ROUGH GUIDE TO GENDER ANALYSIS

Why and how to conduct a gender analysis to inform project design

February 2019

What is a Gender Analysis?

A Gender Analysis is the collection of relevant data and information (which could include qualitative and quantitative data) on the different roles, needs, and priorities of women and men to identify the different implications of proposed project interventions on men and women. It includes the identification of social, economic, cultural and political constraints that may cause different impacts on women and men, girls and boys.

Gender analysis ensures investments are reaching those with highest need and monitors impact—including impact on reducing gender-based gaps in coverage and outcomes.

Gender analysis should identify who **cannot** access eye health services and understand **why** they cannot. It should identify barriers that people face in accessing and uptake of eye health services and if these barriers are related to a person's gender identity.

Gender analysis should inform how gender equity will be addressed throughout the project, particularly in terms of setting relevant gender equity objectives and indicators, planning concrete actions to reach the objectives, and conducting monitoring and evaluation. The gender analysis should not only describe the current state of the gender equity situation, but should also explore the causes and effects of gender disparities on the target population.

Looking at the reasons behind inequalities and discrimination helps to set relevant and targeted objectives for resolving them and determine which activities may contribute to eliminating such inequalities.

Based on the findings from the analysis, certain provisions or activities need to be include in project design to ensure that women and men, girls and boys benefit from the projects intervention, and/or mitigate

harm and provision of alternative compensatory measures, in cases where the harm cannot be mitigated.

A gender analysis is often undertaken for one or more of the following reasons:

- As part of a situation analysis to inform program targeting and/or design;

- To provide baseline data for an intervention evaluation, where the intervention seeks to enhance knowledge, influence attitudes, or change behaviour;

- To better understand the relationships between knowledge, attitudes, practices, and health outcomes of interest.

It should explore the following areas:

- The differences in the lives of men and women;
- The barriers that unequal gender relations create in women's or men's access and uptake of eye care or access to the eye health workforce;
- The status of women and their ability to exercise their human rights to health care;
- The division of labour: men's and women's different activities, and their access to and control of resources.

Why do a Gender Analysis?

When setting up a project, an essential first step for ensuring that it meets gender equity requirements is to conduct a gender analysis of the issue being addressed by the project.

A gender analysis has to be completed for all projects, however the scope of the analysis (similar to the scope of the situation analysis) will be determined by the project team. If after completing the gender analysis there are gaps within the information, a more in depth

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gender analysis or gender research may need to be undertaken. This can be supported by the Senior Gender Programs Advisor.

What does a Gender Analysis involve?

Identifying the issue or need

As with any project, we want to understand what the eye health situation is in the particular context of the project. A gender analysis will inform the project on **who is** and **who is not** accessing eye health services and **why**. When developing a project concept brief teams need to decide how they are going to conduct the gender analysis and make a gender analysis plan.

Similar to developing a situation analysis plan, teams need to identify what information is required from the gender analysis to inform project design. Sometimes it is good to brainstorm as a team what the issues are that the project wants to tackle from a gender perspective, what success of the project would look like and if this will be different for men and women and how the project will achieve this.

There are at least three sets of information that need to be collected when undertaking a Gender Analysis:

1. Sex-disaggregated information from health providers to understand the number of men and women, boys and girls accessing eye health services;
2. Information to understand the cultural, social, and economic factors that cause differences in access to services for women, men, boys and girls; and
3. Information to understand the health needs and priorities of both women and men, girls and boys affected by the project.

Ideally we want to know the prevalence rate of avoidable blindness or disease focus area disaggregated by sex. This information can be difficult to find so at times we may have to refer to national or global prevalence rates as a guide.

Power Analysis

An important part of a gender analysis is a power analysis. Understanding the power dynamics within the target beneficiary group, eye health workforce and partner organisation allows us to develop and implement interventions that understand and at times

challenge these power dynamics. An example of a power analysis is in **Annex 1.**

Do No Harm Approach

A gender analysis can sometimes involve discussing highly sensitive and potentially threatening and traumatic subject matters, such as gender-based violence. In addition there is a risk that participation in fieldwork will cause respondent harm. Gender analysis are often designed to ensure that women and disadvantaged groups participate fully. More powerful groups might see this as a challenge and threat, which can lead to violence against participants. Eye health is not normally a sensitive area, but when we start to examine power through power analysis, this can cause people to feel threatened. It is essential that we understand the context in which we are working and mitigate all harm. Please consult with the Senior Gender Programs Advisor to further discuss if required.

A helpful resource for Do No Harm is the toolkit developed by IWDA: https://iwda.org.au/resource/do-no-harm-toolkit/

Selecting who will be involved

The next step is to identify the target population. A gender analysis can focus on:

- The general community;
- A particular population (e.g. school children, women, community leaders);
- Health workers; or
- A combination of any of the above.

When we are identifying who will be involved in conducting or participating in the analysis, we need to consider the power dynamics.

- As the interviewer, what power do you have over the person you are interviewing?

- Who is asking the questions? Women might be more comfortable talking to other women or men talking with other men.

- What language are you going to use? Does everyone speak the same language in the focus groups? Do you need an interpreter and if so, what gender does the interpreter need to be?

- Where and when are you going to conduct interviews and focus group discussions?

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Ensure the gendered perspective and appropriate approaches have been considered before the start of the analysis.

Determining an approach

There are different ways of collecting information for a gender analysis. The most appropriate approach is the one that best suits the purpose of the analysis. The options include:

- Desk top review;
- Surveys;
- Interviews;
- Focus groups;
- Observational investigations; or
- Participatory approaches.

Desk top reviews

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

Surveys

A survey is used when there is a need for quantitative data for a particular point in time (e.g. to provide baseline data for an evaluation). There are different kind of surveys but a common survey is a KAP (Knowledge, Attitudes and Practice) survey. Surveys can contain a mixture of closed-ended and open-ended response questions.

Interviews

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

Tips for conducting interviews is in **Annex 2**

Focus groups

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

Observational investigations

Observational investigations are used when detailed functional assessments of a particular behaviour (or set of behaviours) are needed. For example, detailed assessments of hygiene practices within households. Observational studies are generally 'semi-structured' – that is, they are guided by a set of behaviours or environmental factors to observe but allow for documentation of other factors of relevance where appropriate. Guidance is in **Annex 3**

Participatory Approaches

Participatory approaches are ways of engaging beneficiaries to better understand their situation and the barriers to eye health that might exist for them due to their gender. There are many participatory approaches and teams need to identify which approach would work best for their needs.

An example of a participatory approach is the Transformative Household Method (THM). This approach can be used to start conversations with households and better understand the power structures within households and communities. An outline of how to conduct THM is in **Annex 4**

Examples of simplified components of a gender analysis:

1. Analysis of sex-disaggregated data and information
2. Assessment of roles and responsibilities /division of labour
3. Consideration of access to and control over resources
4. Examination of power dynamics between stakeholders
5. Examination of patterns of decision-making
6. Examination of the data using a gender perspective (i.e., in the context of women and men's gender roles and relationships)

Development of a detailed plan

At this point in the process, a detailed gender analysis plan needs to be developed, including a budget. A gender analysis framework can be used as a guide to develop a gender analysis plan and/or ToR. Gender Analysis Framework can be found in **Annex 5.** Gender analysis ToR template can be found at **Annex 6.**

Who is being consulted with and participating in the analysis (partners, health works, community volunteers, beneficiaries) will determine if ethics approval needs to be sought before data collection can

start. This may also vary from country to country. If unsure if ethics approval is required it is best to consult with the Development Effectiveness team.

