



Using the Washington Group Short Set for monitoring access to eye health services by people with disabilities

Inclusive Eye Health in Sightsavers

Our vision is a world where no one is blind from avoidable causes, where people with disabilities participate equally in society.

We know people with disabilities face more barriers to accessing quality and affordable eye health services than people without disabilities.

We are contributing to the achievement of universal health coverage and the SDGs, ensuring that we 'leave no one behind'.

We have a commitment to strengthen disability and gender equity in inclusive eye health programmes, and ensuring services are accessible to all.

Disability data collection in monitoring

- Pilot study Bhopal, India 2017
- Inclusive Eye Health project Nampula, Mozambique 2018
- Inclusive Eye Health programme, Bangladesh and Pakistan 2018



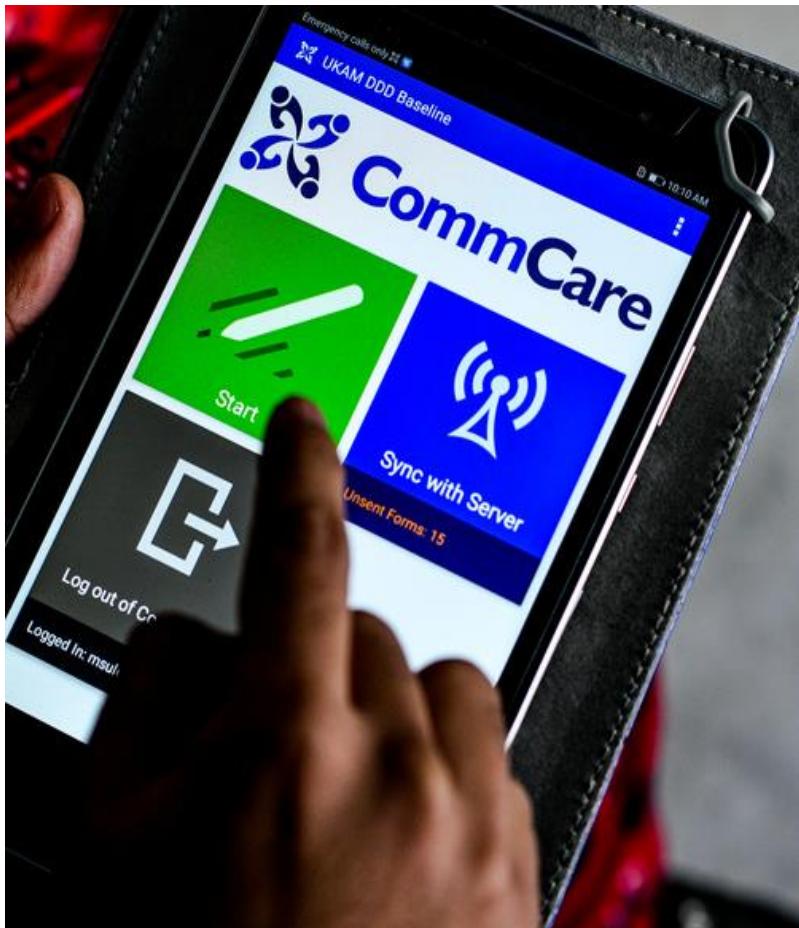
Approach

- Disability data was collected in 2018 to inform baselines for new Inclusive Eye Health Projects in:
 - Bangladesh
 - Mozambique
 - Pakistan
- Data was collected amongst a sample of patients in a set period of time and before the start of any inclusive activities (first six months of project).
- The Washington Group Short Set was administered to patients coming in either for eye screenings and/ or for cataract surgery at health facilities and outreach camps.

