Workshop Report

Enhancing capacities to strengthen gender, equity and human rights integration in health sector response at country level

Bissau City, Guinea-Bissau

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CONTENT

Abbreviations

AFRO	Africa Regional Office
GAM	Gender Analysis Matrix
GAQ	Gender Analysis Questions
GBV	Gender-Based Violence
GER	Gender Equity Human Rights
GEWE	Gender Equality and Women Empowerment
GPW 13	General Programme of Work 13
HEAT	Health Equity Assessment Toolkit
MJDH	Ministry of Justice and Human Rights
MOH	Ministry of Health
MMFSS	Ministry of Women, Family and Social Solidarity
OIC	Officer in Charge
SDG	Sustainable Development Goals
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNSDCF	United Nations Sustainable Development Cooperation Framework
UPR	Universal Periodic Review
RENLUV-GC/GB	Rede Nacional de Luta contra Violencia no Género e nas Criancas
WFP	World Food Programme
WHO	World Health Organization
WHO AFRO	World Health Organization – Regional Office for Africa
WR	WHO Country Representative
VAW	Violence against Women

Photo of all the participants and facilitators, day 1 of the training

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BACKGROUND AND INTRODUCTION

Gender equality is a human right and an important social determinant of health[1,2], though often neglected in health systems[3], health policy planning and implementation[4,5]. Gender inequality shapes health behaviours, care practices, responses and health-related outcomes[5,6]. The global COVID-19 pandemic[7], has exposed underlying health and social inequities[8], including the health systems role perpetuating such inequalities[9,10], and erosion of the progress on hard-won but fragile gains in improving health and addressing gender inequalities[9]. COVID-19 has also provoked renewed political commitment from leaders, global health community and institutions[11] to (re)prioritise gender equality in local, national and global health systems strategies to recover and build back better from the pandemic[12,13].

Echoing the vision of the 2030 Agenda for Sustainable Development and Sustainable Development Goals (SDGs), the World Health Organization's (WHO) 13th General Programme of Work (GPW 13) and Investment Case for 2019-2013 commits to closing access gaps, enhance participation and resilience, while empowering individuals and communities with equity, gender and rights-based (GER) approaches being central tenets[14,15]. To support countries health ministries and partners, WHO has developed a GER package, comprising guidance documents, tools and checklists[16–18] to guide the integration of GER measures in health sector programmes and policies on health including COVID-19. While such guidance is crucial for WHO Country Offices support to Member States, there is need to enhance knowledge and capacity building to effectively operationalise GER packages and secure buy-in for GER integration into health sector responses. Several UN evaluations[19,20] also emphasise the need to focus on practical options (the how to process) for personnel to enhance competencies to ensure integration and advocacy for GER in national health policies, strategies, and plans, especially during COVID-19 recovery.

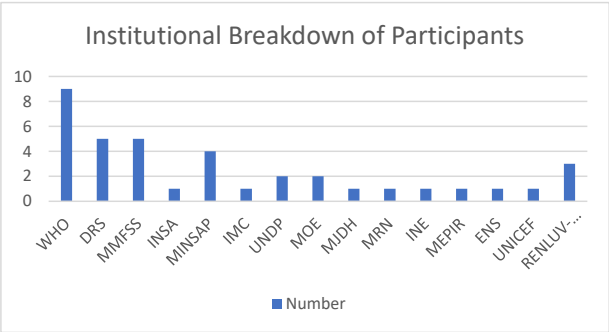
In this regard, a mission was organised at the instance of the WCO to support the Guinea-Bissau country team including government counterparts and partners to reflect on their work and explore effective ways to address capacity gap and enhance advocacy for accelerating actions to promote gender equality and rights-based approaches in health drawing on available WHO GER guidance and tools. The mission included field visits, stakeholders' engagement, and policy dialogues to strengthen participation and partnership for gender-responsive health programming and WHO visibility in this area of work in Guinea-Bissau. The dialogue and advocacy meetings were attended by partners and local organizations. These included the Ministry of Health – Gender Focal Point and the General Director for Infant and Maternal Health, UNCT focal points for gender, human rights and inclusion (RCO, UNICEF, UNFPA) and RENLUV-GC/GB – a network of organisations that works to tackle gender and child-based violence in Guinea Bissau.

The Training Workshop

Recognising the urgent need, the WHO Guinea-Bissau Office, with technical support from the WHO Africa Regional Office (AFRO) convened a four-day (4) training workshop in Bissau, Guinea-Bissau, from 7 - 10 May 2024. It was attended by administrative and technical professionals working in areas at the intersection of gender and health, from the country office, the Ministry of Health (MOH), Ministry of Women, Family and Social Solidarity, Ministry of Education, Ministry of Economy, Planning and Regional Integration, Ministry of Justice and Human Rights (MJDH) , Ministry of Natural Resources, the National Statistics Institute, other UN partner agencies and 1 key non-government actor – RENLUV-GC/GB.

The purpose of the workshop was to develop capacity for effective integration of gender, equity and rights (GER) into health programmes, policies, strategies and activities.