Optional: Engaging a consultant

If appropriate a consultant can be contracted to undertake all or part of the gender analysis. Key recommendations for selecting a consultant for a gender analysis include:

- Expertise on eye health, health systems and gender;
- Demonstrated experience in gender analysis implementation; expertise on survey design and analysis; and qualitative research (if relevant);
- Knowledge of the local context (especially the local eye health system); and
- High level of communication with The Foundation and strong understanding of the analysis requirements (as shown by the quality of the submission).

If a consultant is going to be contracted to do all or part of the gender analysis please consult with the Development Effectiveness team who can support with ToR, contract etc.

Development of materials for the analysis

Given the scope of a gender analysis can vary and the approach needs to be tailored for the country or community context, there may be a need to develop (or source) materials. There are however survey templates and guides, standard survey questions, and template interview schedules that are available and provide a good starting point. Examples of guiding questions can be found in **Annex 7**

Undertake the analysis

Once the plan and tools have been developed, data collection can be undertake. Once all data and information has been collected, it needs to be analysed. It is good to set aside time for the analysis of the information. If can be helpful to include someone with gender analysis expertise to assist with the analysis of the data.

In some circumstances further information may be required to ensure a robust analysis.

Prepare Report

Once the desk top review and field work is completed a report should be prepared. This report will include recommendations on what should be included in the project design.

Share Findings

The findings from a gender analysis should be shared widely and to all stakeholders involved. Options for sharing findings include:

- Workshop with partners;
- Sharing findings with beneficiaries who have been involved in the analysis
- Sharing across the Foundation (through the gender equity learning network);
- Publishing findings (this may require ethics approval);

The findings from the gender analysis will form part of the project situation analysis and will be included in project design workshops and discussions.

Using information in M&E design

What our projects should be able to tell us:

- How gender differences affect beneficiaries' ability to participate in/benefit from the project.
- How the project has affected the different beneficiary groups in the project (men, women, young, old, wealthy, healthy, female headed houses, etc.)
- To see whether project benefits are equitably distributed among all participants

In order for our projects to tell us the above, we need to ensure a robust M&E plan, consisting of Key Evaluation Questions that can be used to answer the above questions. An M&E table with questions and data considerations is in **Annex 8**

How gender aware is your project?

It is important to remember that the extent to which projects consider gender falls along a continuum. Using the information from the gender analysis identify how gender aware the project is by placing it under one of these four categories:

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- **gender blind:** unaware of gender inequalities, which may have a limited impact and even reinforce existing gender inequalities.
- **gender neutral:** applying to men and women in the same manner, but will not reinforce existing gender inequalities.
- **gender sensitive**: attempting to address existing gender inequalities to accessing eye health care. This could be through targeted interventions to address specific barriers faced by women and girls' due to their gender.
- **gender positive or transformative:** attempt to re-define women and men's gender roles and power relations. This could be through gender awareness training for partners and/or communities and/or other project stakeholders and putting in place targeted intervention that contribute to behavioural and attitude change regarding gender stereotypes.

If your project is gender blind or gender neutral do not tick the gender box on the CB and PIP. If your project is gender sensitive or gender positive tick the gender box on your projects CB and PIP.

Further Information

There is a lot of information regarding gender analysis. Below are some links to toolkit developed for other organisations which can also be helpful:

http://www.acdivoca.org/wp-content/uploads/2016/07/ACDI-VOCA-Gender-Analysis-Manual.pdf

https://www.csyw.qld.gov.au/resources/dcsyw/women/gender-analysis-toolkit/gender-analysis-toolkit.pdf

Further information in regards to gender equity and Trachoma can be found in **Annex 9.**

ANNEXS

Annex 1- Power Analysis

Annex 2 – Tips for conducting interviews

Annex 3 – Observational Investigation

Annex 4 – Transformative Household Methodology

Annex 5 – Gender Analysis Framework – template

Annex 6 – Gender Analysis Terms of Reference - template

Annex 7 – Guiding Questions for Gender Analysis

Annex 8 – Gender Equity in Monitoring and Evaluation and Learning

Annex 9 – Gender Equity and Trachoma

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ANNEX 1

Power Analysis in Gender Analysis

A power analysis helps us to understand the power dynamics that exist within our workplace, communities and households and to develop strategies to challenge dynamics that perpetuate inequity. We explore gender inequities 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.

In order to understand the power dynamics that exist within our programming we can map out both the visible and invisible powers and develop strategies to ensure our programs are challenging harmful power dynamics that contribute to gender inequities.

What are visible and invisible powers?

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.

Mapping power dynamics within our programs

Map out the different power structures that exists within your work (it could be everyday work or a specific event like an outreach camp for cataract surgery, or trachoma screening or community screening) that you have to work through in order to implement the work activities.

Visible Power	Invisible Power

Do any of these visible or invisible power dynamic contribute to women or men not accessing the eye health services that they require?

Outline strategies that are used to address these power dynamics and ensure program activities are implemented.

To further explore power dynamics the below table outlines a power analysis that can be completed for your workplace, partner organisations, and communities.

POWER ANALYSIS		
This can be for your target community/district/ethnic group/or country level and can relate to partners or beneficiaries		
Questions	**Female**	**Male**
Who has what? Access to resources (education, information, skills, income, employment, services, benefits, time, space, social capital etc.)		
Who does what? Division of labour within the household, community and formal workforce (you can use the THM or other participatory tools to assist with finding out this information)		
How values are defined? Social norms, ideologies, beliefs and perceptions		

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Who decides?	Rules and decision-making (both formal and informal)		

The information collected and analysed for a power analysis is to be used within the gender analysis to inform recommendations for project design.

ANNEX 2

Tips for conducting semi-structured and structured interviews[1]

Interviewing is an effective method of gathering information from patients that can support organizations in developing and strengthening interventions. At the heart of all interviews are <u>people</u> and the information they share.

This interview guide provides tips and recommendations on how to conduct semi-structured and structured interviews in a manner that is respectful to and empowering for the interviewee. Respect is an overarching consideration and represents recognition of each human being's intrinsic value. The interviewee's are the experts in the knowledge and information being sought.

Three types of One-on-One Interviews:

- o Unstructured
    - Also called informal interviews or discovery interviews;
    - Topics of interest are identified by interviewer but no specific questions
    - The interviewer is focused on interviewee's talk on a particular topic allowing for ample opportunity for new ways of seeing and understanding the topic.
    - Can be an important step toward developing a semi-structured or structured interview guide or survey.
- o Semi-structured
    - Planned, interview setting with an interview guide; flexible to follow new avenues, with probes
    - If questions don't work there is the flexibility to change them
    - Do not have to do it in the same order, the objective is to get people comfortable
- o Structured
    - Planned, interview setting with a fixed question list
    - Questioning is standardized and the ordering and phrasing of the questions are kept consistent from interview to interview.
    - Self-administered questionnaires are a type of structured interview.

Preparation for Semi-Structured Interview

Preparation for the interview is necessary and critical to the interview itself.

Identify what information you are looking for?

Interviews can be a fruitful method for gathering interested information.

To make sure you make the most of the interview (Organization's time, money, human resources and Respect for interviewee time), make sure you clearly identify the following:

- the focus of your inquiry (research/evaluation question)
- how much time you have and the kind of access you have to individuals and or groups who have information
- how much you already know about your question, and how to manage this knowledge

Identify your target participants?

