games as they want or for as long as they want until they feel people are relaxed and energized

Quiz

Objective	To get people thinking about the themes that will be discussed throughout the training
Time	30 minutes
Procedure	Facilitator to ask 10 questions that are related to gender equity within the context of where the training is taking place but also global challenges too. It is good to have some small prizes. This can be done as a group.
Notes	An example of quiz questions is in Annex 2

Why Gender Equity Awareness Training? Why do we need this?

Objective	For facilitators to gain feedback from the group on why we are doing this workshop. For facilitators to gain understanding of the level of gender equity knowledge of the participants
Time	30-45 minutes
Procedure	Facilitators to ask the follow questions: Who has heard of ' gender ' before or done any workshops about ' gender '? Ask the group about why they think we need to do this? Why should we be investing time and resources into doing this workshop? Record their ideas and thoughts on a flip chart.
Notes	Below is information that can be shared with the group. We do this training to allow a space for discussion so change can happen. Change needs to happen at a number of levels, national, institutional, household, community and individual. This training focusses on change at an individual level and change within the workplace.

Many solutions have been recommended for moving towards gender equity, including gender-positive imagery, mentoring, quotas on hiring and review committees, and anti-harassment and

diversity training in workplaces. Better enabling maternity leave is a commonly advocated strategy but on its own does **not disrupt a system ingrained with gender bias**: performance standards that require women to work harder than men to prove themselves, cultural norms that expect women to assume most domestic duties in addition to growing professional ones, and rigid expectations of masculinity that also constrain men’s choices and contributions. **These are not only women’s issues—they require the full participation of everyone in deeper explanations and solutions.**

Gender bias is powerful and insidious. It is an expression of unequal distribution of power within societies and of the low value placed on women’s and other marginalised genders work and contributions to public life. A host of evidence shows women are viewed as less competent and less valuable than men— from creativity to entrepreneurial skills to leadership— and these biases are exhibited by both male and female.

Surgeon’s Story

Objective	To make participants more aware of some of the deep-rooted gender assumptions we carry with us. To start to reflect on why we make these assumptions.
Time	60 minutes
Procedure	Divide into smaller groups of approx. 4 people per group Hand out the envelopes with the “Surgeon’s Story.” Each sentence is cut up into strips of paper.

**There was a road accident involving a truck and a car.
A father and his son were in the car.
The father was killed on the spot.
The boy was taken to hospital.
The surgeon at the hospital recognized him.
‘My son’, cried the surgeon, horrified, ‘I cannot operate on him, that’s my son.’**

Ask the groups to reconstruct the story in logical sequence, and then to answer the riddle:

How can the injured boy be the surgeon’s son, when the story shows that the boy’s father was killed in the accident?

Allow the groups 10 minutes to complete the task.

When time is up, ask one group member who ‘got’ the answer to explain to the others. The answer we are looking for is that the surgeon is the boy’s mother. People may also answer that the surgeon could be a male in a same sex relationship.

In plenary, briefly discuss the exercise:

- Why was it difficult to come to this conclusion? Did knowing that this was a gender equity session help you get the right answer?
- If the groups all answer quickly, point out that in other sessions, people have come up with every possible relationship except mother. Why is that?
- How would the riddle have been different if we’d said “nurse” instead of “surgeon”?

- What is the difference between nursing and doctoring/surgery?
- Are most surgeons in their country men or women? If mostly men, why is that?
- Are there examples of countries that have equal number of men and women as surgeons?

Record on flipchart the reasons that people state for differences between nursing and surgery, the different skills and qualities that are required. Challenge the stereotypes, and highlight the culturally *gendered* attributes of the factors they have pointed out.

For example, ***Institutions***: Men have access to higher education;

Social and biological roles: women take time out for child-rearing and don't have the chance or desire to go through so many years of education;

Resources: medical school is expensive;

Stereotypes about women's/men's skills: Men and women are taught that men have better skills in this profession.

Ask participants to reflect on: **What does this exercise tell us about what "gender" is and how gender norms shape society?**

Gender and Sex Attributes

Objective:	To understand the differences between gender and sex.
Time	60 minutes
Procedure	Hand out post it notes. Ask participants to write one characteristic on each card that describes how they view men and women. Ask participants to group them on the wall, under two headings:

Men are...:

Women are...:

Have the participants cluster around the flip-chart or wall where they have posted the statements. Give them a few minutes to absorb the "characteristics" lists that they have come up with.

Lead a plenary discussion (20 minutes) on the significance of these lists and beliefs. Which relate to sex? Which relate to gender? How do these gender beliefs get taught in our society?

Point out:

Sex refers to the biological and physiological characteristics that define men and women. It may not always be possible to define sex along the dichotomous lines of male-female only, as is made evident by inter-sexed individuals.

Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women.

While **sex** and its associated biological functions are programmed genetically, **gender** roles and power relations and the power relations they reflect are a social construct – they vary across cultures and through time, and thus are likely to change.