DEMOGRAPHIC BREAKDOWN OF PARTICIPANTS



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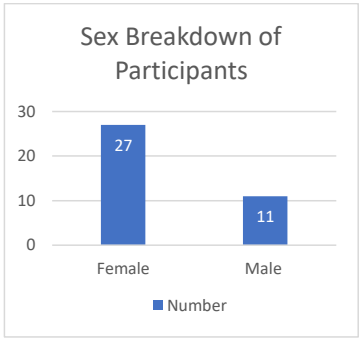

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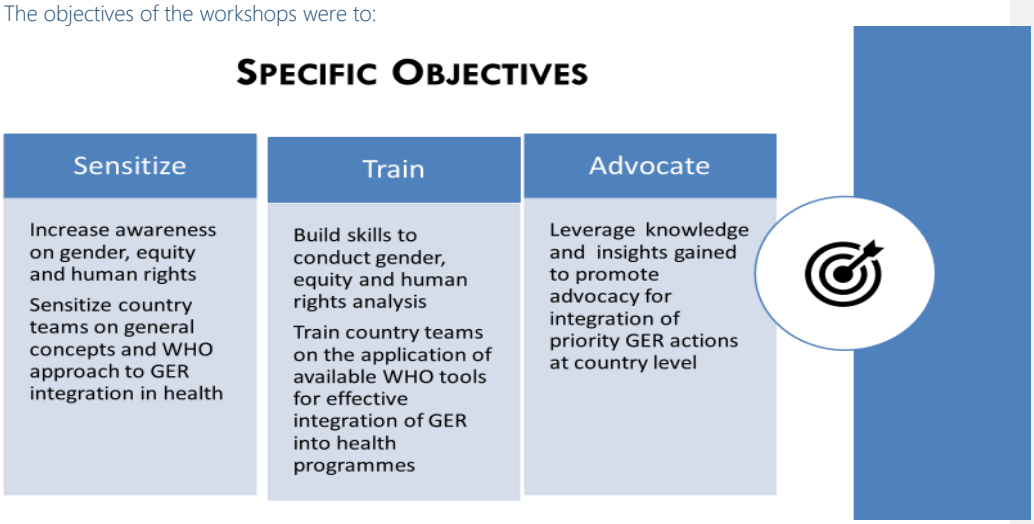
[1] **WHO** (World Health Organization/Organização Mundial de Saúde); **DRS** (Regional Health Directorate /Direção Regional de Saúde**)**; **MMFSS** (Ministry of Women, Family and Social Solidarity/Ministerio da Mulher, Familia e Soliedaridade Social); **INASA** (National Institute of Public Health of Guinea-Bissau/Instituto Nacional de Saúde Pública da Guiné-Bissau; **MINSAP** (Ministry of Public Health/ Ministério da Saúde Pública); **IMC** (Institute for Women and Children/Instituto da Mulher e Criança); **UNDP** (United Nations Development Programme/ Programa das Nações Unidas para o Desenvolvimento); **MOE** (Ministério da Educação/Ministerio de Educação); **MJDH** (Ministry of Justice and Human Rights/Ministerio da Justiça e Direitos Humanos); **MRN** (Ministry of Natural Resources/ Ministerio de Recursos Naturais); **INE** (National Institute of Statistics/Instituto Nacional de Estatisticas); **MEPIR** (Ministry of Economy, Planning and Regional Integration/Ministerio da Economia, Plano e Integração Regional - DG de Plano); **ENS** (National School of Health/ Escola Nacional de Saúde); **UNICEF** (United Nations International Children's Emergency Fund/ Fundo Internacional de Emergência das Nações Unidas para a Infância); **RENLUV-GC/GB** (National Network for the Fight against Violence against Gender and Children /Rede Nacional de Luta contra Violencia no Género e nas Criancas)

The objectives of the workshops were to:



Outcomes

1. The country team has a good understanding of gender, equity and human rights terms and concepts.
2. The country team, including WCO clusters, understand the approaches, steps and tools for review, analysis and integration of GER in health polices, strategies, plans and programmes toward leaving no one behind.
3. WCO clusters identify, reflect and develop cluster-specific GER-oriented activities for their respective 2024/2025 priority areas.
4. Country team identifies strengths and opportunities for establishing a multidisciplinary gender focal team to support the WCO's programmes and activities
5. WHO and partners are more visible with an increased pool of advocates and supporters on GER-integrated programming in Guinea-Bissau.

Participants reflecting on prevailing gender, equity and human rights issues in Guinea-Bissau

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SETTING THE SCENE

Effective integration of Gender, Equity and Human Rights (GER) is major step toward the achievement of global development goal for the United Nations (UN) and its Member States. GER is generally considered everybody's business. However, to promote and mainstream GER, policy makers, practitioners and implementers need to:

1. Improve their awareness, knowledge and capacity of key concepts around gender, equity and rights, to deliver health for all.
2. Understand the normative frameworks and guidelines for working on gender equality and women empowerment; and
3. Understand why gender, equity and rights approaches matter in the health sector

Advocacy and policy dialogue sessions

The purpose of the advocacy visits was to engage formally with key stakeholders to learn about the GER issues, including cultural and societal norms and other challenges impacting the health sector in Guinea-Bissau as well as how these can be addressed with the support of WHO guidance and tools. There were courtesy and advocacy visits, notably with the WR, MOH, and UN partners (RCO, UNICEF, UNHCR, WFP ETC). In addition, the facilitators met with a non-government community partner, RENLUV-GC/GB. The visits were intended to be information-sharing and key takeaways from the discussions will be used for contextual framing and referencing during the 4-day training workshop.

