

Gender Analysis

Sector: Eye Health

Region: Country or specific project region

Project: Name

In case of remarks or recommendations for improvement of this template please contact the IAPB Gender Equity workgroup.

Updated May 2024

Purpose

A Gender Analysis is a collection of relevant data, information and statistics that indicate the different roles, needs and priorities of women and men- in all their diversity- to identify the different implications of proposed project interventions on different genders. Such analysis ensures that project investments are reaching those who are the most marginalized and monitors impact- including the impact of reducing gender-based gaps in coverage and outcomes. The findings of the analysis should inform how gender equity will be addressed throughout the project (and monitored/evaluated) and look at the reasons behind inequalities and discrimination to help set relevant and targeted objectives to help contribute to elimination.

From the findings, provisions and activities may need to be designed or adapted to ensure the project is gender sensitive/positive and mitigates any potential harm.

An analysis is often done for one or more of the following reasons:

1. As part of a situation analysis to inform program targeting and/or design (both active projects and/or potential),
2. To provide baseline data for an intervention evaluation, where the intervention seeks to enhance knowledge, influence attitudes, or change behaviours;
3. To better understand the relationships between knowledge, attitudes, practices and/or health outcomes of interest.

It should explore and explain the following information:

1. The differences between the lives of women, men and gender diverse people;
2. The barriers that unequal gendered power relations create in different access and update of eye care and/or access to the eye health workforce;
3. The status of women and their ability to exercise their human rights to health care;
4. The division of labour: women, men's and gender diverse people's different activities, their decision-making power and access to and control of resources.

If this analysis is conducted after a project has begun and/or done for a larger portfolio (which may include multiple projects), then a review of current project integration and/or consideration of findings and recommendations should additionally be conducted, and a project variation made as required.

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

1. Sex-disaggregated information from health providers to understand the number of women, men, girls and boys accessing health services;
2. Information to understand the cultural, social and economic factors that cause difference in access to services for women, men, boys and girls; and
3. Information to understand the health needs and priorities of all genders and those affected by a project.
4. Potential strategies to address gender-based inequities.

Considerations for undertaking an analysis

Additional considerations for helping to conduct a gender analysis include:

1. Conducting a power analysis (see FHF Rough Gender Analysis annex 1)
2. Applying a “Do No Harm” Approach (review [IDWA toolkit](#))
3. To ensure that a gendered perspective and appropriate approaches are considered before the start of the analysis, it is also critical to review who will be involved in the collection and participation of the analysis and consider all the power dynamics involved.

Guiding Questions for Gender Analysis

These questions can be adapted, and sub-questions should be formed as it relates to the particular project being designed.

1. What are the different roles and responsibilities of women/men and gender diverse people that are relevant to the projects?
2. Who has access to resources and services related to the focus of the project?
3. Who has decision-making power?
4. What are women’s and girl’s rights?
5. What are the different needs, priorities and strengths of women/men/gender diverse people and what are their ideas about how to address these?

Refer to The Fred Hollow Foundation’s “[Rough Guide to Gender Analysis](#)” for more details, explanations and annexes.

Safeguarding

For the safety and security of all those to be included and involved in an analysis, it is important safeguarding measures and policies are adhered to and incorporated into both the methodology, content gathering, analysis and recommendations of the review. As a reference, please review [Fred Hollow’s Foundation Safeguarding policies](#).

Other references:

1. The Fred Hollows Foundation’s “[Rough Guide to Gender Analysis](#)”
2. [Sample gender analysis](#) (CSR)
3. [Gender analysis toolkit](#) (jhipego)
4. [Guide to eye health for women and girls](#)

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1) Introduction/Overview/Executive Summary

Provide a high-level overview of the purpose and content of the document here with information relevant to the audience you are trying to reach. This should include the identification of the core issue(s), needs, and recommendations.

2) Selection of stakeholders

Describe the various stakeholders involved during the gender analysis and the ways they were included. Provide an annex of all contacts if appropriate with relevant information, such a job title/responsibility. If program constituents or community members were engaged in the analysis, also provide details about the ethical and safeguarding measures taken to ensure the study was conducted in a safe manner that prevented harm, particularly children, women and girls and members of marginalised group (including ethics approval, ensuring informed consent, privacy and confidentiality, data protection) and taken.

3) Gender Analysis Framework

Describe here the framework(s) utilized when developing the gender analysis as relevant. For more information, review framework descriptions here: [Gender Analysis Frameworks | equilo](#).

4) Methodologies

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.

Describe in this section the various methodologies used to carry out the analysis and why they were selected.

Desktop reviews

A desk top review involves collecting relevant reports and information and analysing and summarising the findings. Information that is collected could include data from Rapid Assessment of Avoidable Blindness studies, KAP studies, 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.

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.

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 and their ideas about how best to address them. There are many participatory approaches and teams need to identify which approach would work best for their needs. When engaging community members, also carefully consider the location and timing of activities, as well as the accessibility of communications and venues to enable their full and effective participation.