Gender Equitable Eye Health Training for Health Personnel

- That the only actual difference between men and women is that most women can have babies and breastfeed and men cannot. Every other difference is constructed by societal norms.
- Which were the most common responses? Which were different?
- Do we agree with all of these characteristics? Can we shift some from the female to male side? And vice versa?
- Note that some are positive and some negative. What are the shared characteristics for men and women?
- At the end of the session, ask for definitions of sex versus gender.

Points to discuss:

- Which of these characteristics refer to the biological abilities and features (can breastfeed), and which refer to the roles that men and women learn in society (nurturing, soft-hearted)?
- Are women **naturally more soft-hearted than men?** How are they taught to be caring, and why?
- What types of **strength are men supposed to display?** How do women use physical strength in their daily lives? If women are physically weaker, why are they assigned the tasks of hauling water, carrying babies, collecting firewood?
- If men are supposed to be **protective**, how does that affect what women can/can't, do/don't want to do? Where they can go? How does that affect what men are supposed to do within a household and community?
- How are these beliefs about men and women carried on in a particular culture? What makes them change? (Think of the market: Consumer culture and parents teach girls to fantasize about marriage and fashion, by targeting them with Barbie dolls, jewelry, etc. Boys are targeted to want cars, play sports, water guns.)
- **How can these associated characteristics affect the work of health professionals?**

Notes

- **Gender is so deeply rooted in ourselves and the way we organize our societies and daily lives that unless we stop and critically think about these beliefs, we will not recognize our own biases—that men and women both participate in.**
- The reason that we explore gender is because it is a key power dynamic that governs people's control over resources, their participation in groups, and their behaviors, attitudes, and own life goals.
- BUT gender is such an important marker of identity that often we don't question why we have these beliefs, where they come from, or whether they are true, false, or harmful.
- We can all name some gender practices that are harmful – usually to women. [Ask group to shout out some common gender beliefs.] What's harder to understand **is how we learn** these beliefs, how we replicate them ourselves every day in our own behavior, and also how we can challenge and change those that are not healthy into something more positive.
- We want to identify which societal beliefs about gender roles are harmful to women OR to men – or communities as a whole, and how understanding those issues directly can help us to plan an equitable development project.

Post Box: Express Your Views

Objective	To explore the group's personal beliefs about gender roles, and to highlight differences in our group's own beliefs and backgrounds.
Time	30 minutes
Procedure	<p>Form groups of 3-4 people in each group Hand out each group one batch of statements (cut into small pieces). Each group will also get three envelopes, labeled "Agree," "Disagree," and "No consensus." In their own groups, the participants are to argue until everyone in the group agrees or disagrees with the statement and posts it in the appropriate envelope. If there is no consensus, they must place it in the "No consensus" envelope and come back to it by the end of the session. If argument is low, "snowball" up, folding four smaller groups into two larger groups. Then snowball up once more, so that the two large groups come to consensus on their statements. Or agree to disagree.</p> <p>In plenary, discuss:</p> <ul style="list-style-type: none"> • Which were the statements about which we had no consensus? What are the arguments? • What about the ones we disagree with? And agree with? • What does this tell us about our own beliefs? What does this tell us about the difficulties in changing gender norms and beliefs? How have some of these changed over time?
Notes	Examples of statements are in Annex 3

Data- why is it important? What do we do with it?

Objective	For participants to understand the link between data collection, analysis and gender equity. For the group to explore the challenges associated with quality data collection.
Time	45 minutes
Procedure	<p>Split the group up into groups of 3-4. Ask each group to identify how data is collected and used within their workplace. What are some of the challenges with data collection? Do they collect sex disaggregated data? Do they collect other information relating to age, disability, location ect? What do they do with the data? Ask each group to present back and identify common processes or challenges amongst the groups.</p> <p>In a plenary ask the group:</p> <ul style="list-style-type: none"> • Why is it important to collect sex disaggregated data? • How should we use the sex disaggregated data to effectively influence change?

Show the equity vs equality picture and explore the ideas of how data helps inform interventions that contribute to equitable outcomes.

Notes It is good to have an example of how sex disaggregated data can be used to inform service delivery in that particular context.

Feedback and wrap up the day

Objective	To reflect on what has been discussed throughout the day and cover the key concepts that were covered
Time	30 minutes
Procedure	As a group ask what people have found interesting from the days sessions. Recap the key concepts that have been discussed in regards to gender equity.

Day 2

Reflection on day 1 and outline of day 2

Objective	To reflect on the discussion from the day before and see if anyone has anything else to add from yesterday's feedback. This is also to outline what is going to be discussed throughout day 2
Time	30 minutes
Procedure	Ask each participant to reflect on one thing they learnt the day before and why they thought it was interesting and/or important.

Learnt behavior

Objective	To understand where our learnt behaviors come from
Time	60 minutes
Procedure	Show the youtube clip of the experiment with the babies dressed in different clothes and how adults interact with them. https://www.youtube.com/watch?v=nWu44AqF0il

After watching the clip ask the group:

- What are learnt behaviors that perpetuate gender stereotypes?
- Can you identify what learnt behaviors you do that perpetuate gender stereotypes?