Methodology

	Bangladesh	Pakistan	Mozambique
When?	September to December 2018	June to August 2018	
Where?	District health facilities and outreach screening camps		Provincial hospital and outreach surgical camps
By whom?	Hired data collectors	Record officers	Health staff
Sample population	Sample of patients at point of eye screening		All cataract patients before surgery
Total Sample size	7079	2795	-
Cataract sample size	429	334	651

Data collection process



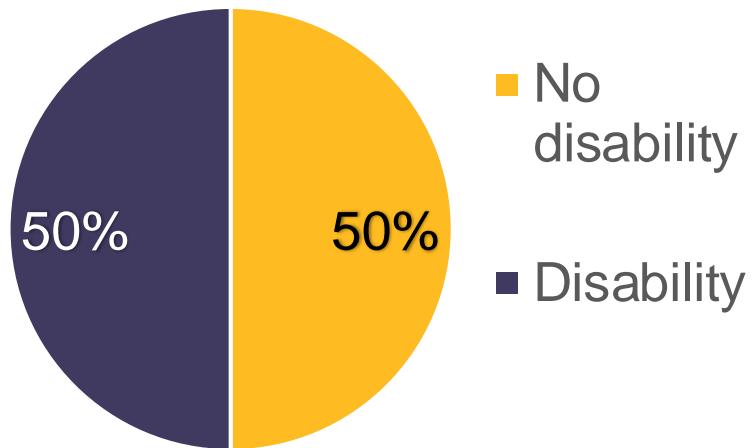
- Training provided on the WGSS and ethical data collection
- Data collected using smart phone devices
- Questions asked to patients before eye screenings or cataract surgery
- Unique ID number captured, and patients cross checked with cataract surgery list.
- Data exported into excel and PowerBI for cleaning, analysis and visualization

Definitions

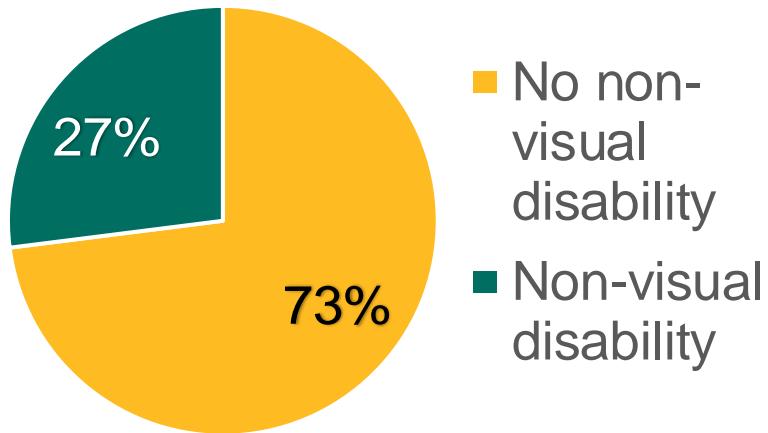
Term	Definition
Disability	Patients' response of having 'a lot of difficulty' or 'cannot do at all' in at least one of the six functional domains.
Non-visual disability	Patients' response as having 'a lot of difficulty' or 'cannot do at all' in at least one of the five functional domains (excluding the sight domain).
Cataract patient	Refers to those who were diagnosed with a cataract (either in one eye or both eyes) and received surgery.

