# Gender Review Report: Synthesis of Sightsavers' work to promote gender equality evidenced in programme and project evaluations

## Executive Summary

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## Background information

Sightsavers' social inclusion thematic strategy, the Empowerment and Inclusion Strategic Framework, was launched in June 2015. Two of the seven objectives of the Empowerment and Inclusion Strategic Framework are cross-cutting issues, including 'Objective A: Address gender inequalities and women's empowerment'. Given the importance of gender mainstreaming in development, the higher burden of blindness amongst women and the double discrimination of women with disabilities, it will be important to ensure that future programmes build on current gender practice and to strengthen practice where it is weaker.

## Purpose of review

This review aimed to synthesise evidence on key programmatic achievements and challenges on gender inclusion from recent evaluations, with the broader aim of understanding how and to what extent Sightsavers' work contributes to improvements in women's lives. In addition, the review assessed to what extent the evaluations themselves used a gender lens.

## Review approach

This was a systematic review of internal evidence documented in 18 evaluations. Inclusion criteria were all mid-term reviews, end-term evaluations and other learning exercises, conducted or supported by Sightsavers' Evaluations Team and completed during the period from January 2018 to September 2019. Key evaluation and project characteristics were captured in an Excel spreadsheet for descriptive purposes and comparative analysis. All evaluations were read, and all information related to gender was captured in an Excel spreadsheet. Codes were assigned to all gender-related findings, using an inductive approach to capture themes emerging from the data. A set of predefined criteria were used to gather descriptive information regarding the extent to which the evaluations themselves

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applied a gender lens and explored gender dimensions. Coded data were analysed thematically.

# Main findings

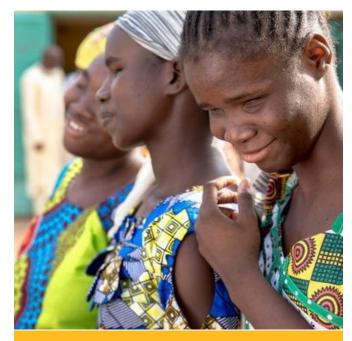## Evaluation characteristics

18 documents were reviewed, covering 17 projects or programmes. Eight of these were mid-term reviews (MTRs) and 10 end-term evaluations (ETEs). Most of the evaluations used a mix of qualitative and quantitative approaches, with the quantitative assessment focused on ascertaining programme achievements against logframe targets. More than half of the reports (11 of 18) evaluated eye health projects; others covered neglected tropical diseases (NTDs) (three), inclusive education (three) and social inclusion (one). Three of the evaluations were multi-country reviews addressing NTDs or eye health in African countries (covering a range of four to nine countries).

## Programmatic approaches to gender inclusion

Community engagement and sensitisation approaches included working with existing women's organisations, other community structures and community health workers for awareness raising, outreach and service delivery support. Identification of local communication channels and tailored messaging targeting women and attitudes on women's treatment seeking were also highlighted. These approaches included developing salient messages for household decision-makers and conducting family-level outreach. Capacity building of health service providers and teachers to increase awareness and understanding of gender dimensions was also reported in four projects. School-based health education or service delivery approaches were reported to impact on the reach and inclusion of girls in one eye health and one NTD project.

Full coverage strategies, such as systematic case finding approaches (zoning and door-to-door case identification) and mass drug administration (MDA), were used across trachoma/NTD programmes in Africa and facilitated inclusion of women and girls. Outreach and surgical services were organised to prioritise or accommodate women in several countries: women-only surgical outreach camps; priority management of pregnant or breastfeeding women and people with disabilities; gender-segregated waiting areas; accommodating group attendance at health facilities; and offering same-day surgery. Bringing services closer to the community, providing transport support and financial accommodations were also reported.


School children in Mali

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Approaches for increasing school enrolment of girls with disabilities included teacher training, community engagement activities (mother's clubs) and the provision of counselling and hygiene kits to facilitate school attendance during menstruation.

## Improvements to women's lives

**Access to healthcare:** About half of the eye health evaluations reported that the project was performing or had performed well in delivering some services to women or girls, with at least equal proportions of services delivered to men and women. Achievements were reported in relation to service delivery targets, which sometimes aimed to provide "equal" rather than equitable proportions of services to women and girls.