- Who are you going to interview?

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[1] Additional readings on Interviewing:

Alshenqeeti, H. (2014). Interviewing as a Data Collection Method: A Critical Review. English Linguistics Research, 3, 1, pp. 39-45.

Bryman, A. and Cassell, C. (2006). The researcher interview: a reflexive perspective. Qualitative Research in Organizations and Management, 1, 1, pp. 41-55.

DiCicco-Bloom, B. and Crabtree, B. F. (2006). The qualitative research interview. Medical Education, 40, 4, pp. 314-321.

Doody, O. and Noonan, M. (2013). Preparing and conducting interviews to collect data. Nurse researcher, 20, 5, pp. 28-32.

Marvasti, A. (2010). Interviews and Interviewing. International Encyclopedia of Education, 3, 4, pp. 424-429.

Roulston, K., deMarrais, K. and Lewis, J. B. (2003). Learning to interview in the social sciences. Qualitative Inquiry, 9, 4, pp. 643-668.

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- Is this person (or group of people) likely to have the information you are looking for?

Test your questions

Interview questions should be relevant, clear and free from judgement.

Steps to testing questions for relevance, clarity and judgement-free.

- Work with one other colleague/ manager. Time needed 30 to 60 minutes.
- Take two minutes to each write down as many questions as possible related to your topic of inquiry. Do not filter. You will do this next.
- Share your questions with each other. Identify the ones that are similar and consider collapsing them.
- As a team, Identify questions as "Must know" "Nice to know" "Not Relevant"
- Of the relevant questions, identity all "leading" questions. Do any of the questions nudge the interviewee to answer in a particular way? Change the questions so that they allow interviewee to freely give their own, honest answer.
- Identify questions as Opened-Ended or Closed-Ended Questions. Interview questions could have a mix of closed-ended (Yes or No questions) and open-ended questions (How & why questions, answers that are provided in a form of a narrative). However, a majority of questions should be open-ended questions. If a majority of them are closed-ended questions, then consider a survey. Review your list of relevant questions and make sure that most of them (if not all of them) are open-ended questions. If not, rewrite them.

  > Example: Was your eye screening experience positive?
  > This question is both closed-ended and leading.
  > - ✓ Make this open-ended.
  > - ✓ Make this a non-leading question.
  >
  > Possible questions: Can you tell me about your experience at the eye screening? What was you experience with the screening? What were the major factors that lead to your experience?

- Create a new list of "Must know questions" that are open-ended and not leading.
- Interview your colleague. Ask them to answer honestly.
  - Where there questions that didn't make sense to your colleague? Did you have to rephrase or probe heavily in any questions?
  - Mark the questions that seemed problematic. When you are done, rephrase these questions and try them out again with your colleague.
- Create a draft of relevant questions.
- It is ideal to test your questions with your target population before conducting the interviews. Are the questions getting you the information you're looking for? If not, you may need to rephrase questions or use locally understood concepts.

Think about interview environment

Providing a safe, quiet and comfortable space for the interview is key to establishing repour with interviewee so that they can open up.

- Whenever possible, give interviewee a choice on where the interview occurs
  - If is in a clinical setting (like a hospital) and location for interview are limited, then allow interviewee to choose where they are seated, whether the door is completely shut or left ajar slightly. It is important to consider the interviewees comfort level above quality of recording.

There is a meeting place where the "comfort of the interviewee, the comfort of the interviewer and a conducive environment (for a focused interview)" meet. Seek to find it.

Asking Interview Questions

- Start the interview by introducing yourself and describing the purpose of the interview
- Thank them for talking to you and ask them "What questions do you have about the purpose of this interview?" rather than "Do you have any questions?" (This is another example of open-ended question).
- Ask for verbal consent to interview and for permission to record the interview. These are two separate and independent questions. (Review ethics approval to make sure you are able to interview and record)

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- o Even when the patient/ interviewee has given written consent (i.e. signed a consent form), it is ethical and courteous to ask for verbal consent. This practice supports establishment of trust and communication.   (Do you consent to participate in this interview?)
- o Recording allows for the interviewer to focus on the interview process and interviewee and capture as much verbal information as possible. However, permission must be sought. If the interviewee declines recording, the interviewer should take shorthanded notes during the interview. After the interview, the interviewer must set aside an hour or more to write down as much information as possible as soon as possible.
- Tell the interviewee the format of the interview and ask them again "What questions do you have about the format?
- Once you have answered their questions, ask if you can begin interviewing. "Can I begin with the interview questions?"
- When asking questions, speak them clearly and moderately paced.
- Allow participants to think about it before answering. Allow for a few seconds of silence.
  - o If silence persists, ask the interviewee if they would like you to repeat or rephrase the question?

Finishing the interview

- When you are done asking all questions, ask your interviewee "What questions or comments do you still have?"
- Thank the interviewee for their time and contribution. Make sure they have contact information for project/ research director if they have questions and/or concerns later on.

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ANNEX 3

Observational Investigations

Direct observation can give you extra data, and make the data you get more useful, by helping you support and triangulate findings from other methods, or reveal new details or questions. For example, watching people closely will help you decide whether to believe or doubt information gained verbally and learn about the comfort and attitudes of fieldwork participants. Participants' body language, facial expressions, reactions, group dynamics and side comments are all clues about how they really feel. You can also gather data through observation outside formal gender analysis and assessment interviews and focus groups.

You should look carefully at your surroundings and the places, people, resources and conditions described by participants. For example, you can make observations about the community generally, or during village gatherings or development trainings and workshops. Observation will give you more information on community dynamics, gender roles and relationships, activities and participation in development activities. When recording observations, you should record what was seen and your interpretation of it. It is also important to be aware of filters that influence how we perceive and understand information (see text box). Filtering is an automatic process and can occur unnoticed unless you are careful to understand how filters effect your observations. It is possible to reduce the effects of filters by eliminating interpretations when making observations. For example, try to record observations as objectively as possible. Another method is to evaluate observations with multiple interpretations.

Filters are biases, values, beliefs, attitudes, or prior experiences that influence how we see the world. Many filters are determined by our culture, while others are based on individual values and experiences. Filters include: life experiences, cultural norms, self-image, religion, biases, parents and upbringing, gender roles and likes/dislikes. Filters shape perceptions of how and what we see, and effect what we observe and how we interpret these observations. Filtering can cause us to distort information or miss key interactions, actions or behaviors.

Finally, if multiple gender analysis practitioners make observations, you can discuss and compare findings and interpretations. If you don't have multiple people available to make direct observations, try using video, audio and photographic recording devices, so that team members can look at them later to form their own observations.

Utilizing Observation as a Data-Gathering Tool in a Range of Contexts/Situations

Upon entering a community:
➢ Who can be seen around the community? Are specific segments of the population absent?
➢ What is housing like? How close together are houses? Who can be seen around the home?
➢ Is there a clinic/hospital, school, water source, and market in the community? Where is it located? Is it accessible? Does it look clean? Who is gathered around the sites? Who seems to be utilizing these resources?
➢ What activities are people engaged in? Who is responsible for these activities?

Village Gathering
➢ Who plays a leadership role within the community or speaks at village gatherings and who does not?
➢ Who attends community gatherings and who does not?
➢ Where and at what time is the village gathering held? Is the time and location accessible to everyone?
➢ Who is treated with respect? Who is not?