The following findings helped to inform the application of specific and localized GER examples in Guinea-Bissau during the training workshop. It was revealed that:

- Although Guinea-Bissau is implementing some interventions including awareness building and sensitization efforts to address GBV and gender inequality as related to health and health services, there are still significant gaps between the development and implementation and monitoring and evaluation.
- Despite GBV being very dominant across groups, there is currently no national policy, strategy or guidelines for the prevention and management of GBV in Guinea Bissau.[2]
- Gender-based violence remains a prominent issue in Guinea-Bissau due to socio-cultural norms, attitudes and beliefs which normalize violence against women.
- Guinea-Bissau is a largely patriarchal society with most decisions being made by man, who acts as the head of the household. There is therefore a need to actively include men in information sharing activities and programmes targeting immunization.
- Poverty remains a huge concern that deprives men, women, boys, and girls from accessing healthcare services. Hence, there is also the need to the economically empower these vulnerable groups, as it will enable them in making decisions informed decisions and choices about their health.
- There are opportunities for Guinea-Bissau to review ongoing human rights concerns with the upcoming UPR exercise and the

[2] During the visit with RENLUV-GC/GB, it was uncovered that there exists different laws and policies addressing gender equality, VAW, GBV gender parity. However, general awareness and concrete implementation of these policies and laws has been stagnant.

completed national human rights analysis. However, there are concerns due to ongoing to political and development instabilities.

- There is the need to conduct a rapid gender analysis and rapid barriers assessments to help identify aspects which set in as barriers to accessing health care services.
- There is a need for strengthened capacities and awareness building for the MOH and the Guinea-Bissau government to ensure no one is left behind and sustainable and equitable access to healthcare.
- There is a need for more advocacy and policy dialogues on the state of human rights and its alignment to health in Guinea-Bissau, especially through awareness-building and institutionalization of the state's obligations to human rights and gender equality.

Some of the key highlights included meeting with Meeting with OIC, WR for WHO Guinea-Bissau, Dr. Marie Chantal Kambire-Diarra to consensus on the objectives for the training workshop which will support strengthened country office capacity and knowledge of GER theory and tools. During the visit with OIC-WR for Guinea-Bissau, there were discussions on the impact of the political crises from June to November last year particularly on health outcomes, ongoing human rights concerns and the overall status of development.

The following questions were provided to each key partner during the advocacy visits:

1. What are the prevailing GER issues of people, especially women, girls, and gender diverse people, face in Guinea-Bissau?
2. How do these issues impact their health and access to health services as well as other determinants of health?
3. How do you think we can address these GER issues to better improve access to health services and health outcomes for individuals, families, and communities in Guinea-Bissau.

Facilitators with the OIC, WR for Guinea-Bissau, Dr. Marie Chantal Kambire-Diarra (second to the right)

On Day 2, the sessions were designed to help foster a collective understanding among participants (WHO, MOH, UN partners, NGOs) on gender and related concepts, gender mainstreaming and global framework in the context of health.

To kickstart the training, a presentation was provided by the United Nations Sustainable Development Cooperation Framework (UNSDCF) guiding principles covering human rights based-approach, gender equality, women empowerment, and the efforts towards 'leave no one behind'. This session highlighted key actions that the UNSDF work on Guinea-Bissau reaching the Sustainable Development Goals.

Guinea-Bissau Human Rights and Gender Equality Officer presenting on the UNSDCF principles

Key concepts in gender, equity and rights in health

Clarifying terminologies and definitions around gender and related concepts is crucial – ambiguity can be a barrier to collective understanding, robust health policy analysis, policy, program and intervention design to address gender-related health inequalities.

Through a series of lectures, dialogues, quizzes including practical examples, the first session outlined and highlighted critical similarities and differences regarding gender and related terminologies. Facilitators led participants to explore and reflect on differences between gender/sex, gender equality/equity, gender identity/expression and orientation. The session also unpacked how gender norms, roles and relations may interact to produce differential health risk, care, treatment and outcomes.

Equally important dimensions in the effort to address health inequalities and inequities highlighted included: social inclusion and(or) exclusion; intersectionality, and human rights. Contributions also emphasized several important issues including though not limited to:

- The need for sustained and regular training and engagement to consolidate learnings and practices on integrating gender, equity and rights in policies and activities
- Ensuring that efforts to be gender-responsive and inclusive do not reinforce existing stereotypes, harmful norms, discrimination or unintentionally disempower marginalised population in their access to health services
- Draw on contextual knowledge and experiences to inform design and roll-out of health intervention aimed at addressing gender inequalities and inequities.

International frameworks for doing gender, equity and rights

The main goal was to situate WHO and Member States actions to promote gender equality within the context of key global normative policy frameworks. The session focused on two areas: the first highlighted the evolution of WHO's corporate organizational policies and strategies to strengthen institutional processes and programmes to deliver gender, equity and rights in health for all. This was followed by a snapshot of the key normative policy framework for doing GER work including but not limited to the following:

- Commission on the Status of Women (1946)
- Convention on the Elimination of All Forms of Discrimination against Women (1979)
- International Conference on Population and Development (1994)
- Beijing Platform for Action (1995)
- Millennium Development Goals (2000)
- United Nations Security Council Resolution 1325 (2000)
- Sustainable Development Goals (2016)

Throughout this session, the aim was to improve awareness and understanding of agreed international frameworks on gender equality, equity and human rights. Where relevant, linkages between the outcomes of these global mechanism were made to specific programmatic thematic areas – e.g. human resources for health (HRH), reproductive, maternal, neonatal and child health (RMNCH), health information systems (HIS) and or social determinants of health (SDH) to help participants see the synergies between their work the GEWE frameworks.