Where do we learn our Gender Bias from?

Put paper around the room with the 6 major social institutions on them:

Gender Equitable Eye Health Training for Health Personnel

- Family
 - Peers
 - Education/school
 - Religion
 - Mass Media
 - State
 - Work
- Ask people to reflect on how these major social institutions influence gender bias in society by writing down a personal experience of when they have been taught a gender bias within each of these institutions. Get them to write them on post it notes and then stick them onto the paper with the corresponding heading. Once everyone has done that go around to each paper and go through the examples.
- Then get everyone to write what they can do to challenge these gender bias within each of these institutions. Get them to write their statements on post it notes and add to each paper. Once everyone has done it, go around and reflect on these statements.

Notes: The individual (male or female), within a given cultural context acquires gender roles through socialization. Socialization is defined as the process by which an individual learns to conform to norms and to play corresponding roles, to acquire status in society. Social institutions are mechanisms that maintain gender bias within a society.

Remind the participants that gender issues affect both men and women. Since gender is the social construction of behaviour of men and women, issues extend to cover different gender identities (male, female and transgender/trans-sexual) and sexual identities (heterosexual, homosexual, bisexual). Men also suffer from gender injustices. Gender is not a practical but structural issue therefore program implementation alone might not be sufficient for transformative gender equity practices to be adopted.

Exploring Power Dynamics

Objective	For participants to understand the power dynamics that exist within their workplace, communities and households and to develop strategies to challenge dynamics that perpetuate inequity.
Time	60 minutes
Procedure	Break the participants into groups of 4-6 people. Ask each group to think of their work (it could be everyday work or a specific event like an outreach camp for cataract surgery, or trachoma screening or community screening) and to map out the different power structures that exists that they have to work through in order to implement the work activities.

Ask participants to list these powers in two groups: **visible power** and **invisible power**. If they are unsure what these are use examples below

Visible Power	Invisible Power

Visible power is the power structures that are visible within societies including political systems, tribal chiefs within communities, hospital administration, local government, and workplace structures.

Invisible power is power that is not institutionalized but plays a role in hindering progress towards gender equity. Examples of invisible power would be values, norms, and customary attitudes. Even if there are good laws and women presidents, this invisible power has the ability to confine one in his/her gendered role.

Current world structures and donors have the money to implement programs to affect change but no change will happen if the people limit themselves and not deal with the invisible power.

- Ask each group to reflect on the power dynamics they have listed and for each one list a strategy that they use to be able to implement their work. **What strategies have you used to address these power structures?** Ask each group to present back.
- As a group discussion ask: **What power dynamic are there that might contribute to women or men not accessing the eye health services that they require?**

Gender and Disability

Objective For participants to understand the ways in which gender, disability and poverty intersect, creating multiple layers of exclusion and discrimination, and that specific gender-sensitive, disability inclusive measures are required to ensure **'no one is left behind'** when it comes to accessing eye health.

Time 60 minutes

Procedure:

1. **Power-point Presentation** (2 minutes): Introduction to the module, objectives and content to be covered – i.e. that a video will be shown about women with disabilities, which we will discuss as a group. This will be followed by some facts and figures about women with disabilities, together with some key tips for ensuring inclusive eye health.
2. Introduce **video** called ***Building the collective power of women with disabilities***, produced by CBM: <https://www.cbm.org/Building-collective-power-of-women-with-disabilities-514874.php> (4 minutes: 43 seconds)
3. **Small Group Discussion/Presentation back to the plenary** (15 minutes): Break the participants into small groups of 4-6 people. Ask the group to spend 10 minutes discussing the following questions. Each group should select one person to present their key points back to the larger group:

Gender Equitable Eye Health Training for Health Personnel

- What are some of the common stereotypes, attitudes and beliefs held about women and girls with disabilities? What are some of the common barriers women with disabilities face?
 - To what extent do you think these are different to the barriers faced by a) women and girls without disabilities and b) men and boys with disabilities? What is the effect of gender and disability over-lapping?
 - How might these barriers affect women and girls with disability's: a) social, educational and economic participation b) their health and wellbeing and c) their access to eye health services?
4. **Power-point Presentation/Discussion in Plenary** (20 minutes): Why is it important to include people with disabilities (and particularly women and girls with disabilities) in eye health services and what practical steps can we take to make sure '**no one is left behind**'.
 5. **Wrap Up** (5 minutes): Ask participants to share a) **one key learning** they will take away from this session and b) one key thing they **will do differently** following this session.

Notes: Use the guiding questions in the slides to stimulate thinking and discussion along the way.

During the discussion, encourage participants to explore their own perceptions about women and girls with disabilities, where these attitudes and beliefs come from and the impact they may have. Encourage them to also consider these issues, as best they can, from the perspective of women and girls with disabilities. Bear in mind that some participants may actually have disabilities (not all disabilities are visible) or will have family members or friends with disabilities.