During the delivery of a development activity
➢ Number of men and women participating in activity
➢ Who is paying attention and seem engaged/interested
➢ Are both women and men actively participating?

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- ➢ Are participants doing other tasks (such as sewing/mending or watching children) while participating? Who? What?
- ➢ What does the body language of participants indicate?
- ➢ Where and at what time is the activity held? Is the time and location accessible to everyone?

During Gender Analysis Focus Groups and Interviews

- ➢ Who is actively speaking? Who is not speaking? Does anyone seem reluctant to participate?
- ➢ What exercises, questions, or discussions make participants seem uncomfortable? Sad? Threatened? Happy? Excited?
- ➢ Are participants doing other tasks (such as sewing/mending or watching children) while participating? Who? What?
- ➢ What does the body language of participants indicate?

ANNEX 4

Send a Cow's Transformative Household Methodology for Gender Change

One of the most effective tools we use to promote gender change is the Transformative Household Methodology (THM) developed by SAC's Ethiopian Gender & Social Development Coordinator by combining the Harvard Gender Analytical Tool with participatory rural appraisal exercises. The result is a simple, practical way to engage the whole family in gender discussion, assessment and planning that will bring about transformation. THM can also be used at community level bringing groups together to discuss workloads, resources and control.

The THM process is as follows:

- THM facilitators (SAC staff or Peer Farmer Trainers) visit a family at their home.
- A grid of sticks is prepared on the ground with each family member marked on one axis. Together they identify household tasks, assets or decisions relevant to their situation and mark these on the other axis using tools or items from the house and farm.
- Through joint discussion they decide how to place stones, beans or leaves in the grid to illustrate who currently does the most towards household tasks, has greatest control over resources and makes decisions over money, assets and education.

Figure 1: Illustration of a completed THM grid
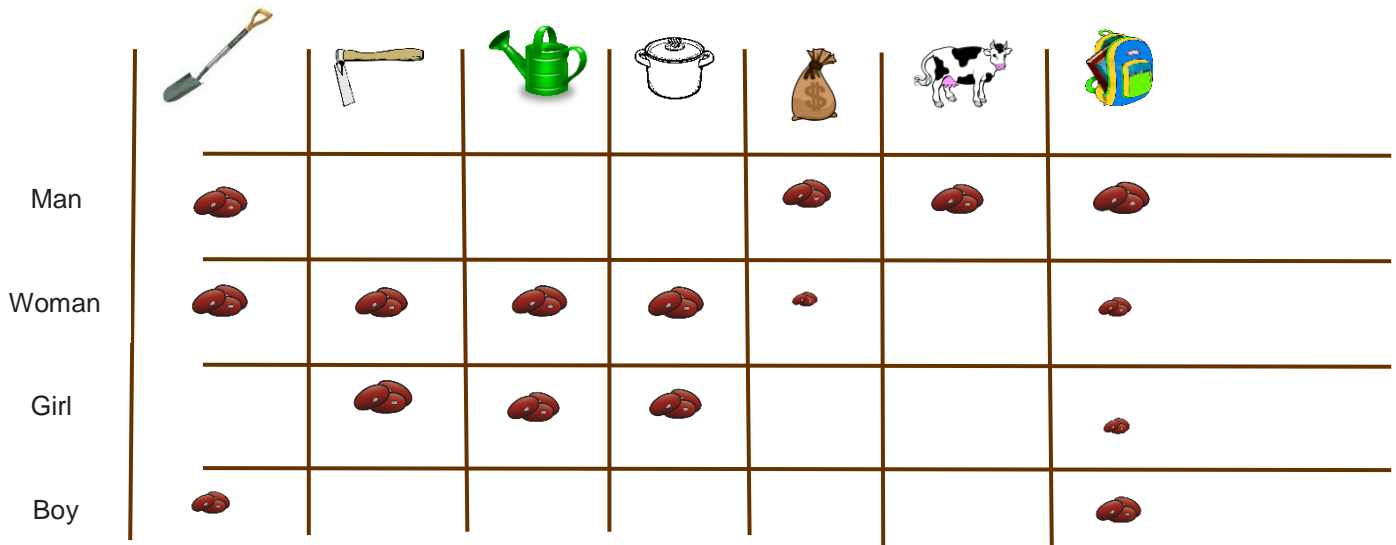
- All members discuss the results and the issues brought up during the building of the matrix.
- They then draw up an action plan for change, setting their own vision for gender equality as well as objectives and milestones for working towards that.
- The facilitators follow up with the family over time to see how they get on in implementing their action plan.

We have found THM to be a powerful tool for engaging men in particular in gender discussions in an open, appropriate manner. The methodology achieves significant change as the challenges and solutions are owned by the whole family.

Family members can hold each other to account with additional support and input from facilitators if necessary. Oxford University evaluators of a project in Ethiopia noted that all SAC families attributed changes in their attitudes around gender to THM discussions and its 'eye opening' methodology.


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ANNEX 5

The Gender Analysis Framework

This template has been designed as a step-by-step guide to carrying out a gender analysis on a policy, program or service project. It will help you identify and assess the different impacts of your work on people of all genders and redress gender inequalities and inequities.

Please note:
- This template is intended to complement other policy and program development tools. It does not address all issues to be considered in the formulation of policy, programs or service delivery.
- Depending on the situation, you may not need to start from stage 1. Your work may not involve all stages. Some stages may take longer than others.
- The template can be modified to better suit your needs.

The template goes through 8 stages:
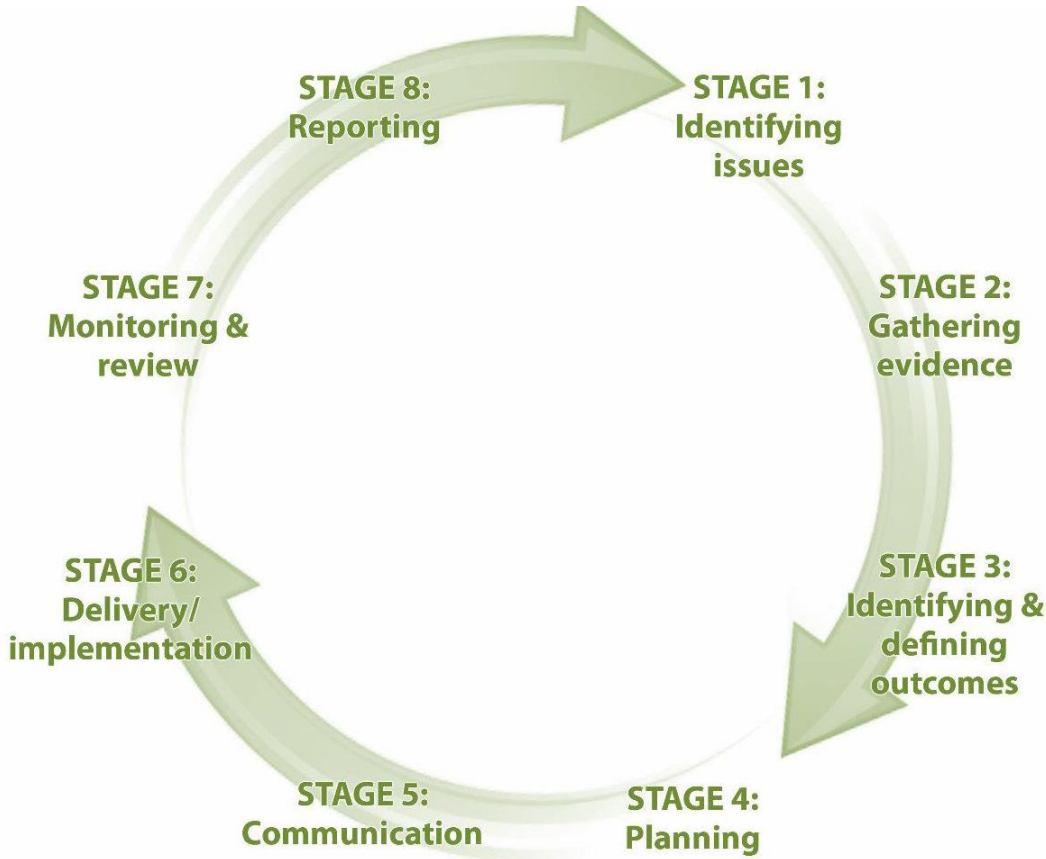
Gender Analysis Template