Eye screening- Bangladesh

Patients with a disability

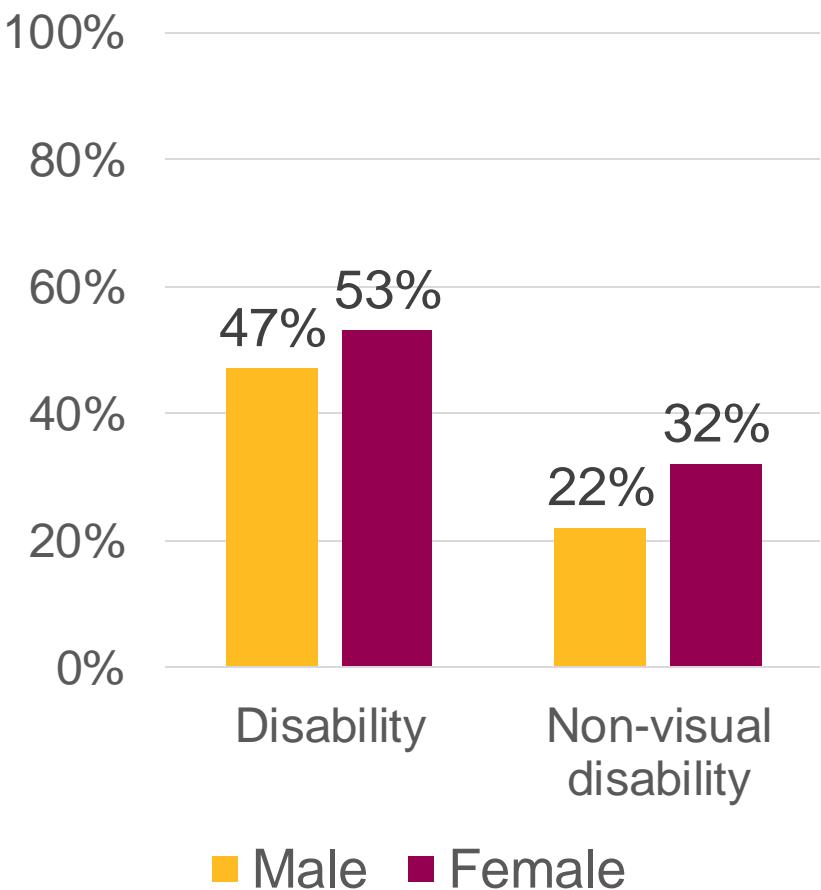


Patients with a non-visual disability



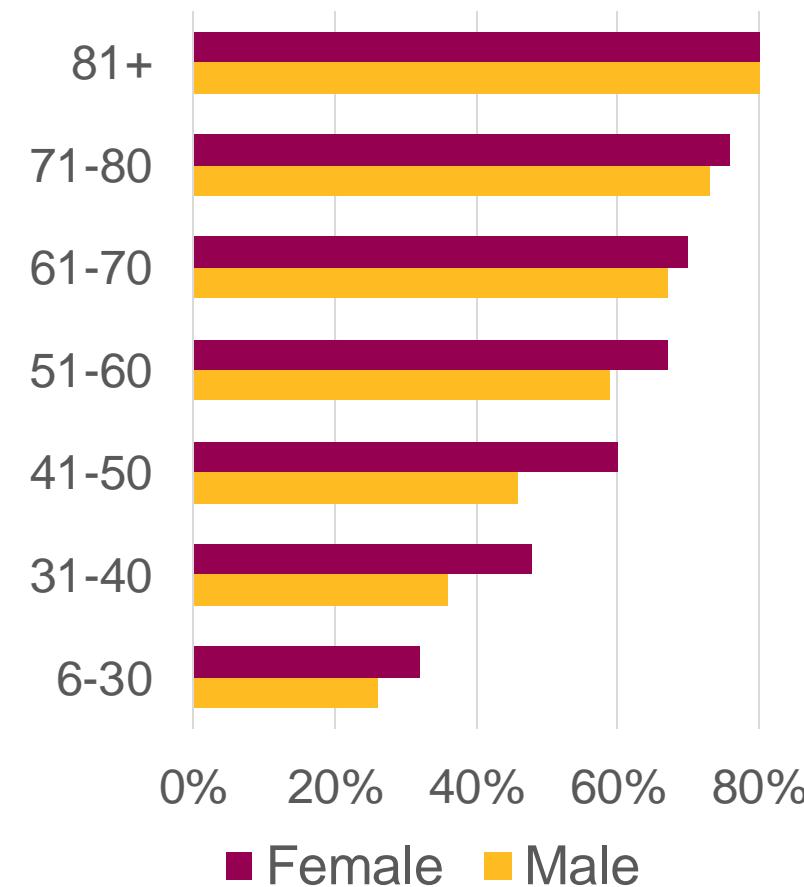
Results

Patients with a disability by sex

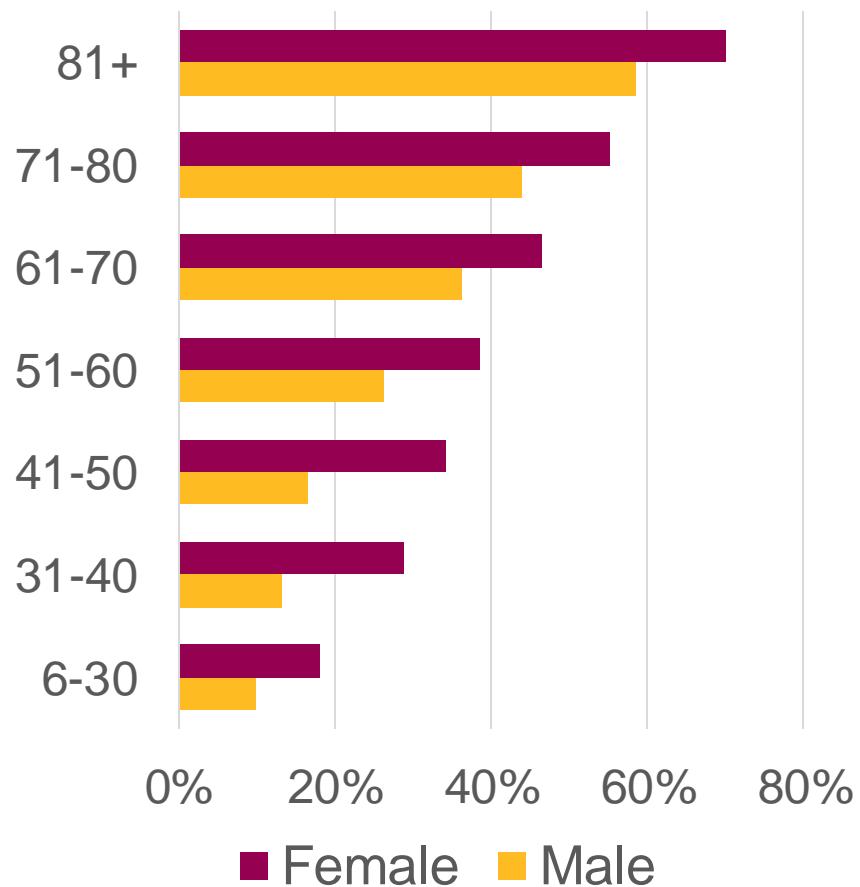


Eye screening- Bangladesh

Disability by age

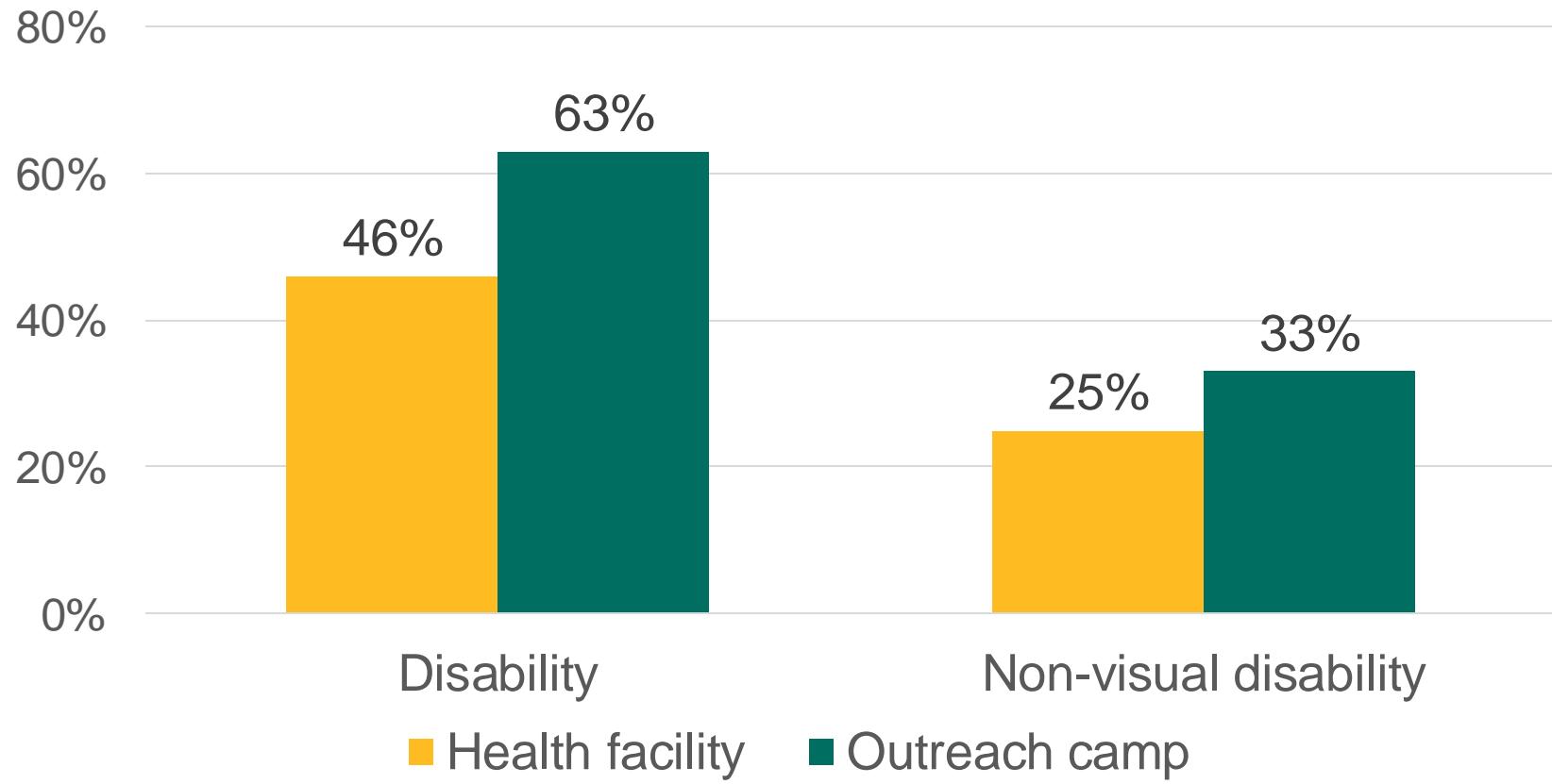


Non-visual disability by age



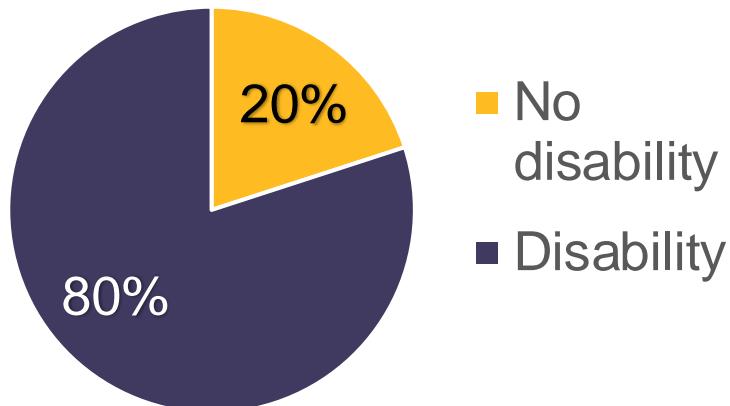
Eye screening- Bangladesh

Disability and non-visual disability at health facilities and outreach camps