Wherever possible, as facilitator/s, be mindful to select training venues, whenever possible that are physically accessible, use a range of visual and auditory modalities in the training to accommodate different abilities of people participating in the training, and be mindful of printing handouts with font sizes and colours that can be read by people with low vision.

Give consideration to whether you may have a local woman with a disability that could facilitate this session. It can be very powerful for trainees to interact with people with disabilities and to benefit from their expertise.

Do No Harm

Objective To ensure participants to understand the do no harm principles and how they apply to eye health and gender equity

Time 30 minutes

Procedure Outline what the Do No Harm approach and principles are and why we are talking about these in regards to eye health. Then split the group into groups of 3-4 participants and ask them to answer the following question:

- What can we do as an eye health organisation to ensure we are not doing any harm?

In the groups, under each principle, write down examples of what we can do within our programs, with partners and within the organisation:

- Support women victims/survivors of violence

- Transform gender inequities
- Increase women's participation in programs
- Change men's attitude and behaviors that support gender inequities and VAW
- Partner with experienced VAW service providers

Notes A Do No Harm approach insists that all organizations and actors consider the unintended consequences of their programs on the relationships between groups of people in the context, and act to address those consequences. A discussion in regards to Do No Harm and gender based violence can be very sensitive so the facilitator needs to have a good understanding of the local context. There should be a good understanding and information of referral systems for survivors of gender based violence.

Disrupt the system –what changes do we want

Objective To further explore how we can make change happen and get some examples from the group of how people have and can advocate for change.
To get people discussing how men can be involved in gender equity.

Time 30 minutes

Procedure Guiding questions for group discussion: (5mins)

- If we recognise gender bias as a root cause, for example, how can we create change? What interventions, programmes, and incentives work?
- How do we influence or advocate for change? What is a good example of where we have advocated for change and how this has happened?
- How will we know when a change has led to an improvement in service and patients experience?

Split into three groups and give guiding questions to each group. 10mins discussion and 10mins of group to present back

Group 1 – gender equity and men

- What does gender equity mean for men?
- What challenges do men face in contributing to gender equity?
- What are the best ways for men to promote gender equity?
- What challenges do women face to promote gender equity?

Group2 – equity intersection and partnerships

- How do broader issues of inclusivity, intersectionality, social justice, and cultural norms of masculinity and femininity influence the place of women and their advancement, and how can they be harnessed for change?
- What could a partnership look like in order to advocate for gender equity? How can we use partnerships effectively?

Group 3 – long term outcomes vs short term outputs

- What challenges do we face within the development sector when we focus on short term outputs rather than long term outcomes?

- Can we play the long game of contributing to societal change while still making short term change and outputs?
- How can we ensure that the interventions that we implement do not perpetuate systems of inequity, patriarchy and colonialism which are the systems we are trying to change?

Wrap Up (5 minutes): Ask participants to share a) **one key learning** they will take away from this session and b) one key thing they **will do differently** following this session.

Notes The above questions can be used as guides for the discussion. This is an opportunity to gather practical examples of what people have done to make change, and ideas of what people can do to make change. Ensure that people identify the challenges they may face to contribute to the change they want to see and develop strategies to deal with these challenges. Try and get people to think outside of the box, to give themselves stretch goals and develop solutions that are bold, creative, and disruptive.

Behavioral change and health literacy

Objective To explore the development and use of health literacy, behavior change communication methods and targeted Information, Education and Communication (IEC) materials. To understand what our role is in health literacy and how it relates to gender equity.

Time 60 minutes

Procedure As a group ask the following questions:

- What is health literacy?
- What are behavioural change communications?
- What are Information, Education and Communication materials?
- What do they have to do with gender equity?

Additional exercise:

Ask the group to reflect on the discussions they have had throughout the workshop and then to complete the below table. These behaviors could be within their workplace, communities, families or health seeking behaviors of patients.

Current behaviour	Desired or ideal behaviour	Barriers to behaviour change	Factors to changing behaviour

Either ask each group to present back or get them to stick their examples up around the room. If examples are around the room ask people to take 10 minutes to read through and ask questions.

After each group has presented back give an overview of the six stages of behavior change model: (further explanation of each step is in **Annex 4**)

1. Unaware

2. Aware
3. Sensitised
4. Action
5. Sustained action
6. Relapse

By working through the stages of behavior change people will get a better understanding of how change happens, how to design interventions to best support change to happen and how to think about monitoring change.

A Patients Experience

Objective	To understand the different experiences that men and women may experience when accessing eye health services. To identify strategies to be used to better understand these experiences, and use the information to enhance services.
Time	30 minutes
Procedure	Share the story of a patient's experience (Annex 5) with the group and give them 5 minutes to read it through (you can even share the story as a hand out at the end of day 1 so people can read through it overnight).