Human Rights –Based Approach to Health

In this session, participants were introduced to the right to health and the human rights-based approach to health. They were provided with information on how UN human rights mechanisms, instruments (treaties and conventions) and frameworks can advance the realization of health-related rights and reach the highest attainable standard of health. The core components of the right to health **(Availability, Accessibility, Acceptability, and Quality)** were presented to compliment how to integrate a human-rights based approach to health programming and interventions.

Following the session on the international frameworks and to solidify participants knowledge, a second presentation was delivered led by a Senior Human Rights Advisor UN RCO on the various human rights mechanisms that are used to keep states accountable towards their human rights obligations especially for the Right to Health. Participants were confidently able to identify the various mechanisms, how human rights reporting is monitored and how this could be related and relevant for their day-to-day work.

WHO Guidelines on Health Sector Response to GBV and R.E.S.P.E.C.T Framework for Prevention

In this session, facilitators introduced participants to WHO's guidelines on addressing and responding to GBV. The various definitions of GBV and IPV were discussed and up to date statistics were presented on prevalence of GBV across lifetimes, particularly for women and girls and across global incidences. This was followed by an interactive overview of the R.E.S.P.E.C.T framework. A guiding inter-agency document outlining promising practices for preventive strategies against GBV. Key messages highlighted during the session included that VAW is preventable and that the health sector has a role to play in prevention and in collaboration with other sectors. WHO's resources including guidebooks and manuals for health managers and practioners were presented to participants as key resources to support alignment with Guinea-Bissau's efforts towards addressing and responding to GBV.

Reference page on the 7 strategies for GBV prevention

Key Messages

1. Global policy and development frameworks provide the operational context for advancing gender, equity and rights, and global efforts to address health inequalities for women and girls
2. Need for gender-sensitive response in policy, programmes and interventions. In health, it is to ensure the availability, accessibility and affordability of medicines and health care services for all
3. The United Nations and its agencies are key partners towards fostering dialogue to promote gender equality and address inequalities at the country level

Why care about gender in global health responses?

Various sessions articulated how gender inequalities may drive inequities, jeopardise robust program design and a barrier to achieving good health for all. To reinforce the importance of a gender, equity and rights lens in health, this session focused on a series of learning activities that were tailored to specific thematic health programmatic areas including:

- Gender issues in immunization
- Gender and mental health
- Gender analysis in noncommunicable disease prevention and control
- Reproductive, maternal, adolescent and child health
- Gender issues in emergency situations (incl. Health, Humanitarian, Climate Change etc.)

Using Flash Card Facts, facilitators enabled participants to reflect on the importance of addressing gender, equity and rights issues in health and distinguishing between sex and gender-related drivers of ill-health. This activity was complemented by the "Power Walk", a role-play which informed and provided insights into how sex and gender relate and interact with other determinants of health (e.g. socioeconomic status, ethnicity, race, disability) and how vulnerabilities at multiple levels can affect health outcomes. Through this scenarios, the subsequent follow-up discussions highlighted the need to:

- Be mindful of the multiple risk factors and intersectional barriers that affect health outcomes
- Ensure adequate identification of beneficiary groups and key populations including those that may be hard to reach when delivering health services
- Ensure health programmes and activities meet people needs where they are and respond to their specific capabilities and vulnerabilities to improve health
- Identify and work with relevant health and non-health stakeholders to address different layers of gender-related health inequalities

Participants demonstrating the impact of GER issues on access to and control over health resources during the Power Walk exercise.

3

LEARNING FROM PRACTICE - TOOLS FOR UNDERSTANDING GENDER, EQUITY AND RIGHTS

The WHO has developed several resources on equity, gender and human rights to leave no one behind. These resources enable the organization to support Member States to translate their commitments to meet SDG health-related goals by understanding and addressing deep rooted drivers of social and health inequalities[16]. In this session, participants were introduced to four (4) key resources, which were followed by groups work. This enabled participants to take a deep dive and learn through a hands-on application of the tools to programmatic health issues. The main resources discussed are highlighted below:

WHO Gender Analysis and Tools

Facilitators introduced gender analysis as a process and an analytical tool that enables programme managers, decision makers and implementers to understand while identifying critical gaps, needs and opportunities to respond to context-specific health inequalities for males and females, including vulnerable groups. Some of the key messages emphasized were that gender analysis is:

- A necessary and essential step to mainstream gender, equity and human rights dimensions in health programmes and interventions
- Enables us to identify, analyse and inform actions to address inequality arising from gender norms, roles and relations
- Understand unequal power relations between men and women that affect health outcomes – for example, who has what (e.g. access to resources, information, assets and participation), who does what (e.g. division of labour, time use) and who decides (e.g. rules and health decision making)
- Focus on the interaction of gender related factors (biological, sociocultural factors and access to and control over resources) and their health-related considerations (e.g. risk factors and vulnerability, health behaviour, outcome and service utilisation)
- Gender analysis alone does not fix the problem – you need to take many more steps to develop appropriate responses in the health sector.

To enable participants undertake a gender analysis and to understand the extent to which a programme or activity was responsive to issues of gender, equity, and rights, three (3) critical tools were introduced namely:

Gender Analysis Matrix (GAM), a tool which provides programme managers, implementers and decision makers a mechanism of organizing key information for the gender analysis. It can be helpful in identifying key gender-related considerations, including barriers and

opportunities, relevant for the specific health or health system intervention area. The GAM can be used as a planning and/or evaluative tool to identify current and anticipated gender-related barriers that may affect the delivery of critical services to improve health and wellbeing.

