



The Fred Hollows
Foundation



Gender Equitable Eye Health Training Report

ADOPTING A GENDER TRANSFORMATIVE APPROACH TO EYE HEALTH

February 2021

CONTENTS

INTRODUCTION

Gender Equity in Eye Health
The Foundation's Gender Equitable Eye Health Training
Development of Training Materials
Evaluation and Knowledge Transfer
Lessons Learnt on Evaluation Implementation
Covid-19 and Gender Equity

PILOTING GENDER EQUITABLE EYE HEALTH TRAINING

China, Guangxi
Ethiopia, Oromia
Kenya, Baringo
Summary of Feedback from all Training and Lessons Learnt
What we are planning for 2021

CONCLUSION

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INTRODUCTION

In 2018 The Fred Hollows Foundation initiated a Gender Equitable Eye Health training program, specifically targeted at our implementing and other partners in-country. Training modules were co-developed by The Foundation staff across all country programs and rolled out in multiple countries. The outcomes of this training were evaluated in 2020 in China, Ethiopia, Kenya, and Nepal. This report provides an overview of the training and the evaluations that have been carried out, and recommendations for the future.

Gender Equity in Eye Health

When people think of eye health, they do not normally associate it with women's leadership. However, when we think of frontline health workers, volunteer community health workers, and nurses, we think of women. The COVID pandemic has amplified that the health workforce is more than 70% women but only 20% are in decision making positions¹. Women lead the health workforce but are not in charge. Although there is limited evidence on the eye health workforce, we can assume that it is a similar situation.

Globally, women face more difficulties when accessing health care. Social, cultural, and economic barriers stand in the way of women obtaining the same quality of care as men. In eye health specifically, women are more likely to have a debilitating condition that could have been prevented through treatment. Likewise, women are underrepresented in leadership positions. This underrepresentation means that policies, programs, decisions, and laws are not taking into consideration the unique experiences and perspectives of half our global population. Systemic and social barriers, such as unemployment, low socioeconomic status, and unpaid care duties, have increased during the COVID-19 pandemic, further impacting women's ability to apply and fulfil leadership positions.

Women make up around 55% of people globally with blindness and vision impairment, despite being only 49.6% of the total population². Gender equity illustrates the notion that governance and society must recognise that women have different needs to men, and services/policy/programs should be adapted to ensure there is equal opportunity for men and women³. Eye health services need to consider these differences in order to ensure women are accessing treatment with no physical, structural or social barriers.

Overall, women are 12% more likely to have vision loss than men

Women are:

- 8% more likely to be blind,
- 15% more likely to have moderate to severe vision impairment,
- 12% more likely to have mild vision impairment and
- 11% more likely to have near vision impairment

Reference: <https://www.iapb.org/learn/vision-atlas/inequality-in-vision-loss/gender/>

¹ UN Women. (2020). *International Women's Day 2021 theme – "Women in leadership: Achieving an equal future in a COVID-19 world"*.

² Bourne, R. R., Flaxman, S. R., Braithwaite, T., Cicinelli, M. V., Das, A., Jonas, J. B., ... & Naidoo, K. (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*, 5(9), e888-e897.

³ Reeves H, Baden S. (2000). *Gender and Development: Concepts and Definitions* (report no. 55) Brighton: Bridge (development - gender), Institute of Development Studies, University of Sussex

The Foundation's Gender Equitable Eye Health Training

To address these challenges, a **gender equity transformative approach** has been adopted within The Foundation's eye health programs, to ensure equal access to services and opportunities for women in the eye health workforce.

