Case Study

Gender Equitable Eye Health Training with partners in Nepal

May 2021

CONTENTS

CONTACT:

Anita Afford
Senior Equity and Inclusion Advisor
The Fred Hollows Foundation
aafford@hollows.org

CASE STUDY

WHAT WAS THE SITUATION?

Gender Equality

Historically, gender equity and equality has not been adequately addressed in Nepal. Women, children, senior citizens and people with disabilities are among the most vulnerable in the population. Women, specifically, have not been able to access health services, including eye care, to the same degree as their male counterparts. The main reason why women do not access eye health services is due to a lack of transportation, followed by lack of awareness and cost of services. Often women are excluded from accessing health services because they are not the "family bread winner". Men are prioritised because of their role in the workforce and their traditional status in the family hierarchy. Only 10% of households are led by women, with women having less participation in decision making roles, less ownership in assets and engaged more non-paying work. Women that do not have an education or have low literacy levels are unable to make judgements about their health, as they do not have the knowledge or the capacity to access the services available. Furthermore, in some cases, women in Nepal must seek permission from male family members or husbands if they want to access healthcare services.

In Nepal, women are 1.3 times more likely to have visual impairment compared to males[1]. Furthermore, although men and women access services equally (56% for OPC and 48% surgical care), women have higher rates of blindness, which means they are being underserved. Although high numbers of female patients utilise outreach micro surgical eye clinics and community eye centres it is still not adequate rates as per the burden of vison impairment on females. To achieve gender equity within eye health services, the Fred Hollows Foundation has established Gender Equity and Inclusion programs to increase gender awareness within country partners. In partnership with the TIO, the Fred Hollows Foundation aims to strengthen Nepal's health system services and develop gender focussed strategies to increase service use by females. Partner training in gender equity is one intervention that aims to assess knowledge and attitudes towards gender equity, increase gender awareness and identify opportunities for intervention among partner hospitals.

COVID-19

Coronavirus cases have been rising in Nepal. The government authorised a lockdown during the first wave of the pandemic, however, there is not much discussion about a second lockdown. Priority has been given to COVID-19 related illness, which may put other health issues on the backbench. Nepalese people are not going to health services due to fear of contracting the virus or may not be admitted due to over capacity of hospitals. A lot of health organisations and hospitals have been reorienting their priorities to deal with the current pandemic, which has limited their time, finances and resources to address other health concerns of the population.

WHAT WAS THE INTERVENTION?

The Fred Hollows Foundation created training materials that were deliberated upon by country teams. These materials were specifically created to increase gender awareness amongst FHF partners

[1] https://www.hollows.org/hk-en/latest/%E5%B0%BC%E6%B3%8A%E7%88%BE%E9%86%AB%E7%94%9F%EF%B8%B0%E7%94%A8%E5%9B%9B%E4%BB%A3%E4%BA%BA%E6%99%82%E9%96%93%EF%BC%8C%E6%85%A2%E6%85%A2%E8%B5%B0%E5%88%B0%E5%85%A9%E6%80%A7%E5%B9%B3%E7%AD%89

through a training program. Nepal has adapted the materials to suit the context and partners they are working alongside. The training was also translated into Nepali, when necessary. The main aim of the training is to increase awareness of gender equity within their facility or job role, and brainstorm ideas on how to create a more gender inclusive space.

In Nepal, there were three training sessions:

1. Training with local FHF staff and some Tilganga Institute staff
2. Tilganga Institute staff: mixed staff including doctors from different departments, eye health staff, admin and finance staff etc and the gender officers of the institute who was in charge of the program
3. Geta Eye Hospital staff: mixed staff with a gender focal person who was in charge of the program

The training was conducted by a facilitator. For the FHF and Tilganga training, the facilitator was the FHF Senior Equity and Inclusion Advisor, and for the Tilganga and Geta training an external local consultant who specialised in gender equity was hired. They utilised the FHF materials to provide the training.

The training included different methods to engage participants in discussion, such as: group activities, quizzes, open questions, power point presentation. The activities in Nepal engaged a lot of discussion and were successful in introducing new concepts to participants around gender equity. The surgeon's story was particularly thought provoking and challenged the participants previous conceptions of gender. A lot of the participants were new to this training, and so gender analysis and gender equity were new topics of discussion.

A challenge that arose was finding the time so that all participants were available to attend the training. Furthermore, male participants were more reluctant to see the importance of the training and did not see relevance in them joining. This preconception that men should not be involved in gender equity training was a common theme, however, the training changed this mentality and male staff saw the importance of getting involved in gender equity activities and creating a gender inclusive environment.