Gender Analysis Question (GAQ), a tool with a set of indicative questions across several health-related domains that helps us to unpack why and how gender power-relations can lead to inequities between and within people, and communities and how this shapes health and health system needs, experiences and outcomes. Similar to the GAM, the GAQ can be utilised as a planning or evaluative tool either in the initial stages of programme design, during and after programme implementation.

Gender Responsive Assessment Scale (GRAS), a five (5) scale tool for assessing how responsive a project, intervention, programme or policy or its components to issues of gender equality and women empowerment.

WHO Health Equity Assessment Toolkit (HEAT and HEAT Plus)

Equity is a central cornerstone of the UN SDGs, the WHO 13th General Program of Work. To meet the aspiration of leaving no one behind, measuring and monitoring health inequalities is a critical necessity. It was emphasised that such an endeavour helps to identify differences in health between different population groups and subgroups, providing relevant information on who is being left behind to inform policies, programmes and practices that closes existing gaps.

Facilitators introduced the WHO Health Equity Monitor resources which comprises: a 5-step health equity monitoring handbook, a step-by-step manual for national health inequality and the Health Equity Assessment Toolkit (HEAT). A detailed demonstration of the HEAT and HEAT Plus softwares, an online platform for assessing health inequalities in countries over time was shown to participants. The HEAT is flexible, allowing analysts to:

- Explore inequalities by analysing the situation in a country including the latest state of affairs and change over time, and
- Compare inequalities by analysing the situation in one country with another country.

Using examples from HIV and AIDS, antenatal care coverage, and measles immunization, participants were guided to explore the software, select indicators, analyse and interpret the results of the analysis. Given the free software is available to everyone online, facilitators highly encouraged participants to leverage the HEAT tool to undertake health equity assessment to monitor and track progress and identify gaps to address health inequities.

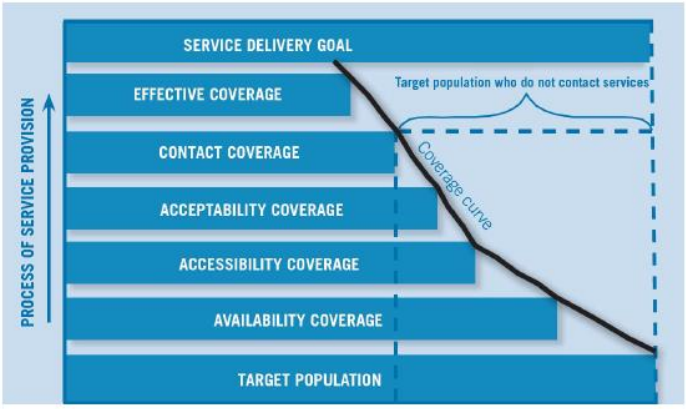
Participants during the hands-on demonstration of the use of Health Equity Assessment toolkit

Barriers Assessments for Effective Coverage with Health Services

Considering striking inequalities in health services access and utilisation for different populations, it is essential to unpack the underlying drivers of health inequalities. Undertaking barrier assessments, drawing on participatory approaches can provide critical insights and lessons to address demand and supply bottlenecks that make services difficult for populations, especially those that are hard-to-reach. It was emphasised that, tackling barriers can contribute to:

- Improving overarching health system performance;
- Reducing health inequities;
- Improving financial protection;
- Enhancing responsiveness to non-medical needs and ensuring patient-centred care;
- Ensuring the right to health of all.

The Tanahashi framework was identified as a useful conceptual lens to identify barriers to health services across several domains of service provisions. This can include assessing barriers in terms of effective coverage, contact coverage, acceptability coverage, accessibility coverage, and availability coverage.



Key resources to consider when undertaking a barrier assessment include the WHO Handbook for conducting Adolescent Health Services Barriers Assessment (AHSBA) and Innov8. Importantly, it was emphasised that concerted efforts need to be activated to apply lessons learnt from the assessments into policy guidance or revision.

Innov8 Approach for Reviewing National and Subnational Health Programmes

National health policies and strategies are an important entry-point for prioritising and incorporating gender, equity and rights issues to leave no one behind. WHO's Innov8 approach is a resource that enables national governments to translate equity commitments in the SDGs. It is a flexible approach that can be tailored to national contexts and helps decision makers to find out what needs to be done to reduce inequalities within health and non-health sectors.

Innov8 has a robust methodology and integrates many tools which helps to unpack challenges that health programmes face and to explore some possible solutions to achieve equity. The approach is user-friendly with practical guidance and exercises through eight (8) steps. It was emphasised that the process should always be government-owned but with broad-base engagement and participation of other national stakeholders working in health. Recommendations from these reviews are key and should be used to modify and/or redesign health programmes that address the needs and rights of marginalised populations and sub-groups

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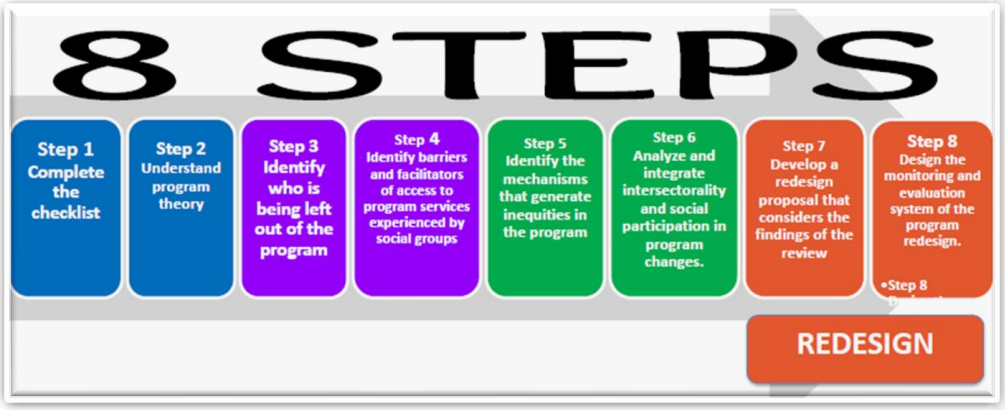