As a group ask the following questions:

- What do you think of the experiences of the men and women?
- Can you identify any differences between the experiences of the female and the male patient?
- The story reflects that although both men and women might be able to access the services that they require, their experiences might be different. What are the differences that women and men might face to access the service that you provide?
- What other factors may exist that could affect the way a patient is treated? Factors that you want the group to identify would be: race, religion, disability, sexuality, socioeconomic status, indigeneity, rural, refugees, marital status ect.
- How can we better understand the patient's experience? What interventions or activities can we use to find out this information? How can we use this information to make the experience better for everyone accessing services?

Notes A **quality improvement intervention** is a change process in health care systems, services, or suppliers for the purpose of increasing the likelihood of optimal clinical **quality** of care measured by positive health outcomes for individuals and populations. By understanding the patients experiences we can adapt services to enrich the quality of the experience, part of this being how patients feel about how they are treated. At times our learnt unconscious bias can mean that we treat people differently as we make assumptions and judgements based on sex, race, religion and class. By understanding these unconscious bias we can start to change our behaviour to ensure that we are treating people without judgment.

Feedback and wrap up the day

Objective To reflect on what has been discussed throughout the course and cover the key concepts that were covered

Time 30 minutes

Procedure As a group ask what people have found interesting from the days sessions. Recap the key concepts that have been discussed in regards to gender equity. Ask participants what they have found useful and what further information they may want in regards to any of the concepts that have been discussed.

Gender Action Plans

An optional way to finish the training is for participants to make a personal or joint workplace gender action plan. This plan should be practical actions that can be achieved and measured over the coming 3, 6 or 12 months.

In order to be able to measure these plans a gender champion might be identified within a workplace who would take ownership of the implementation of the plan/s.

Post training survey

Objective To gather information from participants on their level of gender equity knowledge after the training

Time 30mins or shorter

Procedure Ask each participant to complete a post training survey (example **Annex 7**)

A final video that is good to finish with relates to gender equity and inclusion in the workplace:
<https://www.youtube.com/watch?v=ynH4HSGcY6I>

ANNEXES

Annex 1 – Pre survey

Annex 2 - Quiz

Annex 3 – Post box exercise

Annex 4 - Stages of behavioural change

Annex 5 – The patients journey

Annex 6 – Post survey

ANNEX 1

PRE WORKSHOP SURVEY

To be conducted at the start of the workshop

1. What is the difference between a person's 'sex' and their 'gender'?

Please select a or b

- a) "Gender" refers to the biological and physiological characteristics that define men and women and "sex" refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women
- b) "Gender" refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women and "Sex" refers to the biological and physiological characteristics that define men and women.

2. Please identify what you think are examples of harmful gender discrimination

Please circle all that apply – several choices possible

- a) A woman is not given a chance to study ophthalmology because the boss thinks she is scared of blood.
- b) A man encourages a woman from a rural area to apply for a special scholarship that was only available to women in the rural areas.
- c) A male colleague at the office cracked a joke with other colleagues about a woman they worked with, saying that she was unable to apply for promotion as she will have a baby soon
- d) A man is trying to study ophthalmic nursing and his family laughs at him and tells him he cannot be an ophthalmic nurse as this is women's work
- e) all of the above

3. Which of these scenarios are responding to gender equity needs?

Please circle all that apply – several choices possible

- a) The prevalence of blindness from cataract in the targeted province is 65% women and 35% men. Data shows that the access and uptake of services for women and men is 50/50. No new targeted interventions are implemented.
- b) The prevalence of blindness from cataract in the targeted province is 65% women and 35% men. Data shows that the access and uptake of services for women and men is 50/50. Interventions have been implemented to target access and uptake of services for women.
- c) The prevalence of blindness from cataract in the targeted province is 55% women and 45% men. Data shows that access and uptake of services is 70% women and 30% men. No new targeted interventions are implemented
- d) The prevalence of blindness from cataract in the targeted province is 55% women and 45% men. Data shows that access and uptake to services is 70% women and 30% men. Interventions have been implemented to target access and uptake of services for men.

4. Why is gender a determinant of someone's access and uptake of eye health services?

- a) Because women and men's roles and responsibilities differ according to gender which influences their exposure to eye health problems and access to services
- b) Because gender discrimination influences men and women's exposure to eye health problems and access to services
- c) Both a & b
- d) Neither a & b

5. Is gender the only determinant of someone's access and uptake of eye health services?

- a) No
- b) Yes

6. The global prevalence of blindness is 55% female and 45% male. Which of the following answer is NOT a reason for the difference in prevalence rates between men and women?

- a) Because women have a longer life expectancy
- b) Because women are less likely to seek treatment than men
- c) Because of physiological/biological differences between men & women
- d) Because of the status and (perceived) role of women

7. Gender analysis seeks to understand the following differences between men and women?

- a) Access to and control over resource
- b) Power relations, decision-making power
- c) Gender-based division of labour
- d) Norms and identities
- e) All of the above
- f) None of the above

Thank You ☺

ANNEX 2

Quiz

1. *What culture is the longest living culture on earth?*
 - a. Aboriginal and Torres Straight Islander culture in Australia is approx. 60,000 years old and still going.
2. *When were women given the right to vote?*
 - a. 1893
3. *In which country did women get the right to vote in 1893?*
 - a. New Zealand
4. *In Australia Women got the right to vote in 1902 but only some women, do you know who was not able to vote?*
 - a. Aboriginal and Torres Straight Islanders
5. *In which year did Aboriginal and Torres Straight Islanders get the right to vote?*
 - a. 1962

Are there any other countries that certain people do not have the right to vote?