Porject Title	
Project Overview	

STAGE 1: IDENTIFYING ISSUES		
This stage provides an opportunity to explore the issues and impacts associated with the development of your project. The nature and scope of the project should be fully considered. **Note**: *Gender issues may be central to the project in question, or less clear. During the definition stage, don't assume any project is gender neutral.*		
ISSUES/QUESTIONS TO CONSIDER	**ACTIONS**	**COMPLETION**
Task 1: Will the policy, program or service affect women, men or gender diverse people in different ways? If yes, how might sub-groups of these populations be affected, such as the elderly or those with a disability?		☐ Yes ☐ No
Task 2: Might certain genders be unintentionally excluded from this policy, program or service?		☐ Yes ☐ No
Task 3: What don't we know about the issues and impacts on women, men or people who are gender diverse?		☐ Yes ☐ No

STAGE 2: GATHERING EVIDENCE		
This stage identifies what is known or unknown about the gendered nature of the issues above and identify available and relevant data and data sources. **Note**: *Your own values and experiences may affect your perception and/or willingness to investigate the issues. The established priorities and processes of your organisation may also affect your ability to ask new questions and hear unexpected answers.*		
ISSUES/QUESTIONS TO CONSIDER	**ACTIONS**	**COMPLETION**
Task 1: Evaluate the information and data you have on the project and issues, using the following checklist:		☐ Yes ☐ No
• Is it disaggregated by sex?	☐ Yes ☐ No	☐ Yes ☐ No
• Is it disaggregated by age, race, ethnicity, socio-economic background or region (rural/urban)?	☐ Yes: (specify) ☐ No: (specify)	☐ Yes ☐ No
• Is there both quantitative and qualitative data available?	☐ Yes ☐ No	
• Is national or international research available regarding the gender components of the issues?	☐ Yes ☐ No ☐ Don't know	☐ Yes ☐ No
• Are there identified gender gaps relating to the issues?	☐ Yes: (specify) ☐ No ☐ Don't know	☐ Yes ☐ No
• Are other models available for addressing the issues?	☐ Yes: (specify) ☐ No	☐ Yes ☐ No

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	☐ Don't know	
• Who else is addressing these issues? Are other organisations, government and non-government, involved or potentially involved as stakeholders?	☐ Yes: (specify) ☐ No ☐ Don't know	☐ Yes ☐ No
Task 2: What is your plan/strategy for those issues you answered 'No' or 'Don't know' in Task 1?	Specify:	☐ Yes ☐ No

STAGE 3: IDENTIFYING AND DEFINING OUTCOMES

Use this stage to identify desired goals and expected outcomes for your project to ensure equitable outcomes for people of all genders.

Note: *Beware of unintended and undesirable outcomes, especially for specific groups of women, men and gender diverse people. Different measures may be required for outcomes to be equitable for people of all genders.*

ISSUES/QUESTIONS TO CONSIDER	ACTIONS	COMPLETION
Task 1: What are the desired outcomes of the policy, program or service?		☐ Yes ☐ No
Task 2: What are the gender-specific factors that could affect achievement of the outcomes?		☐ Yes ☐ No
Task 3: Are there negative outcomes for women, men or gender diverse people?		☐ Yes ☐ No
Task 4: What are our legal obligations regarding gender equity and equality? Will they be breached or supported by the proposed options?		☐ Yes ☐ No
Task 5: What are our measures (performance indicators) to evaluate the outcomes?		☐ Yes ☐ No

STAGE 4: PLANNING

This stage develops and refines engagement processes and options suggested by the previous stages.

Note: *Consider the impacts on people of all genders as a key element in recommending the engagement processes/options, not as an 'add-on'. Consider how each option and engagement process will be monitored and evaluated to determine the impact of your project on people of all genders.*

ISSUES/QUESTIONS TO CONSIDER	ACTIONS	COMPLETION
Task 1: What options are possible according to the data and research? How do the proposed options support gender equity?		☐ Yes ☐ No
Task 2: How will people of all genders engage in the development of the proposed options – as customers or as stakeholders?		☐ Yes ☐ No

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Task 3: Are the issues linked with other related strategies or initiatives? Are there opportunities for collaboration with other organisations – government and non-government?		☐ Yes ☐ No
Task 4: How might the engagement process assist in sorting and prioritising options? For example, is gender equity a consideration for prioritising options?		☐ Yes ☐ No
Task 5: Who will implement each option, and what resources are required?		☐ Yes ☐ No
Task 6: Are there any potential barriers or areas of resistance? How will you address these?		☐ Yes ☐ No

STAGE 5: COMMUNICATING

This stage communicates chosen options and engagement processes.

Note: *Timing, choice of media, language and public involvement are important to ensure that your organisation's intent and the impacts of the policy, program or service are understood by all groups.*

ISSUES/QUESTIONS TO CONSIDER	ACTIONS			COMPLETION
Task 1: Who are our audiences, what is our main message and does our communication reflect the diversity of women, men and gender diverse people?	Audience	Message	Media	☐ Yes ☐ No
Task 2: Is the variety of media used accessible to a range of audiences, including under-represented groups?				☐ Yes ☐ No
Task 3: Do our language and visuals stereotype women, men and gender diverse people? Is our language inclusive and respectful?				☐ Yes ☐ No
Task 4: How will gender implications of our project be highlighted?				☐ Yes ☐ No
Task 5: Is there person-to-person outreach to marginalised/under-represented groups in the community?				☐ Yes ☐ No

STAGE 6: DELIVERY/ IMPLEMENTATION

This stage puts in place programs and services to achieve the policy outcomes and objectives developed in the previous stages.

Note: *Consider specific aspects of project implementation for your organisation, including how you might involve key personnel and other stakeholders. Consider how other projects might link to your project.*

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ISSUES/QUESTIONS TO CONSIDER	ACTIONS	COMPLETION
Task 1: Who will be mostly involved in the implementation and delivery? How gender-aware are they?		☐ Yes ☐ No
Task 2: Does implementation and delivery address the issues and needs of different gender identities? Are there specific strategies to include women, men and gender diverse people from marginalised/under-represented groups?		☐ Yes ☐ No
Task 3: Who has input into good practice in delivery and implementation to women (or men or gender diverse group)?		☐ Yes ☐ No

STAGE 7: MONITORING AND REVIEW

This stage determines how well your project is attaining its equity goals, and provides opportunities to make improvements.