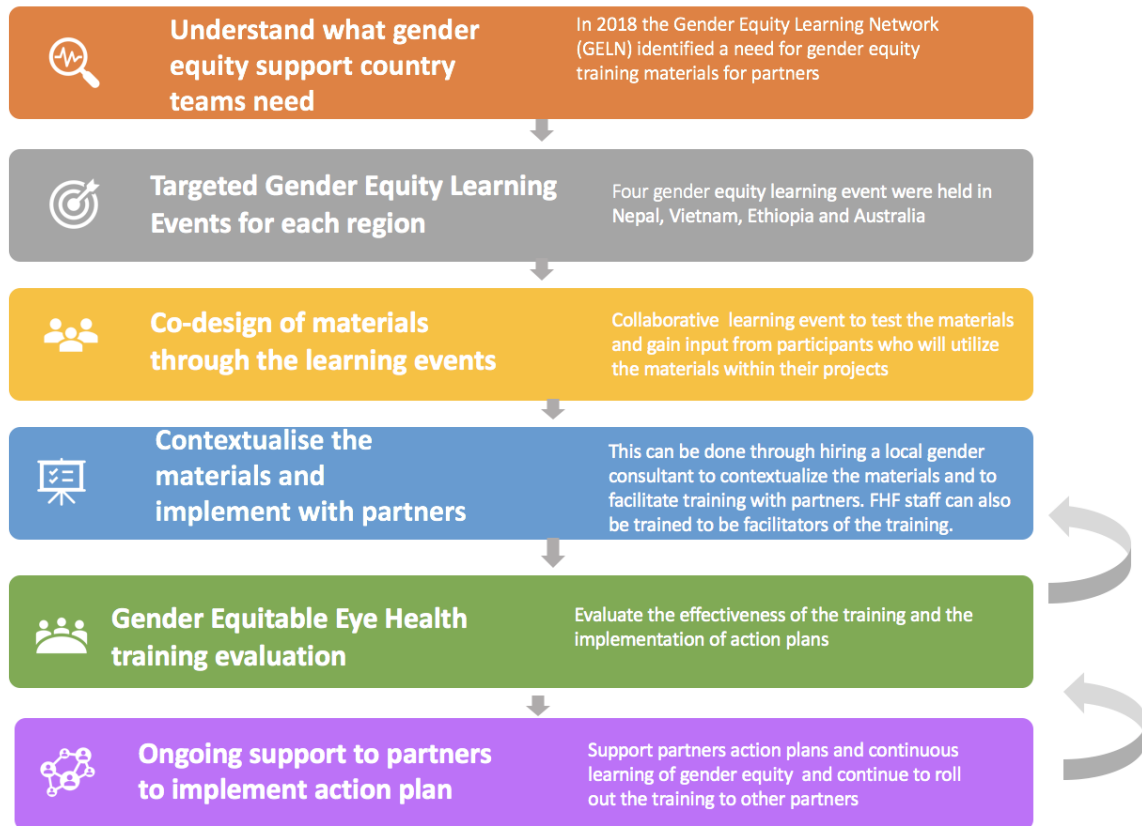
This transformative approach was developed through contextualised gender equity training, to promote gender equity within The Foundation's partner organisations and institutions. The aim of the training is to increase awareness of gender equity, and ensure the services partners are providing are inclusive of women and girls. The Foundation used this training as a springboard to help partners create action plans to assist in removing the systemic barriers women face when accessing eye health services and create an environment where we can achieve long-term change. The training also aims to promote the importance of women in the eye healthcare workforce and inform partner staff on why their workplace must be gender inclusive. Delving deeper into gender equity can assist partner organisations to reflect on gender equity policies that affect their beneficiaries and staff. The training has so far been implemented in Nepal, Kenya, Ethiopia, and China, and has been modified by country teams to ensure cultural appropriateness and relevance of materials.

The training has been monitored through feedback surveys and questionnaires and evaluated using the Kirkpatrick Evaluation Methodology. Through knowledge translation of the evaluation results, we aim to fill the gaps between knowledge and practice to ensure gender equity is being continually discussed and employed within partner workforce culture and the services they provided to the public.

Development of Training Materials

In early 2018, The Foundations Gender Equity Learning Network (GELN) brainstormed ideas on how to create more gender inclusive eye health programs. The Gender Equitable Eye Health Training program was one of the initiatives that was suggested by the country team representatives, who believed partners within their respective countries would benefit from the training. The materials were co-designed during several learning events with country teams. Everyone's ideas, experiences and knowledge of gender equity was compiled through these learning events lead by The Foundation's Senior Equity and Inclusion Advisor. The co-design process to create the training materials has been particularly important for program sustainability and allowing people from country teams to develop solutions to their own problems, with the support of the broader Foundation community. The learning events were held in Kathmandu, Da Nang, Addis Ababa, and Darwin. Generic materials were developed and then contextualised and altered to suit each country's context and culture. The [Gender Equitable Eye health training manual](#) can be accessed on the IAPB Gender Equity Toolkit website.

Process of developing, implementing, and evaluating Gender Equitable Eye Health training materials.