Many indigenous women and men were still denied the right to vote as they were not citizens. In Canada and USA many Asian people were not given citizenship rights and therefore not able to vote.

6. *There are 4 countries that do not have a legal requirement to paid maternity or parental leave. Which countries are they?*
 - a. PNG, Swaziland, Lesotho and USA. Australia did not have a parental leave scheme until 2012, which now the government pays minimum wage for 18 weeks
7. *Which country has the best parental leave scheme?*
 - a. Finland – 23 weeks paid maternity leave for mothers – can be taken up to 7 weeks before the due date and 16 weeks after. Partners get 8 weeks paid paternity leave.

Do people know what the maternity /parental leave is of their country?

8. *What is the Human Development Index?*
 - a. The HDI was created to emphasize that people and their capabilities should be the ultimate criteria for assessing the development of a country, not economic growth alone. The HDI can also be used to question national policy choices, asking how two countries with the same level of GNI per capita can end up with different human development outcomes. These contrasts can stimulate debate about government policy priorities.

The Human Development Index (HDI) is a summary measure of average achievement

in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living.

9. *What is the Gender Development Index?*

- a. The GDI measures gender gaps in human development achievements by accounting for disparities between women and men in three basic dimensions of human development—health, knowledge and living standards using the same component indicators as in the HDI. The GDI is the ratio of the HDIs calculated separately for females and males using the same methodology as in the HDI. It is a direct measure of gender gap showing the female HDI as a percentage of the male HDI

10. *What is the Gender Inequity Index?*

- a. The GII is an inequality index. It measures gender inequalities in three important aspects of human development—reproductive health, measured by maternal mortality ratio and adolescent birth rates; empowerment, measured by proportion of parliamentary seats occupied by females and proportion of adult females and males aged 25 years and older with at least some secondary education; and economic status, expressed as labour market participation and measured by labour force participation rate of female and male populations aged 15 years and older. The GII is built on the same framework as the IHDI—to better expose differences in the distribution of achievements between women and men. It measures the human development costs of gender inequality. Thus the higher the GII value the more disparities between females and males and the more loss to human development.

11. *What is the global prevalence of avoidable blindness for men?*

- a. 44%

12. *What is gender bias?*

- a. Gender bias is a preference or prejudice toward one gender over the other. Bias can be conscious or unconscious, and may manifest in many ways, both subtle and obvious.

13. *Is gender bias learnt or are we born with it?*

- a. Learnt

14. *Why is it important to educate girls and boys?*

- a. So they all learn

15. *Do we have to consider gender in all of our work, or just some of our work?*

- a. Yes

ANNEX 3

Post Box exercise

Express your gender views

1. Men can look after children as well as women do
2. Men spend more time working than women
3. Men should not have to help with cooking and cleaning
4. Men should make decisions for women's health within the family unit
5. Men would help more with looking after the kids, but the grandmothers and mothers stop them, saying it is not men's work to look after children
6. Men cannot cook as well as women
7. If a man hits his wife, other people should not intervene
8. Women are naturally shy
9. When there is not enough money to pay for travel or doctors, the person earning the money should go first
10. There is no point in spending money on educating girls, money is better spent educating boys
11. Women and men face the same barriers to accessing eye care
12. Men are better project managers than women
13. A women should look after her family before spending time earning money
14. It is a man's role to generate income for his family
15. A woman should not question how her husband spends money
16. Men are better at making decisions than women

ANNEX 4

Six stages of behavioural change

1. **Pre contemplation** (unaware) - In this stage, people do not intend to take action in the foreseeable future (defined as within the next 6 months). People are often unaware that their behaviour is problematic or produces negative consequences. People in this stage often underestimate the pros of changing behaviour and place too much emphasis on the cons of changing behaviour.
2. **Contemplation** (aware) - In this stage, people are intending to start the healthy behaviour in the foreseeable future (defined as within the next 6 months). People recognize that their behaviour may be problematic, and a more thoughtful and practical consideration of the pros and cons of changing the behaviour takes place, with equal emphasis placed on both. Even with this recognition, people may still feel ambivalent toward changing their behaviour.
3. **Preparation** (Sensitised) - In this stage, people are ready to take action within the next 30 days. People start to take small steps toward the behaviour change, and they believe changing their behaviour can lead to a healthier life.
4. **Action** - In this stage, people have recently changed their behaviour (defined as within the last 6 months) and intend to keep moving forward with that behaviour change. People may exhibit this by modifying their problem behaviour or acquiring new healthy behaviours.
5. **Maintenance** (sustained action) - In this stage, people have sustained their behaviour change for a while (defined as more than 6 months) and intend to maintain the behaviour change going forward. People in this stage work to prevent relapse to earlier stages.
6. **Relapse** – In this stage people may fall back into old habits, but

Termination - In this stage, people have no desire to return to their unhealthy behaviours and are sure they will not relapse. Since this is rarely reached, and people tend to stay in the maintenance stage, this stage is often not considered in health promotion programs.