A gender gap persists in access to cataract surgery in some countries. Important variations in coverage by district and service type were also reported. NTD programme evaluations showed strong evidence of equitable service delivery with regards to both MDA coverage and trachomatous trichiasis (TT) surgery.

**Access to education:** Improved access to quality education for girls with disabilities was reported in two inclusive education projects which demonstrated increased school enrolment of girls with disabilities.

**Reduced discrimination and improved quality of life:** Transformative effects were mentioned in the inclusive education project evaluations, largely drawing on evidence from key informant reports. These included increased awareness and changes in attitudes, beliefs and practices on the part of teachers, peers and government partners, which were perceived to reduce stigma and have a positive effect on quality of life for girls with disabilities.

## Gender-responsive programme planning

**Gender analysis:** There was evidence that eye health projects considered available baseline data from the latest Rapid Assessment of Avoidable Blindness (RAAB) or planned baseline studies as an initial project activity. These studies generated sex-disaggregated data estimates of prevalence, cataract surgical rate (CSR) or cataract surgical coverage (CSC), and barriers to utilisation. An MTR for an inclusive education project reported a gender and disability assessment was conducted but had not yet been translated into a strategy or plan.

A few evaluations also reported contextual information regarding gender and power dynamics at the household level, suggesting broad contextual analysis of gender inequalities in the project area had been considered in programme planning. Where reported, this information focused on national-level or survey data; the evaluations made little mention of any micro-level gender analysis.

**Gender objectives:** Project objectives or outcomes for most of the evaluated projects/programmes included a focus on gender or stated that the programme aimed to reach "men and women" or "boys and girls". One programme sought to prioritise "equity, gender and social inclusion" in line with Sightsavers Social Inclusion Strategic Framework, which was addressed through cross-cutting issue planning.

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**Appropriate targets:** Despite the availability of RAAB data on differential disease burden and service uptake for most eye health projects, this evidence was not always translated into gender target setting. Some eye health projects set "equal" targets (50/50) or aimed for "gender balance". A few evaluations raised questions regarding the need to review or adjust targets to improve equity. Among the ten eye health projects (11 evaluations): one project initially targeted more women than men, three projects increased some targets at mid-term to better align with differential prevalence estimates, one set roughly equal targets, one set higher targets for boys but achieved roughly equal proportions for most services, two evaluations did not provide clear information on gender targets, and two projects did not set gender targets (one of these did not have prevalence estimates).

**Appropriate approaches (and unmet needs):** The need to enhance programme and partner staff capacity to develop and implement appropriate approaches was raised in a few evaluations. Some project staff and partners participated in a gender analysis workshop, however there were gaps in translating learning into an actionable plan. The need for more gender-responsive strategies or approaches was mentioned across regions and thematic areas. Several evaluations highlighted that women face persistent barriers to accessing eye care services, suggesting opportunities to extend or enhance approaches as well as the need to adopt additional evidence-based approaches. More efforts are required to close the gender gap on cataract surgery uptake. Articulation or documentation of communication strategies was also a reported gap.

**Tracking progress:** Major improvements in capturing sex-disaggregated data were reported in the eye health and NTD project evaluations, however there were challenges with capturing disaggregated data along the care pathway. Three of the four inclusive education or social inclusion project evaluations did not report evidence of disaggregated output data: in two projects, indicators were not disaggregated; in one, aggregate data were reported against disaggregated indicators in the evaluation (it is unknown if project data were disaggregated).

**Using data and sharing learning:** Evidence from the evaluations suggests that while the eye health and NTD projects are increasingly succeeding in capturing gender data, there is opportunity for improving the real-time use of these data to adjust programme implementation. Evaluations widely emphasised gaps in interpreting data. The need for additional investigation to examine trends in the programme data, such as factors influencing differential uptake of services or school enrolment (the why and how), were underscored in several recommendations. Wider challenges with regards to programme design and indicator definition were also observed. More routine monitoring and interpretation of gender-related indicators was suggested, as was the possibility of regular reporting on gender via a specific "gender" section in narrative reports.