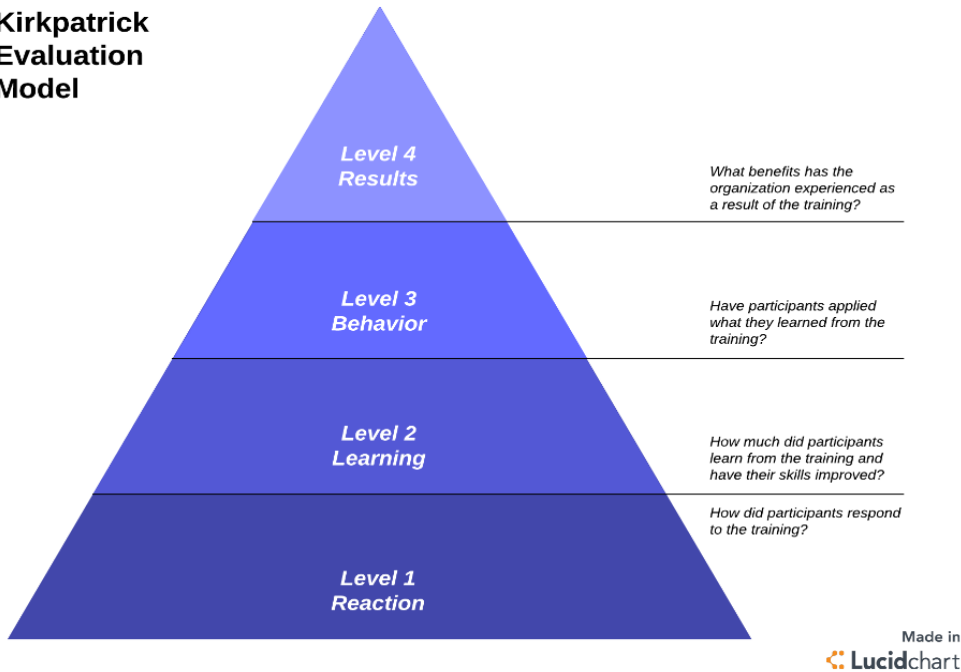


Evaluation and Knowledge Transfer

The evaluation of the Gender Equitable Eye Health Training was conducted using the Kirkpatrick Evaluation Model. Through the pre-and post-training data we were able to gauge preconceptions of gender awareness and expectations of the training and the immediate post-test enabled the program designers to analyse the reaction (level 1), learning (level 2) and effects of the materials on gender perceptions.

A sample of training participants was also selected to participate in 1 month, 3-6 month and 1 year questionnaires relating to the training learnings and how participants and their workplaces have implemented their new knowledge on gender equity and eye healthcare. This relates to understanding if participants' behaviour had changed after the training (level 3) and if organisational gender equity had changed (level 4).

Kirkpatrick Evaluation Model



Lessons Learnt on Evaluation Implementation

Future implementation of the training program means that pre-and post-training questionnaires, and the summative evaluation at the conclusion, needs to be thought about ahead of time. Questionnaires differed between country teams and between groups of participants, to ensure accessibility and cultural appropriateness of questions. Program teams may need to consider hiring a consultant for the collection and analysis of data and include their cost into the program's allocated budget.

To strengthen the use of evaluation findings, the team is determined to ensure knowledge is transferred to program partners, and within The Foundation itself. Dissemination of results is an integral part of the program cycle and needs to be considered at the start of program development. Through knowledge translation, we aim to fill the gaps between knowledge and practice and ensure gender equity is being continually discussed and employed within partner workforce culture and the services they provided to the public. The data presentation back to partners will be tailored to suit each partner with the assistance of the country teams and gender equity and inclusion champions.

COVID-19 and Gender Equity

The Gender Equitable Eye Health training was implemented from 2018 to 2020 and has been completed in several countries. However, the effects of COVID-19 were felt during some of the implementation and evaluation process in 2020. Travel restrictions, competing priorities within partner institutions and other unforeseen effects of the pandemic impacted the rate of information sharing and data collected, which caused delay in program deliverables. Despite these challenges, the program not only fulfilled the outcome of increasing gender awareness within eye health services, but it also shed light on the unequal effects that COVID-19 has had

on gender, specifically, the way in which women have been left behind in the health workforce during this pandemic.