ANNEX 5

Story of a patient's experience

A family living in a remote part of China relies on subsistence farming as a source of income. They have a 24 year old son, who was educated through a scholarship in a Beijing university and lives there with his wife and young child. The daughter was married two years ago to someone living overseas, so the couple live alone. There is no functioning eye unit in their town and the nearest eye care service provider is in the town, so it takes one day of travel by minibus to access eye care. The man's vision has been failing, so he is unable to work in the fields. When the son visits the family for Spring Festival, he realises the extent of problems the parents are facing when he finds that the mother is unable to recognise that his child has inherited her grandmother's facial features.

He organises for them to travel back to the city with him at the end of the holidays, and takes them to the big eye hospital. **This eye hospital is an implementing partner for an ongoing project, and receives FHF funding support.** They register for a consultation, but are not provided a name-card or unique identification number since they are from outstation. A young girl in a white coat asks the son some questions about their general and eye health, and writes things down on a sheet of paper which they are each given to hold onto. They are directed to a corridor where many people are sitting on the floor in front of a line of rooms. After waiting for about an hour, the son leaves to get them some food and water from the shops outside the hospital. Before he returns, another young man in a white coat takes the father to one end of the corridor, and asks him to read out numbers from a poster. He is unable to comprehend the instructions, so he tells the young man that he needs his wife's help. After some effort, the young man tracks down the wife and asks them both to sit on chairs at the end of the corridor. The son returns and searches for them, finding them sitting on the chairs but unaware of why they are sitting there. He asks each person he sees in a white coat, until he finds the young man (whose name-badge indicates that his name is Li Wei) that made them sit there. Learning that they need to have a vision test before the doctor can see them, he explains that they are both illiterate and cannot read numbers.

The test is repeated for each of them, this time asking for them to indicate with three fingers of one hand, which way the three lines are facing for each of the pictures Li Wei is pointing to. First the left eye is covered and the right eye is tested, then the same is done with the right eye covered. The father gets two lines of the largest pictures correct with the right eye, and only the single big picture on the topmost line correct with the left eye. The mother cannot see the pictures at all, so she is asked to walk closer to the young man conducting the test and can see the topmost picture with either eye only as close as one meter away from the poster. Li Wei writes something on the papers they were holding and takes the papers with him, directing them to sit on the floor outside one of the rooms not far from where they first were sitting, so the son gives them some food and water that he bought because it is almost four hours since they have last eaten anything. Shortly after they start eating, a man who has come out from one of the rooms calls out the mother's

name. Both parents make their way to the man, but he insists that only the mother must accompany him. The son intervenes and explains that both parents are registered for examination. The man explains that her record is with him and the father's record must have been allotted to another ophthalmologist, so he will also be examined in due course.

About an hour later, each of them have undergone a range of tests separately inside the clinic, and each is asked to sit down in the corridor again, while the results are awaited. At about 4:00 pm, Li Wei calls the son into another room along that corridor. He explains that the mother's vision is very poor and she has been assessed and the test results indicate she is fit for surgery, so she can proceed to the ward for admission if the son can pay the equivalent of 100 Chinese Yuan for surgery the next day as there is a camp on and a donor is subsidising a significant proportion of the cost of surgery. He explains that only blind people can avail donor subsidy, so the father's surgery date will be fixed for later, according to the waiting list for elective surgery. The son is confused by this turn of events and says he must check with his employer as they are his dependants and therefore are probably eligible for government subsidised free health care. Also, he argues that both of them are blind and need to receive surgery. Because it is past work hours already, Li Wei says that unless the son decides immediately, the mother's surgery also will need to be scheduled for a few days to a week later, as per the waiting list for elective surgery. The son asks for a few minutes so that he can go out and talk to his parents. The mother says that her husband needs to work in the fields, and she is able to see quite well considering that she's getting all the housework done as usual. So, they tell the son to get the father admitted immediately for surgery, and that they are willing to pay the 100 Chinese Yuan from their own savings. The son conveys this to Li Wei, who says he must discuss the request with the doctors who are rostered to operate the next day's theatre list.

About 15 minutes later, Li Wei returns and informs the son that the list for subsidised surgery is fully booked, and the father in any case does not qualify for the donor-subsidised surgery, so the doctor has instructed that another date must be fixed for each to have cataract surgery. Li Wei says he understands they have many questions, but it is already late in the day and the clinic is closed. So he suggests they discuss at home and return when ready to fix a date for surgery.

ANNEX 6

POST WORKSHOP ASSESSMENT

To be conducted at the end of the workshop

1. What is the difference between a person's 'sex' and their 'gender'?

Please select a or b

- c) "Gender" refers to the biological and physiological characteristics that define men and women and "sex" refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women
- d) "Gender" refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women and "Sex" refers to the biological and physiological characteristics that define men and women.