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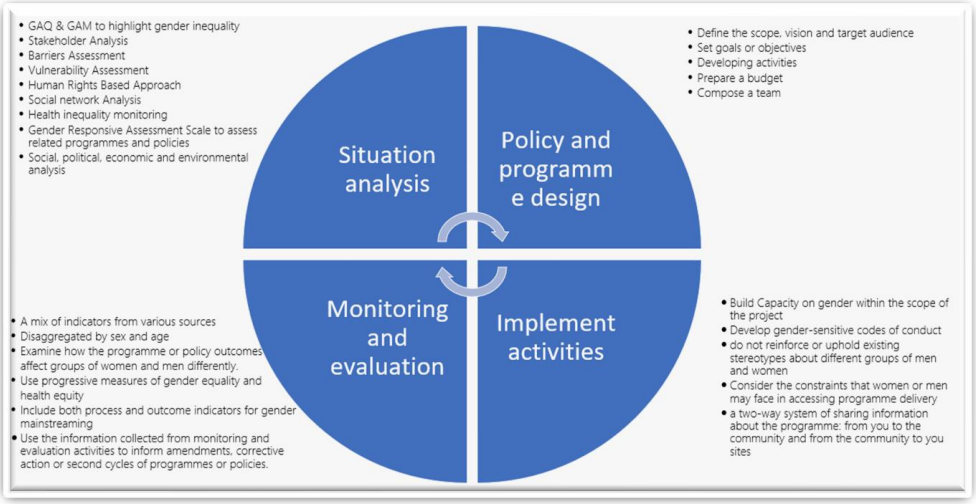
ENTRY-POINTS TO INTEGRATION OF GENDER, EQUITY AND RIGHTS IN POLICIES & PROGRAMMES

Integration of gender, equity and rights (GER) into strategic policies, plans, programmes and activities is one of the crucial stepping points to guarantee tailored responses, inclusiveness, and participation of women, girls, boys and men in addressing health inequalities. Facilitators led participants through a reflection of the programme life cycle and to identify entry points and opportunities where GER can be integrated at all levels of the cycle, drawing on existing WHO tools and resources. Some of the key areas and considerations to do this are highlighted in the illustration below:



Importantly, facilitators also emphasised the need to be deliberative to ensure accountability for GER in the programme cycle. Some strategic areas that participants could consider and report on included:

(1) Planning (including assessments, risks analysis, vulnerability mapping, metrics review and team building) are gender-responsive and inclusive
(2) Consultations with community groups, including women and other marginalized groups on risk communication and effective community engagement
(3) Case management procedures and protocols take into account the needs of vulnerable populations including pregnant women, children, older adults and the immunocompromised
(4) Tailored assistance is provided to ensure continuity of essential services, including sexual and reproductive health services, for populations experiencing vulnerability or in emergency and humanitarian settings; and,
(5) Participation of key stakeholders to improve health literacy and the empowerment of communities.

Following the presentation, groups were formed to brainstorm and drawing on the key points of interventions, to develop a 2–3-year action plan to advance gender equality to address health inequalities. The task included crafting gender-specific objectives, identifying implementing activities, stakeholders, technical assistance needed, budget and potential funding sources for activities. In the subsequent report-back and reflective sessions, participants agreed to sustain this learning by:

- ✓ Identifying concrete actions to integrate GER in clusters activities and support to national partners to achieve gender equality results.
- ✓ Implementing their action plans to achieve gender equality results

5

CONCLUSIONS: COMMON THEMES AND LOOKING FORWARD

Several themes emerged from the five-day workshop, with the major consensus from the conversations and discussions being the need for a concerted approach from WHO and partners to promote and transform institutional and programmatic mechanisms to deliver on GER and equity commitments on health. Some of the other issues included:

- Promoting and investing in robust data, from national to subnational level to enable proper gender analysis into the differential health situations for women, men, girls and boys, other gender diverse peoples including marginalised groups and communities
- Ensuring adequate and dedicated funding to support partners programming to address gender-related inequities in health
- Ensuring sustained capacity strengthening, including of senior level personnel with decision making responsibility and authority on need for GER lens in health programming and investments
- Establishing institutional mechanisms to support gender-sensitive work and hold programmes accountable for gender action plans
- Taking deliberate actions to promote and ensure the inclusion of women, youth and representatives of marginalised populations to incorporate their priorities in health programmes.

Pre/Post test templates

Due to language barriers and technical difficulties, participants were unable to do the knowledge test exercise. Nevertheless, the templates and links to the test were sent to each participant for them to test their own knowledge and competencies at the end of the training. Templates in English and Portuguese can be found in the Annex.

Country plans

The country plan developed to advance effective integration of GER cut across programmes and emphasises collaborative efforts. Key activities included:

- Improving tuberculosis screening and protocols particularly for vulnerable and marginalized groups (i.e. children, prisoners, HIV patients etc).
- Conducting a general population census without exclusion.
- Documentation about the reflection of human rights violations and gender-based violence in health.
- Radio and television program to raise community awareness about gender, equity, human rights and health.
- Creation, training and promotion of non-violence clubs in schools.
- Realization of advanced strategy on maternal and child health.
- Strategic placement of gender-sensitive technicians.
- Community-based awareness building on maternal and child health.