## Using a gender lens in evaluations

**Evaluation questions:** Most of the evaluation terms of reference (TORs) included at least one specific review question related to gender or equity; lines of enquiry primarily explored effectiveness and impact, and less frequently, project relevance and efficiency. Cross-cutting exploration was also requested in three projects/ programmes. Importantly, the different thematic areas tended to dictate different frames which were reflected in the evaluation

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questions: "equitable coverage or equity of access", "gender equality or gender balance", and a rights-based disability framework. Evaluations' ability to explore project effects for women and girls was sometimes limited by gaps in data availability and opportunities for deeper exploration of trends in programme data.

**Evaluation methods:** The evaluations consistently sought to include representation of women and marginalised groups in primary data collection, however it was not always clear that this was achieved. Most evaluations noted gender considerations in the sampling of key informants (KIs) and focus group discussion (FGD) composition, and, less frequently, in field visit site selection. Only a few evaluations appeared to conduct women-only FGDs or semi-structured interviews. Topic guides systemically indicated that respondent gender was to be captured; some drew attention to gender sensitivity in the instructions. A few evaluations reported the use of specific methods or tools to explore gender dimensions, although it was not clear how these enhanced analysis. Most of the reviewed topic guides included multiple questions related to gender; gender was also frequently specified as a probe.

**Evaluation reporting:** The extent to which the evaluations sought to contextualise the project in relation to gender equality often reflected the project background information provided in the TORs. Seven of the reports featured a narrative heading or appendix on gender or equity, which in turn reflected the depth of exploration and discussion. Specific recommendations with a gender or equity component were made in 15 of the 18 reports (a total of 53 gender-related recommendations).

# Conclusions

Recent evaluations documented a range of community engagement and service delivery approaches aimed at improving reach and gender inclusion. Approaches with the most evidence of effectiveness involved the use of women's groups and other volunteers to raise awareness and mobilise women and girls to seek care. However, this review synthesised approaches from recent evaluations which specifically referred to gender, equity or inclusion. It may therefore overemphasise the use of targeted approaches and underemphasise the importance of generic, community-based delivery strategies which are inclusive by design but were not always explicitly described as approaches for reaching women and girls. There was less documentation of inclusive education approaches due to the small number of project evaluations in this area and the limited exploration of gender issues in these reports. NTD programme evaluations showed strong evidence of equitable service delivery with regards to both MDA coverage and TT surgery. A gender gap remains with regards to cataract surgery.

The evaluations contained limited information on programme design and planning. However, the limited evidence suggests there is further to go in articulating gender mainstreaming strategies. Further review of programme documents will be necessary to ascertain to what extent programmes are engaging in deep contextual analysis that includes micro-level consultation processes and scoping activities. There is also further to go in setting gender targets that reflect prevalence of conditions and diseases and in ensuring equitable delivery of screening, treatment and follow up services. This is evident because programmes have made substantial progress in capturing and reporting sex-disaggregated data. Going

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forward, much more can be done to interpret and use these data to understand project effects on women and girls and adjust programmes accordingly.

The evaluations themselves show evidence of a concerted effort to explore gender dimensions within the broad scope of enquiry. There is room for improvement in interrogating programme responsiveness to the needs of women and girls. Doing so will require clear articulation of programme gender strategies as a basis for monitoring and evaluation.

## Recommendations for future programmes

1. In line with Sightsavers' Inclusion Strategic Framework, encourage all programmes to articulate their gender objectives, strategy and success measurement, providing a reference to facilitate meaningful monitoring and evaluation. Where a gender strategy is not appropriate, the rationale should be articulated.

2. Encourage all programmes to set appropriate prevalence or needs-based gender targets, in line with national and sub-national targets.

3. Contribute to enhancing the evidence base on the best approaches for facilitating women and girls' access to surgical care.

4. Continue to support programmes in improving the capture of gender data across all relevant indicators.

5. Maximise the use of data collected at the project level and encourage routine monitoring and interpretation of programme gender indicators.

6. Share well-documented case studies in order to better demonstrate "good practices" and how programmes achieved change, share learning for other programmes, and amplify the voices and experiences of women and girls.

7. Evaluation TORs should be directive about exploring gender dimensions and the frame to be used, in line with the programme's gender strategy or lack there-of (recommendation 1).

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