Note: *Ensure that the gender impact of your project is an explicit part of the monitoring and review process and that those undertaking the evaluation have gender awareness.*

ISSUES/QUESTIONS TO CONSIDER	ACTIONS	COMPLETION
Task 1: How can we monitor and evaluate the policy, program or service against indicators that show/measure the impacts on gender gaps? How can we monitor and evaluate any unintended consequences?		☐ Yes ☐ No
Task 2: Will the monitoring and evaluation engage participants and stakeholders, including women, men and gender diverse people?		☐ Yes ☐ No
Task 3: Are there measures in place to review/change the policy, program or service if it is not delivering the outcomes?		☐ Yes ☐ No

STAGE 8: REPORTING

This stage reports the results of the policy, program or service, including impacts and issues for different genders.

Note: *Ensure that those groups and individuals consulted at various stages in the development of your project are acknowledged.*

ISSUES/QUESTIONS TO CONSIDER	ACTIONS	COMPLETION
Task 1: What is our reporting method?		☐ Yes ☐ No
Task 2: Is it consistent with our organisation's strategies for gender equity, inclusion and diversity?		☐ Yes ☐ No
Task 3: In what media is our report available (i.e. print and/or online)?		☐ Yes ☐ No

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ANNEX 6

Gender Analysis Terms of Reference

1. Project Title:

2. Rationale for conducting the Gender Analysis: *(Please explain the rationale for the Gender Analysis and the reason for conducting it at this particular point in time).*

3. Project Overview and Scope: *(Please identify the high-level problems/disease areas/context and target locations the gender analysis will specifically focus on).*

4. Findings Audience and utilization: *(Who are the various audiences for this gender analysis and who will use the findings and how?).*

5. Information Needs: *(Use the gender analysis framework to identify information needs required to complete the gender analysis).*

6. Data Collection Methodologies: *(Please provide details regarding the available data sources and the proposed methods for data collection and the overall data collection plan).*

- **Data Sources** *(primary and secondary)*
- **Methods for data collection**
- **Data Collection Plan**

7. Data Analysis: *(Please detail the types of data analyses that will be conducted and specify if a consultant will be contracted for this.)*

8. Participants: (*Please list the participants that will need to engage as part of the Gender Analysis and the nature of their involvement).*

9. Timeframes, Activities and Deliverables: (*Please detail the timeline for all the activities and deliverables required for this gender analysis).*

Timeline	Activities	Deliverables

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10. Budget: *(Please include a detailed budget of activities required to completed the gender analysis)*

11. Reporting and Dissemination of Findings: (*Please detail the plan for dissemination and discussion of findings, for instance in briefings with country teams or discussions with stakeholders. How are the findings going to be implemented into project design).*

12. Consultant Key Selection Criteria: *(If a consultant is going to be engaged please detail the key selection criteria against which you will assess consultant proposals).*

ANNEX 7

Guiding Questions for Gender Analysis

In order to identify gender equity issues in project design there are a number of questions to consider. Sub questions can be developed for the particular eye health project being designed.

What are the different roles and responsibilities of women and men that are relevant to the projects?

The following types of responsibilities and work may have an important impact on whether or not women/girls and men/boys can participate in and benefit from a project:

➢ Productive work in the formal and non-formal sectors
➢ Family, care and reproductive responsibilities
➢ Household work
➢ Community services and political roles
➢ Women's and men's status, position and status in key organisations relevant to the project, including partner agencies

This information is need to assess:

➢ How women's/girls and men's/boy's roles and responsibilities may affect their ability to participant and the subsequent impact on the implementation of the project
➢ How the project may affect women's/girl's and men's/boys work and responsibilities
➢ Who should be targeted to participate in the project, how to target them effectively, and how might they benefit from the project.

Who has access to resources and services related to the focus of the project?

Access to resources and services includes:

➢ Access to economic resources and assets such as land, other property, market, information, income, financial services, skills training and technology, transport, natural resources, employment opportunities
➢ Access to services, such as education and health
➢ Who belongs to organisations or informal networks that help them to access resources?

This information helps to:

➢ Identify the neediest people, assess who is able to participate in activities and how to effectively target both women and men
➢ Assess who may benefit and who may be disadvantaged by a project.

Who has decision-making power?

Who is in decision-making and leadership positions in the partner organisation/communities we are working with?

Who makes the decisions about:

➢ The work that many women/girls and men/boys do?
➢ The use of resources, access to services and the distribution of benefits?

This information helps to:

➢ Access whether both women's and men's views are heard and considered
➢ Assess whether decisions made benefit both women and men.

Efforts to change the attitudes and behaviour of men (husbands, fathers, brothers and male leaders) are often needed to secure women's and girl's participation in development activities, to ensure that they benefit, and to involve them in decision-making.

What are women's and girls' rights?

What discrimination exists in customary law, formal legislation and in social, economic and political institutions that may inhibit women and girls from realising their rights, accessing resources, making decisions and living without fear of violence? Are rights enshrined in high-level documents (i.e. the Constitution)? What are partner government's policies and/or international agreements on women's right?

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This information helps to:
- ➢ Form the basis of a discussion with the partner government/organisation on gender equality
- ➢ Identify partner government priorities for gender equity

What are the different needs, priorities and strengths of women and men?

Women and men may have different strengths, needs and priorities for development, because of their different roles and responsibilities, their different access to resources and benefits, difference in decision-making power and discrimination in laws and legislation. Women and men often have different views about gender relations and culture, including how gender relations have changed, and how these should change in the future.

These different views needs to be taken into account when designing projects because they can affect the success and effectiveness of the project and women's and men's ability and willingness to participate.

This information helps to:
- ➢ Understand the point of view of both men and women and target projects to meet the needs of men and women

ANNEX 8

Gender Equity in Monitoring and Evaluation

CHECKLIST TO ASSESS ATTENTION TO GENDER EQUITY IN MONITORING AND EVALUATION:

- ✓ Ensure that the program logic or theory of change draws on gender analysis, and reflects the opportunities to promote gender equity in the project
- ✓ Ensure the M&E framework adequately captures results on gender equity. To do this:
    - o Ensure gender equity indicators are captured in the baseline and are included in ongoing data collection and reporting
    - o Include specific indicators that measure progress towards gender equity for each outcome
    - o Include a combination of methods to measure progress towards gender equity
    - o Include both qualitative and quantitative indicators
- ✓ Consider contracting a gender advisor to develop or review the M&E framework and to offer guidance on how to make sure gender equity results are captured and reported
- ✓ Assign responsibility, set aside sufficient funding, and prepare staff and partner organisations for collection and analysis of sex-disaggregated and gender equity data
- ✓ Adjust your approach to collecting information to make it sensitive to the different needs and constraints of women and men, and to eliminate gender biases
- ✓ Build specific questions into your evaluation to identify lessons on how your project has performed at promoting gender equity – what worked and what didn't, even for mainstream programs without specific gender equity outcomes
- ✓ Ensure sufficient gender equity expertise in evaluation teams to capture information on outcomes and results and recommend actions and learning.
- ✓ Ensure ethical and safety considerations are put above all others in monitoring any activities that may cause harm including violence against women, and the safety of those involved is protected

BELOW ARE EXAMPLES OF GENDER CONSIDERATIONS IN M&E FRAMEWORKS FOR EYE HEALTH PROJECTS:

Gender in Cataract Programming

Questions to ask in gender analysis	Issues found in some projects	Possible programming responses to issues	M&E implications/data to be collected
What is the prevalence of cataract in the project's targeted area? What % of the population are male and female?	The number of women accessing cataract surgeries is more than the number of men having cataract surgeries, but we don't know if it's representative of the actual prevalence of cataract between men and women	Helps to determine whether you need specific measures to target men or women and who is missing out	Track sex disaggregated data about number of people receiving cataract surgeries and can compare to prevalence data to see if consistent