Recommendations/follow-up points

• Provide technical support and follow up on country teams' implementation of the roadmaps and next steps including programme specific GER analysis and assessments
• Provide technical support for joint GER responsiveness review of strategic documents and programmes to identify areas of improvement and reinforce learnings and technical skills transfer
• Support WCO team to strengthen GER resource mobilization for proposals and partnerships.
• Support the development of Guinea-Bissau's GBV national guidelines in alignment with WHO's GBV guidelines for health managers and practitioners.

In closing the workshop, the WHO country office, thanked all participants, especially partners from UN, Ministries and partner organizations for their participation and contributions. Special thanks were also expressed to the facilitators from WHO/AFRO. The WHO country office reiterated WHO's and the UN's commitment to GER and expressed the willingness to collaborate with partners to tackle gender-related and equity barriers to healthcare access and use. WHO AFRO encouraged participants, especially WHO staff to develop and finalise their action plans and take steps to implement proposed activities.

On their part, facilitators also expressed gratitude to everyone for contributing and engaging to ensure a successful workshop. The expectation is that the knowledge and skills gained will enable participants think carefully and be intentional about addressing gender inequalities in their programmes and routine activities. They reiterated their readiness to support the country office's efforts to disrupt deep-seated social norms and roles that put women, men, boys and girls and marginalised communities at risk of poor health.

Some of the winners of the GER quiz game receiving their prizes

Annex 1 : Training Agenda

Date 06/05/2024: Advocacy Activities			
Time	**Activity**	**Details**	
9h00 – 15h00	Advocacy visits	• Meeting with WR • Meeting with Ministry of public health focal points • Meeting with UN partner agencies • Meeting with GBV organization – RENLUV-GC/GB	
Breakdown of the Training Workshop			
Date 07/05/2024: Overview of key GER concepts, terminologies, and introduction to WHO tools and approaches Moderator: 677			
Time	**Session content**	**Method**	**Moderator/ Facilitators**
Session 1. Workshop objectives and expectations			
09h00 – 10h00	Welcome, setting the scene and Introductions Opening Remarks Objectives and expected outcomes	Session will provide a high-level overview and expected outcomes	WCO DG Maternal and Infant Health, Gender Focal point for MINSAP Sophia Judith Egan
	Pre-test	Individual test of pre-knowledge	Marita Ndungla Nangkeng
Session 2. Overview of UNSDCF guiding principles and key GER concepts and introduction to WHO tools and approaches			
10h00 – 11h30	UNSDCF guiding principles: human rights based-approach, gender equality and women empowerment, and LNOB Overview of key concepts Gender vs Sex Gender equality, equity and health equity	PPT presentation Interactive plenary presentations	Midana Indi, Human Rights and Gender Equality Officer, RCO Taiwo Oyelade Marita Ndungla Nangkeng Princessessa Calixte

	Gender, human rights and health Overview of key concepts (contd.) Social inclusion Intersectionality		
11h30 – 11h50	Health/Tea Break		
11h50 – 12h50	Does gender really matter in health? – Learning activity: Flash card facts	Plenary Presentations	Marita Ndungla Nangkeng Princessessa Calixte
12h50 – 13h30	Power Walk	Role play	Sophia Judith Egan Princessessa Calixte Marita Ndungla Nangkeng
13h30 – 14h30	Lunch break		
14h30 – 15h00	International framework for working on gender equality and health Introduction to Gender Mainstreaming	Plenary Presentations	Princessessa Calixte Marita Ndungla Nangkeng
15h00 – 16h00	Fish-bowl	Reflections from programmes and partners panelists on GER integration efforts and challenges	Sophia Judith Egan
16h00 – 16h30	Wrap-up and closing		Taiwo Oyelade
Date 08/05/2024: Hands on/practical sessions on utilization of tools for integrating GER into health systems response Moderator:			
Session 3.1			
09h00 – 11h00	Introduction to WHO Gender Analysis tools WHO gender analysis tools II: assessing policies and programmes	Plenary session will facilitate collective understanding of WHO key approaches and tools gender mainstreaming	Taiwo Oyelade Marita Ndungla Nangkeng
11h00-11h20	Health/Tea Break		
11h20 – 12h20	WHO gender analysis tools II: assessing policies and programmes-	Group Work	Taiwo Oyelade

	Gender Analysis exercise (1 hr)		
12h20 – 13h00	Gender Analysis Plenary Presentations	Group Presentations	
13h00 – 14h00	Lunch break		
Session 3.2			
14h00 – 15h30	Integrating human rights into health strategies and programmes Using United Nations human rights mechanisms to advance the right to health Interactive exercise on Human Rights Based Approach (40 min)	Plenary presentations with a focus on HRBA to strategic planning programming, UHC, monitoring and evaluation Presentation Group/plenary exercises to reinforce understanding of HRBA	Princessessa Calixte Elisabeth Da Costa, Senior Human Rights Advisor, UN RCO
15h30 – 16h00	WHO Guidelines on Health Sector Response to GBV and R.E.S.P.E.C.T Framework for Prevention	Plenary presentation	Princessessa
16h00 – 14h20	Health break		
Session 3.3			
16h20 – 17h00	Overview WHO Barriers Assessment Methodology	Plenary presentation on Barriers assessment methodology and interactive session highlighting the essential steps and requirements for an inclusive assessment	Marita Ndungla Nangkeng
17h00-1710	Wrap-up and closing		Marita Ndungla Nangkeng
Date 09/05/2024: GROUP Exercises on HEAT and Innov8 Moderator:			

