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This is a sample article using all the typical elements found in an article for the Community Eye Health Journal

This is the introductory standfirst and this dummy article has numerous typical elements such as figures, tables, pull quotes and so on to act as a decent test sample file.

A member of a local organisation of people with disabilities (OPD) evaluates how accessible a health facility is for people with disabilities. **PAKISTAN**

Mini side panel
is an umbrella term that includes storing data on a distributed network of servers that are connected via the internet, and using applications or apps that are hosted on this distributed network, which is also known as **'the cloud'**.

According to the World Health Organization World Report on Disability, 2011, there is a strong relationship between disability and poverty: disability can increase the risk of poverty, and poverty can increase the risk of disability,[1] with access to health care being an important factor.

In Pakistan, high levels of discrimination and social exclusion affect individuals with disabilities and their families,[2] making it difficult for them to afford eye care.

To address this challenge, and after testing a similar model in India, Sightsavers set up an inclusive eye health programme in four districts in Pakistan in 2018. Inclusive eye health means ensuring that eye care services are set up in consultation with people with disabilities and their representative organisations. It also means ensuring that eye care services are accessible and welcoming for everyone. Services are then more accessible for all neglected groups, particularly women, children, and people with disabilities.

The project focused on two key areas:

- Generating demand for eye care among people with disabilities in the community
- Ensuring that services were accessible and inclusive, and that they met the community's eye care needs.

The project's main implementing partner was the charity hospital network Layton Rahmatulla Benevolent Trust (LRBT). To ensure equity and inclusion, we partnered with a national organisation of people with disabilities, known as Special Talent Exchange Programme (STEP). The project consisted of several stages:

1. Situational analysis & stakeholder mapping
2. Identifying barriers
3. Addressing provider-side barriers
4. Improving demand for eye care
5. Advocacy and policy change
6. Monitoring and evaluation.

1. Situational analysis

For each of the four districts, we collected baseline data on the level of access of people with disabilities, identified areas where poverty and disability are more prevalent, and collected sociodemographic information.

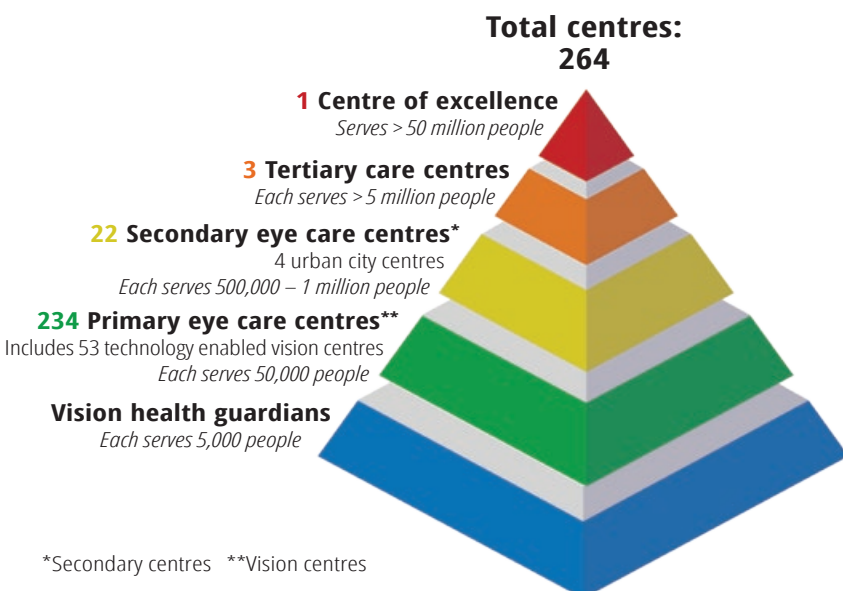**Figure 1** LV Prasad Eye Institute eye care service delivery pyramid

Total centres: 264

1 Centre of excellence
Serves > 50 million people

3 Tertiary care centres
Each serves > 5 million people

22 Secondary eye care centres*
4 urban city centres
Each serves 500,000 – 1 million people

234 Primary eye care centres**
Includes 53 technology enabled vision centres
Each serves 50,000 people

Vision health guardians
Each serves 5,000 people

*Secondary centres   **Vision centres

Table 1 This is an example of a typical table in the journal.