WHAT WAS THE RESULT?

IMMEDIATE RESULTS

Perceptions around gender equity changed for participants, especially the male staff. There was an increased understanding of why training and workshops focused around gender inclusion is important for organisations and hospital staff. The discussions helped people understand there are strategies that can make the hospital environment more inclusive for women, and that being aware of gender equity and the barriers to access women face can assist in decision making and hospital policy. This can, in turn, increase the number of female patients seeking eye health care.

At the Tilganga Institute of Ophthalmology especially, the issue of women having a very long waiting time and the facilities not accommodating their specific needs was brought up. The staff acknowledged that this needs to be changed so that women feel comfortable and respected within the facilities. There has been considerable action taken to create a more gender inclusive space, such as:

- Gender friendly hospital space: area for women to wait before appointments and somewhere near the child clinic so their children can play.

- Policy changes for female staff: maternity leave, making sure HR is gender aware and announcements are all considerate of gender differences, paternity leave and encouragement of females to apply for positions within the institute.
- Awareness: campaigns for female eye health care, celebration of International Women's Day.

Geta Hospital also had some structural ameliorations that could be made to the facility.

- Separate bathrooms for males and females
- Female only drinking facilities
- Separate ques for women upon registration in eye health care and in each department

Increasing awareness on gender based issues has assisted in created a behavioural change among participants. Staff want to revisit their policy and facility structures to prioritise the needs to women who use the hospital and also the female staff who work there. The participants also discussed how the hospitals can include more female staff benefits and policy changes within the hospital workforce to encourage women to apply for positions.

The staff at TIO aim to implement the strategies discussed during the training to all the community eye centres in all districts. Cascading these initiatives to primary level eye hospitals will assist in maintaining gender equitable spaces throughout Nepal, and increase the utilisation of facilities by women. This is an important step in including women who live in rural areas of Nepal, and ensuring they receive the same level of care as their urban counterparts.

IMPACT EVALUATION

TILGANGA INSTITUTE OF OPHTHALMOLOGY

REACTION

The interviews with participants were conducted a year after the training. This affected the participant's ability to recall details of the training, however, generally the training content was well received and enjoyable. Most respondents already had a good understanding of gender equity, and they felt that the training allowed for further clarification and expansion of these ideas. There were some responses that believed the training to be too lecture focused, future training should incorporate more group activities and discussion. Furthermore, the material was felt to be too concept based, participants would like to expand their skills and problem-solving capabilities around gender equity issues. There were mixed reviews on staff participation in the training. Some respondents felt as though men and women participated equally within the training, others did not think this to be the case.

"I don't think men and women have equal opportunity to take part in trainings and events. Most of the trainings organized are male-focused. Males get priority in leading a team or in decision making processes. Even when the position and the education qualification are similar, men get priority compared to women." –female eye officer TIO

"Rather than skill, I understood that we need to stop the discrimination and both (male and female) are equal in general." – male optometrist TIO

I was saying that the training needed to be justifiable; there should be interaction, discussion, question/answer and it should promote skill, but the facilitator was only providing lecture. - male Eye Bank Manager TIO

LEARNINGS

Participants learnt how gendered bias is represented within day to day activities, and they became more aware of the role they play in mitigating these inequities. The meaning of gender equity was also outlined and explained during the training, which clarified the participants' understanding of the term. The training, overall, changed the participants' perceptions around gender equity, which they have applied through their workplace and home life. There is deeper understanding that services should not only be equal, but also tailored to the needs of women and other vulnerable members of the population. However, although knowledge did increase, participants still felt as though they have not gained much skill to address the challenges. An action plan was established, which included separate queues for women and men, breastfeeding areas, play areas for patients' children and training for more Female Community Health Volunteers to increase women's access to services. There has not been a change in hospital behaviour, many participants felt as though they were already engaging in best practice. One female participant recounts that women are often excluded from decision making, and their voices are diminished within the workforce. On the other hand, a male participant has not changed his perceptions around traditional gender roles and did not believe the training has expanded his opinion.