Prior to COVID-19, women were underrepresented in many leadership positions around the world, including within the health workforce. COVID-19 has further amplified the gap between male and female representation within leadership, whereby men are more likely to fill decision making positions within organisations, hospitals, and workforces more generally. Women, however, have been at the front line of the COVID-19 response, and often their contribution and hard work goes un-noticed. Systemic and social barriers, such as unemployment, low socioeconomic status, and unpaid care duties, have increased during the pandemic, impacting women's ability to apply and fulfil leadership positions. This underrepresentation of women in decision making positions means that policies, programs, decisions, and laws are not taking into consideration the unique experiences and perspectives that women have around the world, which inevitably excludes 50% of the population⁴.

Coincidentally, the theme of 2020 International Women's Day is "*Women in Leadership: Achieving an equal future in a COVID-19 world*"⁵. The Gender Equitable Eye Health training program challenges organisations to reflect on the barriers women face within the eye health workforce and how harmful stereotypes need to be challenged and removed to ensure equal opportunities for women.

PILOTING GENDER EQUITABLE EYE HEALTH TRAINING

China, Guangxi

People do not realise that inequities between men and women still exists within China, especially in the rural areas of the country. The eye health of women and girls in rural minority areas of Guangxi is of increasing concern. Due to transportation limitations, lack of decision making within the household, limited eye health knowledge, and a commitment to domestic and farming duties, women are less likely to access services.

The Foundation has worked with partners within the Guangxi area to develop a solution to this inequity. A gender analysis was conducted as part of the Guangxi Comprehensive Rural Eye Care (CREC) project. The findings of this study indicated that eye care personnel at local partner hospitals were unaware of these gender inequities, which impacts their ability to address the systemic disadvantage women face when accessing eye health services. The Foundation has also partnered with the All-China Women's Federation (ACWF), which has the capacity to reach more women around China's rural provinces and share information around gender equity within eye health.

The Gender Equitable Eye Health training materials were adapted with the assistance of local hospital partners in Guangxi and modified for the context and audience. A pilot training was held in Nanning City with 15 participants from mixed cadres. The pilot indicated that many participants were aware of gender inequity and how this impacts accessibility of services, however, because of a lack of data about gender and eye health, participants struggled to

⁴ UN Women. (2020). *International Women's Day 2021 theme – "Women in leadership: Achieving an equal future in a COVID-19 world"*. Retrieved from <https://www.unwomen.org/en/news/stories/2020/11/announcer-international-womens-day-2021>

⁵ UN Women., 2020

summarise the link between gender and prevalence of eye health conditions. There was a need to analyse the relationship between gender and access to medical services further in future training.

Following the pilot, three training sessions were conducted, one with health personnel and management staff from Hepu, Guanyang and Xingye county, another with Women's Federation staff (at a primary and tertiary level) and finally with school teachers from Hepu and Xingye county. Overall, the participatory approach was well received, and a welcome change to the usual 'lecture style' training. Some participants are still unsure of how to translate their new knowledge into action. To assist participants, it was suggested that future training should have some solutions and/or practical techniques to combat gender inequity within eye health care. Despite this, at the conclusion of the training, all groups showed an increase in their understanding of gender and eye health.

Hospital staff learnt more about how a person's gender can impact their ability to access health services, and what they can do to reduce the barriers felt by women and girls. Many staff have applied this during patient consultation, and spent more time thinking about the needs of their female patients.

***"I learned that everyone in our society has gender stereotype, we think man should do this, women should do that, this stereotype needs to be changed. Also, I learned women's eye health needs more attention."* - hospital staff participant**

***"I had not paid too much attention to female eye health before, but I will promote the importance of female eye health after the training."* - hospital staff participant**

Women's Federation Staff enjoyed the discussion that followed activities, particularly *Xiao Ying's Story*, most likely since staff work with many rural communities. At times it was hard for the participants to grasp the link between gender and eye health, and eye health terminology was at times difficult to understand. At the conclusion of the training, the staff acknowledged their unique position to support and reach many women, especially those living in rural locations. Following the training, the participants conducted training sessions with 200 township and village Women Federation staff and are eager to continue sharing their new knowledge.

***"I have learned why there is gender related eye health, and the Women's Federation (WF) can disseminate the information well and serve for women."* - Tertiary Level Staff**

***"Yes, lots of change. I had discrimination and little understanding about gender before, and we had little training on gender. The training changed my thinking. I would like to do it better, but I have no power for decision-making."* - Tertiary Level Staff**

The Teacher training session focused primarily on eye health rather than gender equity. Despite this, participants felt their awareness of gender and eye health increased after the training. Teachers stated they would be more aware of their students' eye health in general.