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What are barriers women and men face around accessing cataract surgery?	For both men and women: - Cost For women - Takes time for both surgery and recovery. Concerns about not being able to take care of family For men - Time taken away from income earning activities. Significant burden on family.	TBD Provide more women friendly facilities- with better children's facilities and private areas Consider whether services need to be provided at different times of day so women can access them compared to men eg. Women during the day and men in the evening when they return from work	Track referrals and drop-out rates. Ensure data is sex-disaggregated Do some interviewing of community members during project implementation to see if your project activities are reducing barriers and what barriers remain Interviews of both men and women to check satisfaction with services. Hear about their challenges or issues when accessing services
How much does it cost to access services?	Because in some families women aren't the main income earners, the family is reluctant to spend money on their services. Women often need someone to accompany them for cultural reasons, which increases the costs of them accessing services. Cost includes: - Transport, service, medicines, spectacles, food, accommodation, accompanying person, could happen multiple times depending on referral pathway	Providing targeted financial support	Tracking sex-disaggregated access data Qualitative interviewing about costs of accessing services.

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| How are referrals followed up? Do you have to be referred to access a cataract surgery? How are referrals tracked? | Drop out rates can be higher with women than men. But tracking this can be difficult, so understanding how referrals are tracked and followed up can help. If people don't need to be referred to go for surgery, tracking referrals is more difficult again. | Strengthening referral pathways and data management systems around referrals Creating a 'benefit' from the referral- as an incentive for the patient to keep the referral slip. Having specified people who can follow up on the referral with the family and support them to access services. | Track data on referrals to check whether there are any differences between men and women in drop out rates |

Gender in human resource development

Questions to ask in gender analysis	Issues found in some projects	Possible programming responses to issues	M&E implications/data to be collected
How many men and women are there in the different cadres of eye health workers? (eg. Ophthalmologist, optometrist, ophthalmologist nurses)	Women are often more represented in lower level positions, and less in management roles due to cultural beliefs about gender roles and challenges with juggling professional and family responsibilities	Including material in training curriculums to make health workforces aware of gender issues	Track sex disaggregated data about number of people receiving cataract surgeries and can compare to prevalence data to see if consistent
What are barriers women and men face around accessing training services?	More men than women enrolling in courses due to gendered perceptions of roles For young women, having to move out of home and travel to access training reduced their accessibility, as there were security concerns about appropriateness of accommodation and being on their own	Quotas around enrolment in training courses Support to find appropriate accommodation Providing training closer to home	Interviews with trainees about their satisfaction with the training course, with questions specifically about these types of barriers Monitoring sex disaggregation of enrolees in training courses

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Do partners have gender equity polices? Does the government have any gender equity policies that the partner should be working under?	Partners are not aware of any gender issues within their service delivery or within their workforce	Provide gender equity training to partners Support development of gender equity and inclusion policies	Track sex disaggregated participation of gender equity training Monitor development and implementation of gender equity and inclusion policies

Gender in Trachoma Programming

Questions to ask in gender analysis	Issues found in some projects	Possible programming responses to issues	M&E implications/data to be collected
What is the prevalence of active trachoma (TF) in children 1-9yrs in the project's targeted area? What is the prevalence of blinding trachoma (TT) in adults 15yrs + in the project's targeted areas? What % of the population are male and female?	Women typically have a higher prevalence rate of trachoma (sometimes up to four times as high) due to their role as the primary care givers and the rate of transmission of trachoma from child to adult. While the number of women accessing TT surgery is more than the number of men, programs need to ensure this is representative of the actual prevalence.	Trachoma awareness raising specifically targeted to women. E.g. through female health workers, female-voiced radio segments. House-to-house case finding in contexts where women cannot leave the house without accompaniment.	Track sex disaggregated data about number of people receiving trachoma surgeries and can compare to prevalence data to see if consistent
What are barriers women and men face around accessing trachoma surgery?	- remaining TT cases are in rural, hard to reach areas.	Use outreach within outreach style models to get surgeons closer to rural areas.	Track confirmed TT cases vs cases accessing TT surgery, ensuring data is sex disaggregated.

	- cost of accessing surgical site and time out of the home cannot be justified.	Provide transport mechanisms, taking people from central points to and from surgical sites.	Use qualitative data (patient and community interviews) to determine likely barriers, and address them.
	- fear of surgery	Utilise community surgical 'success stories' to promote positive outcomes of surgery.	Do interviews with both men and women to check satisfaction with services.
How is follow-up conducted?	- After 1 day follow-up if outcomes are good, it can be difficult to encourage people to return for 7-10day and 3-6mth follow-up.	Integrate follow-up with other health promotion activities that might be happening in the area, particularly activities for women.	Review follow-up data, ensuring it is sex disaggregated.
	- cost of accessing follow-up may not be justified if eye issue has been resolved.	Train local health staff in basics of TT follow-up, referring any suspected complications to original surgeon.	Interview men and women to understand barriers to follow-up compliance
What are the barriers in accessing and using clean water for hygiene and facial cleanliness?	For both Culturally, face and handwashing may not be a priority. Water source is too far from home, limiting amounts that can be carried, and therefore utilised for face and hand washing. For women and girls Women and girls are usually the water gatherers, so any trip to a water source	Implement behaviour change programming strategies in communities and schools emphasising importance. Where possible, install additional water sources closer to village centre. Through community education, encourage shared responsibilities of water collection between men, women, boys and girls. Or look at community wide approach this issue – could an animal be used as a shared resource to collect water.	Through environmental surveys (even as part of TF prevalence surveys), record access to water. Interview men and women to understand barriers, working with individuals to come up with innovative solutions.

	30mins+ from home takes time from other chores and responsibilities.		
What are the barriers in accessing and using improved sanitation facilities?	For both Latrines are not maintained, making them unsafe or unclean to use. For women Latrines located some distance from the home are often unsafe to use after dark, forcing women and girls to defecate near the home.	Train community caretaker/s, who have responsibility for latrine maintenance, and encourage local leadership around CLTS. Improve security near latrines (if possible, lighting and in central visbile areas). Educate people around alternate defecation practices if latrines are inaccessible (such as burying excrement).	Through environmental surveys (even as part of TF prevalence surveys), record sanitation standards. Interview men and women to understand barriers, working with individuals to come up with innovative solutions.

Gender in school eye health programs

Questions to ask in gender analysis	Issues found in some projects	Possible programming responses to issues	M&E implications/data to be collected
How many students are enrolled in school? (disaggregated by sex at each year level)	More boys or girls can drop out of school in older years because of work pressures or pressure to get married or security concerns.	Consider how to provide glasses to children who aren't enrolled in school- through outreach screening? Strengthen primary eye care at a primary health care level.	Track ongoing enrolment rates and dropout rates at the school. Ensure data is sex-disaggregated.
What are attitudes around girls and boys wearing glasses (attitudes from teachers, parents and the girls and boys themselves)? What are barriers for girls and boys wearing glasses?	Glasses are seen as 'unattractive' on girls and reduce their likelihood of getting married. Parents not supportive.	Education to parents, not only school and students. Try to make wearing glasses 'cool'	Collect data not only on number of spectacles provided but also data on whether they are being worn.