5) Definitions

Provide relevant definitions here for readers to understand the various terminologies used and how it relates to the analysis of the data/information collected. Some gender specific definitions can include:

Gender: refers to the socially and culturally constructed ideas of what it is to be male, female or nonbinary in a specific context. which are learned, vary from culture to culture and change over time and thus equally to the economic, social, political and cultural opportunities associated with being male and female. Gender and sex are related to but different from gender identity. Gender identity refers to a person's deeply felt, internal and individual experience of gender, which may or may not correspond to the person's physiology or designated sex at birth.

Sex: Biological differences between women, men and intersex people.

Gender equality: refers to equal chances or opportunities for people of all genders to access and control social, economic and political resources. It is the provision of equal conditions, treatment, and opportunity for both men and women to realize their full potential, human rights and dignity, as well as opportunities to contribute to and benefit from economic, social, cultural and political development.

Gender equity: refers to fairness in treatment of all people regardless of sex or gender identity and/or expression. The concept of gender equity recognises that individuals have different needs and power based on their sex or gender identity and/or expression, and that these differences should be identified and addressed in a manner that rectifies inequities.

Gender mainstreaming: A process used to ensure that women's men's and gender diverse people's needs, concerns and experiences are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programmes.

Gender responsiveness: Gender responsive programming refers to programmes where gender norms, roles and inequalities have been considered, and measures have been taken to actively address them. Such programmes go beyond raising sensitivity and awareness and actually do something about gender inequalities.

Gender transformative: Gender-transformative approaches aim to address the structural and social root causes of gender inequality and thereby promote more equitable outcomes for children in all their diversity. In so doing, they aim both to change overall structures that underpin gender inequality and to contribute to lasting change in individuals' lives. The most popular definition comes from the Inter-agency Working Group for gender equality: A transformative approach promotes gender equality by:

- 1) fostering critical examination of inequalities and gender roles, norms and dynamics
- 2) recognizing and strengthening positive norms that support equality and an enabling environment
- 3) promoting the relative position of women, girls and marginalized groups
- 4) and transforming the underlying social structures, policies, systems and broadly held social norms that perpetuate and legitimize gender inequalities. ([UNICEF](#))

6) Statistics

This section should include all relevant “objective” (numerical) data that you collected as a part of your analysis that shows the difference in prevalence and population data in relation to service utilisation based on sex in order to determine equity gaps and appropriate sex disaggregated targets to achieve equity of outcomes. Include both macro level as well as country/regional and sector specific information and if applicable, project level information.

For Macro Level: Key Statistics– please refer to:

- Women represent 55 per cent of the world’s 43 million people who are blind.¹
- Women represent 55 per cent of the 295 million people with moderate to severe vision impairment.²
- Women are least likely to receive treatment and face barriers to accessing services.³
- While certain biological factors⁴, particularly longer life spans, may influence women’s increased risk of being visually impaired, structural barriers and social norms that underpin gender inequality play a significant role in increasing women’s risk of exposure to eye health issues.⁵
- In some countries, women are approximately three times more likely than men to be blinded by trachoma.⁶

Country/Sector Specific Level and Project Level. Answer the question: what are the disparities in access to care between genders in the country/region/project in relation to prevalence and population data? What is the gap between need and access on the basis of sex? What sex disaggregated targets would need to be reached to achieve equity of outcomes? This can include any type of services your analysis covers.

Include a detailed analysis of all relevant data.

7) Legislative Environment

Describe in this section the current legislative environment, including addressing the answers to the questions below.

- Have gender equity commitments been made by the government in the context of international processes such as the Beijing process, the SDG process, or the ratification of the Convention on the Elimination of all Discrimination Against Women (CEDAW)? <https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>
- Do national and sectoral policies and practices reflect these commitments by their awareness of inequalities between men, women and gender diverse people at different levels and the inclusion of means to address them?
- How do current policies, laws and regulations in each sector impact differently on women, men and gender diverse people?
- In national-level institutions (parliament, government line ministries, universities, businesses), how are decisions made? How are women represented in the system? How are decisions taken?