Barriers/challenges to implementing action plans

- Community resistance to new gender related concepts
- Lack of confidence to facilitate future training
- Lack of power for decision making in their roles, limited support from management
- Budget, workload, competing priorities and resource constraints

Recommendations for future programming

- Unsure about how to apply this training, need future support in the form of follow up training, mentoring and resources such as PowerPoint presentations
- Stronger partnership between Women Federation and hospital is needed to assist hospital staff with community engagement
- Coordinated approach with multisectoral partners is needed more generally – government representatives, local village leaders, hospitals
- IEC materials so participants can distribute these during community screening and outreach

Ethiopia, Oromia

Women and men are bound by traditional gender norms in Ethiopia, especially within rural areas. Lack of access to property, jobs, education, and other social determinants impact upon a woman's ability to attend static eye clinics. The *Foundation's Comprehensive Eye Care Project in Oromia* established that men access eye care more frequently than women. This inequity is heightened by the lack of gender awareness among eye health care workers, who can play a key role in bridging the gap between gender equity within eye health.

The aim of this training was to expand on existing gender awareness and provide a space for partners to brainstorm future activities that can be implemented in their workforce. The training was interactive, and discussion was encouraged. It was conducted in Ahmaric and English by a Foundation staff member who has a great understanding of local context and gender equity. The training participants included hospital staff, Zonal health department staff, and Women's and Children's Affairs office representatives at three partner hospitals (Goba Hospital, Jimma University Hospital and Ambo Hospital). For many participants this was their first gender equity training session.

Overall, the training was well understood, and the content was engaging. Participants would like the training to be extended over multiple days to allow for more discussion and planning time. The "Surgeon's Story" and "Role Mapping" were highlights from the training and allowed participants to look inward and challenge their own gender biases. All groups have restructured their hospital space to create a more inclusive environment. This means separate queues for women and men, female toilets, seating areas for just women and prioritisation of female/vulnerable patients.

Participants from Goba Hospital found the training useful and wish for it to be extended to staff from other faculties. The training helped participants acknowledge how useful health promotion is, which is reflected through their action plan items. Another key target for the hospital was to reduce overnight stays for female patients, who are usually unable to stay for the evening.

"I am more inspired to look inward and challenge myself to tackle the deep-rooted gender-related biases in order to address gender and equity both in personal and workplace circumstances."

At Jimma Hospital, participants wanted to emphasise outreach health literacy efforts, to increase people's knowledge around the gender gap in eye health conditions and help communities see the value of women's eye health. Furthermore, the team proposed appointing a gender focal person for each department to oversee gender related programs.

"Helped me to analyse the importance of having discussion among different stakeholders in the hospital because they are working as a team."

“I became confident in myself, I feel I can do things just like my male colleagues, I started to participate actively in meetings”

“The most prominent barrier is university community attitude and lack of awareness on gender and equity issues in general.”

Ambo Hospital participants have become more gender aware through their clinical practice, which is reflected through the way staff interact with their female patients. Staff are taking on a more compassionate role with their female patients and providing more health literacy during consultations. A key action item discussed was the need for more women to be in leadership within the hospital, which could assist in the incorporation of gender awareness within planning and implementation of programs.

“Prioritizing to address the problems related to gender, see different patients differently based up on their need/problem”

Barrier/challenges to implement action plans

- Poor commitment from management staff
- Limited gender awareness knowledge from colleagues
- Budget constraints

Recommendations for future programming

- Training should be over a longer period of time, and include more staff from different sectors
- Collaboration with Women and Children’s Affairs officers was a benefit of the training program, and the relationship can assist future community mobilisation efforts

Kenya, Baringo

Gender stereotypes within daily activities and systemic inequality within institutions have prevented Kenyan women from accessing timely eye healthcare. Economic, social, and geographic barriers mean it is harder for women to attend clinical visits, and it is up to partners and The Foundation to reduce these difficulties. People with a disability also face challenges when trying to access eye health services, and there has been little to no assistance provided for people and families. Stigma and exclusion has prevented people with disabilities and women from reaching the same level of health as the rest of the population in Kenya. Through capacity building of partners, awareness creation, sensitisation of communities and partnership with Disabled People’s Organisations and women’s groups, these barriers will be addressed, and services can be improved to better cater for diverse needs.