"Gender-based equality is something that we had known about before the training. I feel that the discussion about those issues during the training helped to recall that." –male doctor from TIO

"During the training it is taught that things should be women-friendly, women should be included in the decision-making processes but men themselves pose problems in implementing that. And I feel that men alone are heard in entire decision process." – female eye officer TIO

There is no change. I had a perception and I still continue to believe that both men and women have different roles and they cannot take over the other roles.- male Eye Bank Manager TIO

The training obviously changed my perception. While taking decision whom to take the hospital, we choose male as he is earning money but this needs to change and we should prioritize on need basis. And we need to also change our behaviour. – female OT Incharge (head)

I don't think I learnt any new skill as I was practicing the techniques that discussed or taught. – male training officer

BEHAVIOUR AND RESULT

Overall, participants agree that there has not been much change in the hospital since the training. The action plan items were not implemented, mostly due to a lack of human resources and lack of support from senior levels. Another main barrier to change, according to some participants, is the resistance to change that men have within the workforce. Their mentality has not changed, and impacts upon the success of programs, and the ability for women to be heard and to contribute to the decision-making process. Awareness creation should be continued, and not just within institutions, but also on a community level. Participants see the value of gender equity promotion, and would like this to be continued and expanded upon in the future.

"It is the same thing that I had been doing earlier. I prioritize patient based on nature of the case." – male doctor from TIO

"Eye diseases are more common among women compared to men. But more men come for treatment. So, we need to tackle the issue of women's access institutionally and launch programs to bring change in mentality." – male doctor from TIO

"But in practical world, as a woman, I know the problems women face. For example, they come here for treatment leaving family and their work; and it is said that we have to prioritise them. But in practice, it is the same behaviour to both men and women." – female eye officer TIO

The changes have taken place not by the orders issued from the senior levels but by our own understanding. It does not matter if way say we are gender-friendly hospital, but the patients need to feel that way. – female eye officer TIO

"Presence of women needs to be increased. Opportunities should be provided to women. Priority should be given based on ability and education rather on the basis of gender. We see that women had run leadership role in many areas including as the President. If they are provided with opportunities they can bear their responsibility with honesty. For example, we have woman CEO in our hospital itself. We need to bring women in lead position in decision-making processes." – female consultant TIO

Change should come in the mentality of people at the policy level. – male managing director at TIO

We need to change the perception of people by conducting rural community based program, rather than city-based programs. – female OT in charge (head)

GETA HOSPITAL

REACTION

Similar to the interviews with TIO participants, Geta staff had difficulties recalling the specifics of the training. However, the feedback was overall positive; content was understandable, appropriate and worth their time. Respondents thought the training methodology was engaging, and they appreciated the different learning methods that were used (cards, posters, demonstrations, group discussions, games and presentations). One activity that was remembered well was the "Hot Potato Game", and general discussion with their colleagues during the training. It was a challenge for some participants to fit the training into their usual schedule, but all of them agreed it was worthwhile, and, in fact, should be extended and/or repeated in future. There were more women present in the training, and the aim of the hospitals gender training program was "to ensure participation of maximum women." (male chief administrative officer).

Rather than changing perception it helped to recall things. – male ophthalmologist

Rather than gaining a new skill, it gave knowledge about changing our behaviour. – male hospital director

I remember the interaction among the participants mostly. And I also remember the examples used such as how to deal with short and tall person, childhood and use of colours, issues relating to equity etc. – male out program manager

Program should be run on regular basis but not as one-off event. – male hospital director

LEARNINGS

Participants learnt about the social determinants that impact women's ability to access services, and what they need to do to create a more inclusive space for women. Previously, staff treated men and women equally when providing health services, however, the training has caused participants to

reflect on patient prioritisation and that women often need different provisions during treatment. The hospital was documented by participants as already being a gender inclusive space, so not a lot changed after the training other than staff mentality. Participants gained more awareness on the role of the Gender Focal Person, and the importance of their job in increasing gender awareness amongst patients, families and communities more broadly. There was discussion of an action plan, which included: separate queues for women, water jars, children's play room, breastfeeding sections, patient feedback after check-up. However, many respondents did not remember the action plan and were unable to respond to this question.