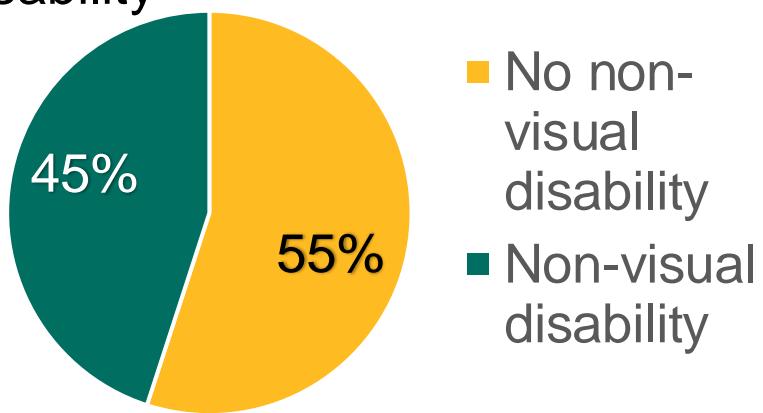


Cataract patients- Mozambique

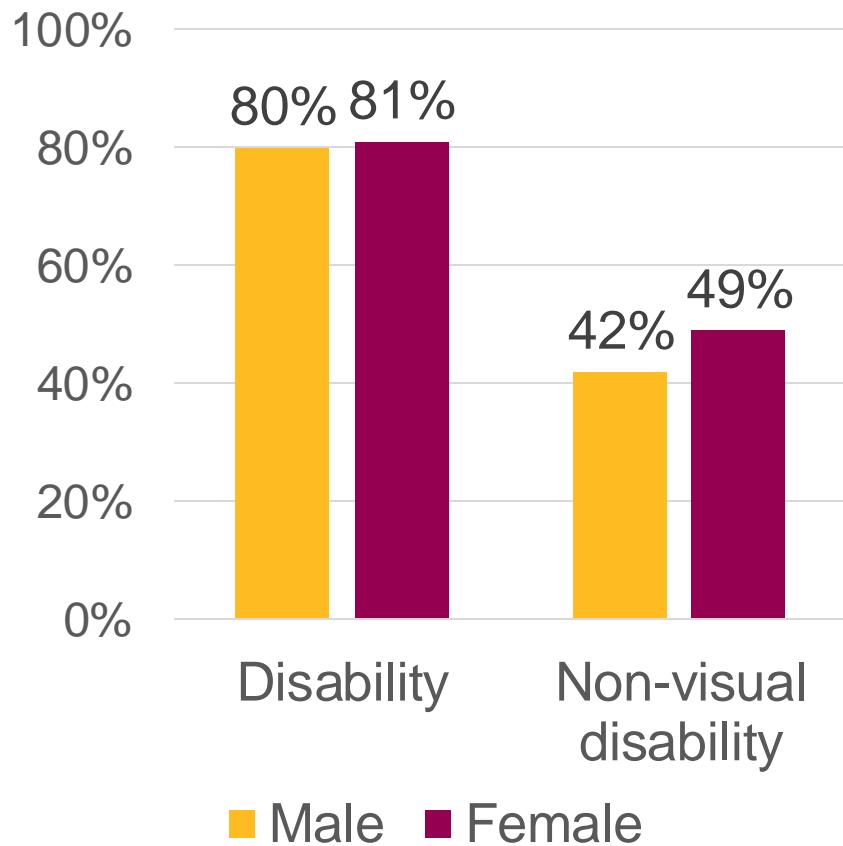
Cataract patients with a disability



Cataract patients with a non-visual disability



Cataract patients with a disability by sex



Summary of findings



Disability and non-visual disability was higher among women than men.



Disability and non-visual disability increased with age and was highest in older age groups.



Multiple disabilities were more frequent in older age groups. The most common being; visual, lower body (walking) and, remembering and concentrating.



Disability and non-visual disability higher at rural district facilities and outreach camps compared with secondary health facilities within urban areas.

Lesson learning

What we know

- Many people accessing eye health services have a disability
- Data is helpful to understand the magnitude and type of disability of those accessing services
- Contextual data is essential to make sense of the findings

Further questions

- Who within communities are not able to access eye health services?
- Why certain people with disabilities face more barriers to services than others?
- How do people with and without disabilities perceive the quality of services they receive?

Next steps

- Prioritize areas for accessibility improvements within health facilities
- Ensure services are sensitive to the needs of female patients and encourage uptake
- Second round of data collection scheduled in 2019 as part of monitoring
- Similar assessments scheduled in Malawi, Nigeria and Tanzania in 2019/ 2020



Thank you

For more information:

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