“The woman remains at home, she oversees the household, but the man leaves the home in the morning. Somewhere along the way, the man gets useful information, however, when he returns home in the evening, he does not share the information with the wife. Women fail to access health services because they lack information. Imagine if a woman went blind, and the woman oversee the management of the household, who will undertake her chores? It is like the entire household will go blind.” (Male Chairperson PWD; Eldama Ravine)

The training in Kenya not only focused on gender awareness, but also disability inclusion, which was guided by the Association of People with Disability of Kenya (APDK). There were two training sessions held, one with Community Based Organisations (youth groups, men’s representatives and Community Opinion Leaders) and the other was with County Health Management Teams (eye care workers and other health workers). Training was altered

depending on the participants, but a mixed method approach was used with ample discussion time following each activity.

The Community Based Organisation participants had prior knowledge of gender equity through their role of community mobilisation. However, their confidence in dealing with gender and disability related issues increased after the training.

County Health Teams also had an increase in confidence and knowledge around gender and disability. They reassessed their hospital/clinic's gender and disability plan, and how they could improve services to be more inclusive of diverse patients' needs.

Participants enjoyed the training, especially the visual aids and discussion. However, they believed imparting this information to the community would be difficult, as many communities still hold traditional views around gender, and there is a persistent stigma around people with a disability. Despite this, participants are eager to share their learnings with their communities and within their workforce. Among participants there has been a change in mind-set around gender equity and disability inclusion. Many of the participants have a lot of influence within their community, and they recognise their role. Action plans have taken a multisectoral approach to awareness creation around gender and disability, with collaboration among churches, community radio forums, schools, and other key members of the community (chiefs, CHVs).

“Educated many in the community, when they see me on the road, they start asking what are you going to teach us today? Because they know I am a teacher and very capable to pass down knowledge and I have attended trainings.” (Female youth leader CBO; Mogotio)

“I have a new status, because the status you are given, you cannot deny it. If you deny the status, you demoralize the community members. Imagine being called Daktari! It means that they have confidence in you (Daktari). Before the training, community members doubted my abilities and I had not earned their trust. However, post the gender training, I got a platform among the people with disabilities and I have used it to create awareness, and advocate for their rights.” (Male KTTG; Kabarnet)

Barriers/Challenges to implementing action plans

- Lack of monetary facilitation, health systems are financially strained which impacts their ability to facilitate physical changes to the hospital, but also limits the human resources that are able to work on new programs and initiatives
- Limited female autonomy from community members is still a challenge
- Community mind-set and cultural norms make some people resistant to change
- Lack of political goodwill, especially for disability inclusion, means that there is not a lot of support for inclusion programs

Recommendations for future programming

- Longer training (at least three days), with the option of overnight accommodation for those with disabilities and people who have to travel long distances
- Evaluation closer to time of training conclusion
- Roll out of training for the whole county, with the inclusion of local government members
- Community educators should be provided with resources to assist them in sharing eye health care (such as t-shirts or badges to make them recognisable). More support from county government so they can successfully reach people in remote communities
- Collaboration with county government is needed
- More male engagement

- More information should be provided to churches, women's groups, chief barazas so that women can have access to this information
- Continuous training sessions

Summary of feedback from all training and lessons learnt

When reflecting on participants' feedback, the training was well understood and appropriate for each country context and demographic. Discussion was a memorable part of the training, especially in the way it assisted participants in cementing equity concepts. It also gave participants the opportunity to discuss gender equity and disability inclusion with their peers from different sectors and social groups, which allowed for different perspectives to be shared. A lack of understanding from peers who had not attended training was a barrier to achieving action plan items. For this reason, respondents suggested extending the training not only to others within their workforce, but also to multisectoral partners, so that terminology and concepts are familiar to all.

The training also allowed for participants to reassess their own biases and prejudices around gender equity and disability inclusion. Since the training, participants have made a conscious effort to prioritise the needs of vulnerable people in their community, advocate for their rights within their workforce and share these learnings with work colleagues, family, and friends. Gender equity and disability inclusion are new concepts in many of the participants' communities. Future support and guidance should be given by The Foundation so participants feel equipped to share these new ideas. Suggestions such as refresher/continuous training, IEC materials (posters, handouts), t-shirts/badges to make participants recognisable and mentoring would all be useful.