The things we discussed were already in practice. So, I don't think the training provided any new perspective. – female ophthalmic assistant

Written action plan was not developed. However, it was discussed to make certain things gender friendly from hospital level. – male hospital director

Talking about gender-friendly behaviour, it is not only about women but actually needs to change the mentality of men. – male optometrist

I learnt that we should ensure good behaviour towards women, provide support in the processes; provide counselling and priority to women; so that they feel comfortable to seek service from the hospital. So, we need to change our behaviours. – female eye officer

BEHAVIOUR AND RESULT

Staff believe that the level of gender equity within the hospital is already at a suitable level, the one main difference since the training is prioritising the needs of female patients, pregnant mothers, the elderly and people with disabilities. There have been some male patients who do not understand why women are prioritised, which indicates the need for an increase in community awareness around gender equity. Some of the action plan items have been carried out, such as the queue system and breastfeeding spaces. The Gender Focal Person has since been removed from her position due to financial constraints that were a result of the COVID-19 pandemic. There were a lot of benefits of the Gender Focal Person, and participants would like to see that role filled once again. There was an increase of female patients since her appointment, and staff welcomed having someone to turn to for gender awareness information. Participants would also like to see more opportunities be presented for female colleagues to enter into leadership positions within the hospital, and for more internal activities to build on women's self-confidence. Some barriers include traditional thinking that limits women's ability to gain an education or apply for decision making positions and limited gender awareness from senior management. There has also been limited support from the Nepalese government, which can impact funding and resources that could be provided to allow for a more gender inclusive hospital space.

Many things started after the training such as separate queue, breast-feeding section and many other ways to make it gender-friendly. Because of that, when I was working there, women from remote villages on mountains used to come for treatment. The access of women had increased. Women who used to feel shy putting on glasses now comfortably use glasses, which is also in important change. – gender focal person

But in community level, if priority is given only to women existing culture, patriarchal mentality obviously creates barriers.- female ophthalmologist

Opportunities to be provided to women also so that women can address women's problems. It will also make it easier to understand issues about women. – male ophthalmologist

The initiative we started after the gender training, such as separate line for men and women, breast-feeding section, role of gender focal person has resulted in significant change. If we look at previous data, the number of men patient was high. Now if we look at the report from the last year, the number of women patients is 51% and male is 49%. In the eye centres also, the number of women participants are 60% whereas male participants are 40%. This change is the result of providing services prioritizing women and this is important.

There was certain kind of change after the training. Either in terms of behaviour towards women patients or speaking up about the rights of women staffs, there was a feeling evolved that we should not fall behind. If women feel safe while coming to the hospital for treatment, their number will obviously increase. – female eye officer

[GFP] It increased respect for women. Women patient could ask for telephone number of Gender Focal Person and meet GFP at the hospital and inquire about treatment. – male ophthalmologist

Gender Focal Person appointed after the training helped to raise awareness among women at community level, they started considering about the need for eye check-ups. – male hospital director

Now, in the absence of gender focal person, we feel like we forgot the gender program. Earlier her presence used to remind of gender issues. – male optometrist

WHAT CAUSED THE RESULT? WHAT WAS FHF'S CONTRIBUTION?

The training provided by FHF acted as a springboard for the creation of gender awareness strategies within Tilganga Institute and Geta Eye Hospital, and assisted participants in discussing the topic of gender equity. The training materials were provided to the facilitators, which saved money, time and resources for the partners. With this training, participants were able to brainstorm ways to improve their eye health services and create a more gender friendly environment.

Most of the structural changes have been completed in Tilganga and Geta hospitals. Some of the other suggestions have been halted due to the COVID-19 pandemic. Policy changes have not been completed due COVID-19 restrictions, competing priorities of the pandemic and financial strain. Gender equity training has not yet been cascaded down to more health workers.

The Gender Focal Person at Geta Hospital was a welcome addition to the team. Their presence encouraged women from rural areas of Nepal to attend services, helped women feel more comfortable being at the hospital and also assisted staff in providing the best care for their female patients. Unfortunately, this role has since been suspended due to the COVID-19 pandemic and financial constraints.

WHAT DID WE LEARN FROM THIS?

Lessons Learnt:

- It is important for men to be included in the training. Sometimes there is the mentality that men do not need to partake in gender equity training programs, but often these people are the ones that benefit most.

- Adapting the training materials to country context is important, but also ensuring the materials are accessible to everyone participating. This may mean changing the language or some of the activities.
- Working with regional facilities is an important next step, to ensure all women have gender equitable services, despite their rurality.
- Impact Evaluation should be conducted earlier than a year after training (ideally 1-3 months after).
- Include monitoring and evaluation plan during program design phase.
- The Gender Focal Person can act as a continuation of the training program. They can assist the hospital in implementing action plan items and gender equity initiatives, are able to provide ongoing gender awareness discussion and training for staff, and act as a point of call for any female patients or beneficiaries.
- Include a written response from managerial team with regards to their support of action plan items and how they will be able to assist hospital staff implement these changes.