¹ Bourne, R.R.A., Flaxman, S.R., Braithwaite, T., Cicinelli, M.V., Das, A., Jonas, J.B., et al. (2017). “Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis.” *The Lancet Global Health*. 1;5(9): e888–97. Last accessed 30/04/2024: [https://doi.org/10.1016/S2214-109X\(17\)30293-0](https://doi.org/10.1016/S2214-109X(17)30293-0)

² Bourne, R.R.A., Steinmetz, J.D., Flaxman, S., Briant, P.S., Taylor, H.R., Resnikoff, S., Casson, R.J., et al. (2021). Vision Loss Expert Group of the Global Burden of Disease Study. “Trends in prevalence of blindness and distance and near vision impairment over 30 years: An analysis for the Global Burden of Disease Study: *The Lancet Global Health*, 9(2), pp. e130-e143. Last accessed 30/04/2024: [https://doi.org/10.1016/s2214-109x\(20\)30425-3](https://doi.org/10.1016/s2214-109x(20)30425-3)

³ Onarheim, K.H., Iversen, J.H., Bloom, D.E. (2016). “Economic Benefits of Investing in Women’s Health: A Systematic Review.” *PloS one*. 11(3):e0150120. Last accessed 30/04/2024: <https://doi.org/10.1371/journal.pone.0150120>

⁴ Roger. C, Neyhouser, C. (2017). “Eye health for women and girls. A guide to gender-responsive eye health programming.” *Gender and Eye Health Network* convened by IAPB and The Fred Hollows Foundation. 9.

⁵ Burton, Matthew J, Ramke, Jacqueline, Marques, Ana Patricia, et al. (2021). “The Lancet Global Health Commission on Global Eye Health: vision beyond 2020.” *The Lancet. Global Health* Vol. 9, No. 4, pp. e489–e551. Last accessed 30/04/2024: [https://doi.org/10.1016/S2214-109X\(20\)30488-5](https://doi.org/10.1016/S2214-109X(20)30488-5)

⁶ The Carter Center Ethiopia. (2009). *Women and Trachoma, Achieving Gender Equity in the Implementation of SAFE*. Last accessed 30/04/2024: cartercenter.org/resources/pdfs/health/trachoma/women_trachoma.pdf

8) Key Risks, Barriers, and Enablers

This section is meant to identify the main risks and barriers people of different genders face in the specific context. Here are some guiding questions to address:

- 1) What are the overall identified risks, barriers and enablers that people of different genders face in accessing eye health services?
- 2) What additional barriers are encountered by those experience intersectional marginalisation (for instance those who are also older, living with a disability, living in rural areas, socio-economically disadvantaged, from an ethnic minority group etc? Who is at most risk of being left behind in this context?
- 3) Are there any risks and barriers that are unique to the country/region included in this analysis? If so, detail them here.

What potential ideas and solutions do people who face these barriers have for how best to address these?

9) Key Actors Involved in Change

Who are the main group(s) of people needed to change the eye health landscape to break down identified barriers that women face in accessing services? Think about each level of stakeholders and what their role(s) might be: legislative/government, health care system/health care delivery, community members, Women's Organisations and other representative organisations such as Organisations of Persons with Disabilities etc.

10) Project level

This section is meant to outline the various considerations to improve/strengthen programming based on the findings from the gender analysis. Highlights of the analysis can also provide concrete examples for considerations into the overall project's goals, approach, planned activities and/or implementation methods. Other elements to include in this summary include:

Practical and Strategic Needs

- How long will this project/program take?
- How does this project fit into the strategic priorities of the organization and other external priorities (governmental gender equity priorities for example)

Roles and Activities

- What are the HR needs for this project? What roles and skills are needed to make this project happen?
- What are the major activities needed to complete the project? What are the main things this project will “do”?

Resources and Constraints

This section should define the resources involved in the project as well as the gendered considerations around decision-making and access to such resources.

This section should also highlight other identified constraints within the project context that may have an impact on the effectiveness of the project and/or need to be addressed.

- Some questions to help guide this section include (but are not limited to): What is the division of labour amongst women, men, young and old? Who normally does what? Have there been changes due to war, migration for labour, the HIV/AIDS pandemic, etc.?
- Are there gender inequalities in access to resources, including new resources, and who has control over different resources, including new resources and benefits from institutions, or development projects (or any outside interventions from the government)? Resources include non-material resources such as time, knowledge and information, and rights. Are their time-use studies available?
- What factors influence access to and control over resources (for example age, sex, position in an organization, ethnic status, wealth, rural/urban location, education level, networks and patronage)?
- At community level, how are decisions made about different resources and activities?
- At household level, who makes decisions about different resources and activities?

For gender analysis completed when projects are already actively underway, please refer to the [WHO Gender Assessment Tool](#) to help “grade” how gender responsive active projects are. Part of this review should also identify solutions for more gender positive integration that can be made in a timely manner before the end of the project, wherever possible.

11) Recommendations

This section should include your recommendations for how gender inequities in access to eye health can be reduced.

What are some potential solutions to the key risks and barriers identified in the GBA?

It may be helpful to split these out by groups of stakeholders and what your recommendations are for each. For example: government, community, health care providers, etc.

ANNEX 1:

Reviewers of this document in April 2024 include:

1. Jennifer Pitzer-Lopez, Gender and Climate Expert, Light For the World
2. Clare Szalay Timbo, Technical Advisor, Gender, Orbis Canada
3. Katie Judson, Program Consultant, Seva Canda
4. Lisa Johnson, Senior Equity and Inclusion Advisor, The Fred Hollows Foundation