2. Please identify what you think are examples of harmful gender discrimination

Please circle all that apply – several choices possible

- f) A woman is not given a chance to study ophthalmology because the boss thinks she is scared of blood.
- g) A man encourages a woman from a rural area to apply for a special scholarship that was only available to women in the rural areas.
- h) A male colleague at the office cracked a joke with other colleagues about a woman they worked with, saying that she was unable to apply for promotion as she will have a baby soon
- i) A man is trying to study ophthalmic nursing and his family laughs at him and tells him he cannot be an ophthalmic nurse as this is women's work
- j) all of the above

3. Which of these scenarios are responding to gender equity needs?

Please circle all that apply – several choices possible

- e) The prevalence of blindness from cataract in the targeted province is 65% women and 35% men. Data shows that the access and uptake of services for women and men is 50/50. No new targeted interventions are implemented.
- f) The prevalence of blindness from cataract in the targeted province is 65% women and 35% men. Data shows that the access and uptake of services for women and men is 50/50. Interventions have been implemented to target access and uptake of services for women.
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4. Why is gender a determinant of someone's access and uptake of eye health services?

- e) Because women and men's roles and responsibilities differ according to gender which influences their exposure to eye health problems and access to services
- f) Because gender discrimination influences men and women's exposure to eye health problems and access to services
- g) Both a & b
- h) Neither a & b

5. Is gender the only determinant of someone's access and uptake of eye health services?

- c) No
- d) Yes

6. The global prevalence of blindness is 55% female and 45% male. Which of the following answer is NOT a reason for the difference in prevalence rates between men and women?

- e) Because they have a longer life expectancy
- f) Because they are less likely to seek treatment than men
- g) Because of physiological/biological differences between men & women
- h) Because of the status and (perceived) role of women

7. Gender analysis seeks to understand the following differences between men and women?

- g) Access to and control over resource
- h) Power relations, decision-making power
- i) Gender-based division of labour
- j) Norms and identities
- k) All of the above
- l) None of the above

Learning Event evaluation

INSTRUCTIONS

Please circle your response to the items. Rate aspects of the workshop on a 1 to 5 scale:

1 = "Strongly disagree," or the lowest, most negative impression

3 = "Neither agree nor disagree," or an adequate impression

5 = "strongly agree," or the highest, most positive impression

Content (Circle your response to each item.)

- | | | | | | |
|--|---|---|---|---|---|
| 1. I was well informed about the objectives of this learning event | 1 | 2 | 3 | 4 | 5 |
| 2. This learning event lived up to my expectations. | 1 | 2 | 3 | 4 | 5 |
| 3. The content is relevant to my job. | 1 | 2 | 3 | 4 | 5 |

Learning Event Design/ facilitator (Circle your response to each item.)

- | | | | | | |
|--|---|---|---|---|---|
| 4. The activities stimulated my learning. | 1 | 2 | 3 | 4 | 5 |
| 6. The activities gave me sufficient practice and feedback | 1 | 2 | 3 | 4 | 5 |
| 7. The difficulty level of this learning event was appropriate | 1 | 2 | 3 | 4 | 5 |
| 8. The pace of this learning event was appropriate. | 1 | 2 | 3 | 4 | 5 |
| 9. The facilitator was well prepared | 1 | 2 | 3 | 4 | 5 |
| 10. The instructor was engaging | 1 | 2 | 3 | 4 | 5 |

Learning Event results (Circle your response to each item.)

- | | | | | | |
|---|---|---|---|---|---|
| 12. I will be able to use what I learned in this learning event | 1 | 2 | 3 | 4 | 5 |
| 13. The learning event was a good way to learn this content | 1 | 2 | 3 | 4 | 5 |

14. How would you improve this learning event? (Check all that apply.)

- Provide better information before the learning event
- Clarify the learning event objectives
- Reduce the content covered in the learning event
- Increase the content covered in the learning event
- Update the content covered in the learning event
- Improve the instructional methods
- Make the activities more stimulating
- Improve the learning event organization
- Make the learning event less difficult
- Make the learning event more difficult
- Slow down the pace of the learning event
- Speed up the pace of the learning event

Gender Equitable Eye Health Training for Health Personnel

- Allot more time for the learning event
- Shorten the time for the learning event
- Add more video to the learning event

15. What other improvements would you recommend in this learning event? (Briefly explain)

16. Reflect on the modules of the learning event (day 1 and 2) and number them from the most (1) useful to the least (10) useful modules?

- Surgeon's Story
- Gender and Sex Attributes
- Post Box: Express your Gender Views
- Data – Why it is important? What do we do with it?
- Learnt Behaviour
- Disrupt the System
- Exploring Power Dynamics
- Gender and Disability
- Do No Harm
- Behaviour Change and health literacy

17. Do you have any feedback on the Gender Analysis and gender mainstreaming sessions (day 3)?

18. What is most valuable about this Learning Event?

Thank you for your feedback 😊