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Gender in DR Programming

Questions to ask in gender analysis	Issues found in some projects	Possible programming responses to issues	M&E implications/data to be collected
What is the prevalence of diabetes mellitus (DM) in the project's targeted area? % of male and female What is the prevalence of DR in the project's targeted area? What % of the population are male and female?	Knowing this will put into perspective who is at higher risk, especially now that there are many studies demonstrating diabetic females are at higher risk of developing and progressing to severe DR		Track sex disaggregated data about number of people receiving DR services and can compare to prevalence data to see if consistent
Are there DR services available in the target area? If so, are these integrated into DM service or standalone? What are barriers women and men face around accessing DR services?	Knowing this will help unpack the barriers to not just DR services but DM also which is important from a patients DM management perspective		

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ANNEX 9

A Gender Sensitive Approach to Trachoma

Trachoma affects more women than men. This article explains why it is important for trachoma control programmes to adopt a woman orientated approach and what can be done in practice.

What is the evidence that women are more affected by trachoma?

Trachoma-related blindness is 2 to 3 times more common in women than in men. A systematic review of published research reported that women are 1.8 times more likely to have trichiasis compared to men. This is most likely due to their role as the primary caregiver within the household and their close contact with infected children, resulting in more frequent exposure to infection.

Why are gender, health and trachoma associated?

In most societies, women and girls are responsible for caring for children. In trachoma endemic district this increases their risk of infection from children with active trachoma.

- Women and girls are often the ones responsible for household work including cooking, collecting water, cleaning the house. Collecting water places a significant burden on women and girls when they have to walk long distances. This can result in girls missing school and on key education messages about health.

- Women are disproportionately affected by lack of adequate water and sanitation services. Women and girls who do not have a toilet at home often wait until nightfall to defecate. This results in discomfort and potential health issues. Walking long distances to shared toilets or open defecations fields at night also increases the risk of harassment and assault. Lack of separate toilets facilities at schools can deter girls from attending, especially during menstruation.

- Women may have less freedom to travel outside their community if they have to stay at home to care for children and do household chores. This often means that women have less access to health care services.

- Women do not always have the authority to make financial decisions. They may have to seek permission from their husband to spend money. When resources are llimited, they may decide to prioritise the family's needs over their own.

- Women who suffer from visual impairment from trachoma may downplay or conceal their disability for fear that exclusion or stigmatisation may affect their family situation or marriage prospects.

What should programmes do to reach women?

As primary caregivers, women play a central role in improving the health of their families and communities. Programmes need to ensure that they are reaching and meeting the needs of women. This includes:

- Encouraging women to bring their children for treatment
- Promoting safe hygiene practices such as facial cleanliness
- Promoting the provision of adequate water supply and sanitation (WASH) services
- Counselling women on the need for trichiasis surgery.

Reaching women: Practical examples

- Understand local culture and behaviour for WASH: Employ women health workers in health promotion activities. Women may feel more comfortable talking about problems with other women.

- Develop specific information messages: Design health promotion campaigns that include messages and communication channels that will reach women e.g. posters, plays, radio messages

- Empower behaviour change: Involve women's groups, self-help groups and village committees in trachoma control activities, hygiene promotion and in the planning and management of water supply and sanitation programmes.

- Seek support: Talk with and advocate to men and other family members about the importance of treatment and surgery for women.

- Reach the most vulnerable groups: Identify households headed by women and ensure they receive adequate support.

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Water and sanitation for women =

Reduction in poverty

Clean faces & environments

Better economic engagement
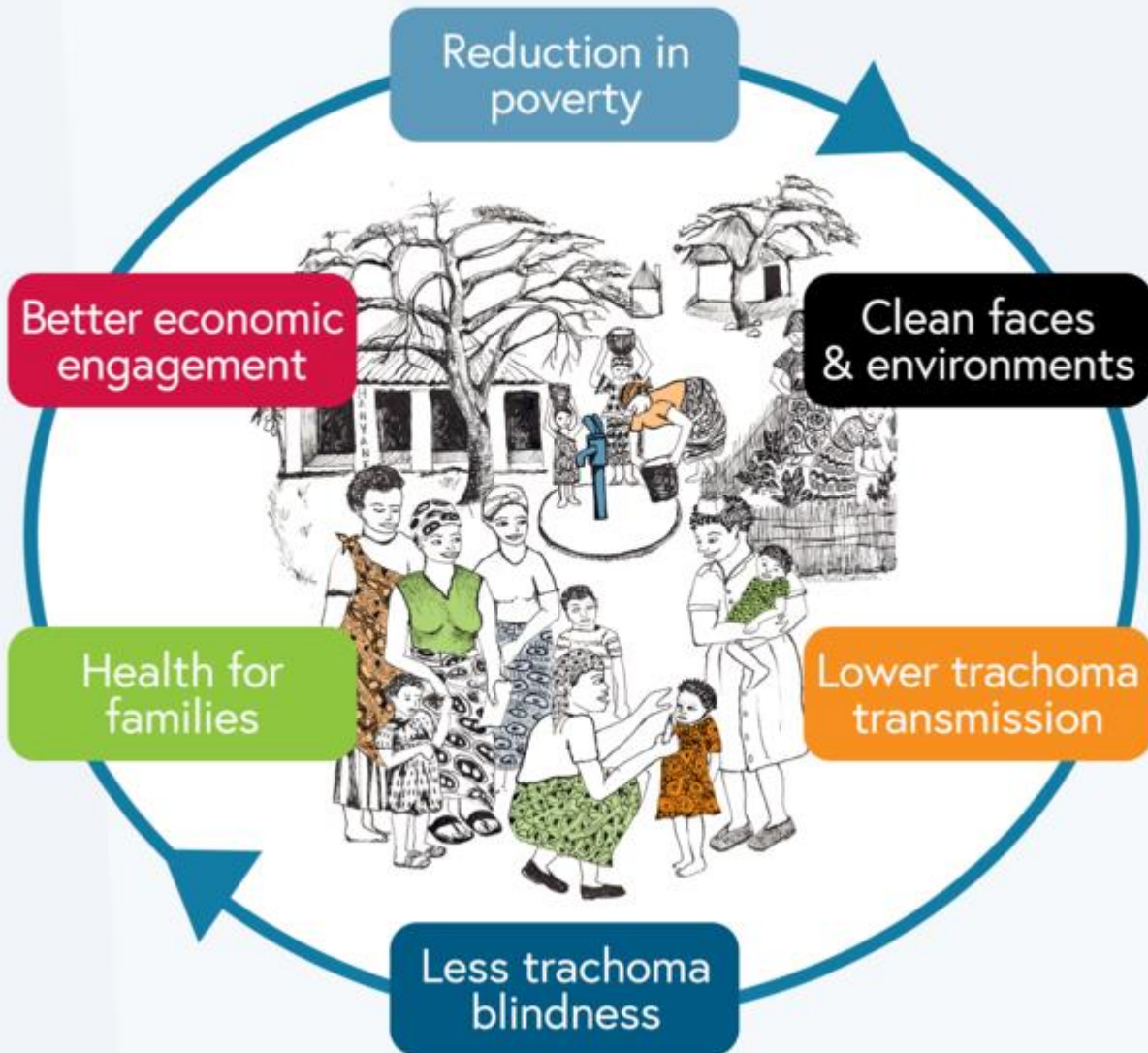
Lower trachoma transmission

Health for families

Less trachoma blindness

Illustration by Victoria Francis

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