The training also brought up themes of leadership, and what role women can have in these positions. A lot of participants agreed that there is not enough female representation in leadership within their places of work and even within their communities. After the training, female participants felt empowered to speak out in meetings and they have recognised that their voices are equal to men. Some women still feel as though they are not in a position to make decisions, which impacts their ability to push for gender equity initiatives. This is a systemic issue that is present in many workplaces. The participants suggested that their leaders and managers should also be present and undergo these training sessions. With more participation from management, more gender equity and disability inclusion programs can be supported, and the discussion around women in leadership can be expanded and acted upon.

Key lessons learnt:

- Training materials should be adapted to suit each country context, and be appropriate for the group of participants who are attending the training
- Training should include disability inclusion as it was in Kenya
- Data collection should be collected from the beginning of the training through pre-and post-questionnaires, and a plan should be in place to collect data after the program has been completed (1 month, 3 months, 6 months)
- A consultant may need to be hired for data collection and analysis if necessary (this should be part of the total budget)
- Plan for knowledge transfer/dissemination of results to partners
- Expanding on the role of women in leadership, and ensuring this is emphasised during training

Key lessons learnt from the participants:

- The need for ongoing mentoring and training in the area of gender equity, one off training is not enough
- May need professionals to conduct the training
- Extend the training to multisectoral partners, and to people in managerial positions
- Training should be longer
- Future support will be needed through the form of IEC materials, recognition of training completion (certificate), and refresher training

What we are planning for 2021

Nepal - Gender Equitable Eye Health training was completed with participants from Tilganga Institute of Ophthalmology (TIO) and Geta Eye Hospital in 2019-2020. An impact evaluation is in place, and qualitative data is being obtained through Key Informant Interviews and Focus Group Discussions involving a selection of training participants. Results from this evaluation will contribute to further gender equity interventions within the Nepal project with partners TIO.

Laos – In January, 30 female district officers completed an intensive three-day training program on primary eye care and gender equity in eye health. The activities were led by the Gender Development Association (GDA). It is expected that these women will return to their communities and share their learnings with their peers, families, and friends. This is part of a longer program, where more partners will undergo training over 2021.

Bangladesh – Training materials have been developed and training sessions are commencing in 2021 with local partner institutions. The training will be monitored through survey/questionnaires from participants, and an impact evaluation will be conducted at program completion.

China – The Foundation's China team will be integrating gender equity training for Community Health Workers as a part of the Guangxi Project in 2021. Gender sensitive IEC materials are being redesigned and developed for partners to distribute to colleagues, patients, families, and communities. Refresher training and discussion of gender equity initiatives will be conducted to ensure partners are fulfilling their action plans and continually learning about gender equity. The team will also be extending gender equity training to partners from other China program projects in 2021.

Philippines - The Gender Equitable Eye Health Training program was due to roll out in the Philippines in March 2020. Unfortunately, COVID-19 restrictions and lock downs in the Philippines have meant a delay and this training cannot be implemented until an effective vaccination strategy is in place, which could occur in late 2021.

CONCLUSION

Country teams and other Gender Equity Inclusion Champions at The Foundation have received results from training evaluations. Gender Champions who have been leading the Gender Equitable Eye Health Training Programs in their countries, are discussing ways to disseminate the results to partners in the most appropriate way. Through this knowledge transfer, partners can view the difference that the training has made within their institutions or communities and keep the dialogue open between them and The Foundation.

The COVID-19 pandemic has impacted the implementation and evaluation of the training program. Despite these difficulties, the programs and evaluations have been adapting to the changing environment. Data was collected in four of the countries which implemented the program, and there are safe strategies in place to extend the training to other countries soon.

The gender equity transformative approach aims to generate an environment of equal opportunity for women to access eye health services. However, the training is also able to introduce a dialogue around the benefits partners will have when institutional discrimination is removed for women in the workplace, which can allow for equal career and leadership opportunities. Gender equity does not stop at beneficiaries of services, it must be extended into the framework of organisations to ensure systemic barriers for women are challenged and removed.

The Gender Equitable Eye Health Training materials and program activities in Kenya, Nepal and Ethiopia were funded through the Australian Government under the Australian NGO Cooperation Program (ANCP). The program activities in China were supported by the Australian Embassy in China through the Direct Aid Program.



Photo credit: The Fred Hollows Foundation, Kenya



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