Barriers identified	Solutions
Attitudes of staff members	Sensitisation training for hospital staff on disability and gender rights
Physical infrastructure and organisational development	Inviting people with disabilities to assess how accessible and disability-friendly health facilities are (known as an 'accessibility audit') Retrofitting facilities with disability-friendly and accessible infrastructure Improving communication between eye care and other health or rehabilitation services to ensure better referrals and follow-up

We also mapped and analysed who was involved in, or could influence, the success of the programme, and what their level and area of influence might be. These included community leaders, religious scholars, and local political figures who could influence and advocate for improved uptake of, and access to, health care for local communities in general and disabled people in particular.

2. Identifying barriers

We engaged with local organisations of people with disabilities and asked them to help us to identify any barriers in the way of inclusive eye health.

In addition to provider-side barriers (see Table 1), we also identified a lack of demand for eye care in the community. This was due to a lack of awareness in the community about the eye care needs of people with disabilities, a lack of awareness in the community and among people with disabilities themselves about the services that are available, as well as unhelpful attitudes towards people with disabilities.

3. Addressing provider-side barriers

In our partnership with organisations of people with disabilities, we learned that bringing services nearer to the communities through eye care screening camps and making services available at the primary health care level is a great motivator for marginalised people who otherwise cannot access eye health services. However, once we create demand for eye care services, it is equally important that services are accessible, inclusive, and equitable.

Local organisations of people with disabilities were invited to carry out disability access audits of eye hospitals and recommending essential infrastructural modifications. With the local self-help groups (see below), they actively supported disability awareness raising – via sensitisation training – for hospital staff. They also helped us to establish a database of persons with disabilities so we could monitor who was receiving care.

4. Improving demand for eye care

To address the lack of demand, we needed to improve everyone's understanding of the eye care needs of disabled people and the services that are available for them. We also had to challenge negative attitudes towards eye care for disabled people amongst community members, leaders, and decision makers.

Setting up self-help groups

As a first step in addressing lack of demand, we worked with the elected union councils (also known as village councils) in each of the four districts to create self-help groups that included people with disabilities.

In Pakistan, self-help groups are relatively common. They are informal groups of local people (such as teachers, political and religious leaders, and representatives from women's empowerment focused-groups and others) who come together to discuss issues and problems they have in common. Self-help groups, as the name implies, look for solutions on a self-help basis but they do sometimes seek help from local government institutions, such as union council offices. The groups also promote social cohesiveness through local cultural events and gatherings, street theatres to promote a collective approach towards social issues, and health and hygiene sessions.

Initially, Sightsavers' project team supported the organisation of these self-help groups and encouraged the inclusion of people with disabilities. A total of 57 self-help groups were created in the four districts, and each included an average of 10–12 people with disabilities. The self-help groups worked closely with LRBT hospital staff members to arrange accessible and dedicated eye care outreach screening camps.

> "This is an example pull quote to draw attention to a key point made in the main text of this article."

References

1 World Health Organization. World report on disability. Geneva: World Health Organization; 2011. **https://bit.ly/3PECtBr**

2 Government of Pakistan. The National Health Vision of Pakistan 2016-2025. **https://bit.ly/3dDYqTV**

Example panel for extra info

Unhelpful attitudes towards people with disabilities – as somehow being less worthy of health care and eye care – is a key barrier when it comes to getting access to eye care. To break down social taboos and stigma around disability, disabled people were invited to address the community members attending outreach eye camps.

At one of the outreach camps, a female leader of an organisation of people with disabilities spoke as follows: "I live with a physical disability, but it did not stop me from getting education. I completed my undergraduate degree and am now applying for work and planning to get married. I am also the secretary of a self-help group where I lead social work, informing the people about eye camps and raising their awareness about importance of eye care treatment. I am working closely with a disability rights awareness team supported by the organisation where I work as a volunteer."