Session 4			
09h00 – 11h00	Introduction to Health Equity and Health Equity Monitoring WHO Health Equity and Health Equity Assessment Toolkit (HEAT) demonstration	Plenary Presentations and hands on demonstration	Taiwo Oyelade
11h00 – 11h20	Healthy/ Tea Break		
11h20 – 13h20	HEAT and HEAT plus tools exercise (1 hr)	Group work-using country health inequality monitor datasets to generate report	Taiwo Oyelade
13h20 – 14h20	Lunch Break		
14h20 – 15h00	Overview of the Innov8 approach to reviewing national health programmes to leave no one behind	Plenary presentation	Princessessa Calixte Taiwo Oyelade
15h00-15h30	Wrap-up and closing		Taiwo Oyelade
Date 10/05/2024			
Session 5			
09h00 – 09h40	Entry points for GER integration and GER responsive reporting	Plenary presentation on entry points for GER integration, monitoring and evaluation including GER responsive indicators	Taiwo Oyelade Princessessa Calixte Marita Ndungla Nangkeng
09h40 – 09h50	Post-test		Marita Ndungla Nangkeng
9h50 – 11h50	Identifying priority country team actions/roadmap for effective integration of GER in health programmes	Group-based brainstorming and consensus	Taiwo Oyelade
11h50 –12h10	Health/Tea Break		
12h10 – 12h40	GER Game	Fun group-based competition to reinforce learnings	Sophia Judith Egan Marita Ndungla Nangkeng Taiwo Oyelade

			Princessessa Calixte
12h40 – 13h00	Next steps /Closing		WCO
13h00 – 14h30	Lunch		

Annex 2: Pre/Post test templates (EN/PT)

Capacity Building workshop on integrating GER approaches into health programmes (Guinea-B)

1. **Sex, Gender or Both**- Chromosomes or hormones.
    a. Sex
    b. Gender
    c. Both
2. **Sex, Gender or Both**- More cases of Trachoma among women
    a. Sex
    b. Gender
    c. Both

3. **Sex, Gender or Both**- More severe COVID19 infection and fatality in men
    a. Sex
    b. Gender
    c. Both
4. **Sex, Gender or Both**- Hierarchical and privilege one group over another.
    a. Sex
    b. Gender
    c. Both
5. Policies or programmes that address harmful gender norms, roles and relations and promote gender equality.
    a. Gender sensitive
    b. Gender equal
    c. Gender equity
    d. Gender transformative
6. Refers to avoidable and unjust differences in exposure and vulnerability to health risk factors, health-care outcomes, and the social and economic consequences of these outcomes
    a. Intersectionality
    b. Health inequity
    c. Gender
    d. Using a human rights-based approach to health
    e. Social determinants of Health
    f. Human Rights Based Approach
7. Builds on, and extends, the understanding of how gender power dynamics interact with other power hierarchies of privilege or disadvantage, resulting in inequality and differential health outcomes for different people.
    a. Intersectionality
    b. Health inequity
    c. Gender
    d. Using a human rights-based approach to health
    e. Social determinants of health

8. Means ensuring that all health policies, strategies and programmes are designed with the objective of progressively improving the enjoyment of all people to the right to health and other health related human rights.
    a. Intersectionality
    b. Health inequity
    c. Gender
    d. Using a human rights based-approach to health
    e. Social determinants of health
9. A WHO tool for analysis health problems from a gender perspective through the interaction between gender and health related considerations is called.
    a. WHO gender analysis questions
    b. WHO gender analysis framework
    c. WHO 2 BY 2 gender analysis table
    d. WHO gender analysis matrix
10. Equal chances or opportunities for women and men to access and control social, economic and political resources is
    a. Gender empowerment
    b. Gender equity
    c. Control over resources
    d. Gender equality
11. Process through which girls and boys learn about gender norms, roles and relations – and what it means to be a man or a woman.
    a. Socialization
    b. Gender culturization
    c. Gender equality
    d. Gender transformation
    e. Gender sensitivity
12. Which of the following is/are NOT source(s) of information for Barrier Assessment
    a. Literature review and synthesis
    b. Analysis of health data
    c. Sub-national Focus Group Discussion
    d. Key Informant Interviews
13. The WHO Health Equity Assessment Toolkit (HEAT) allows users to
    a. assess health inequalities using quantitative data (disaggregated data and summary measures of inequality)
    b. explore the latest situation of inequality and the change in inequality over time in a country of interest
    c. compare the situation in a country of interest with the situation in other countries
    d. export results for priority setting and reporting of health inequalities
    e. None of the above
    f. All of the above
14. Which of the followings is/are an entry point(s) for gender, equity and rights integration into Health.
    a. Monitoring and evaluation
    b. Situation analysis
    c. Policy and program design

d. Activity implementation
e. All of the above
f. Non of the above

15. Which of the following is/are correct: Health inequality monitoring can
    a. Quantify the level of health inequality in a population
    b. Track changes in health inequality over time
    c. Explain why health inequalities exist
    d. Identify priority areas for action
    e. Inform equity-oriented policies, programmes and practices
    f. All of the above
    g. None of the above
16. The Right to health is …. (Select all that applies)
    a. The right to a set of social arrangements that help people to be healthy.
    b. Applicable to all human beings regardless of sex, ethnicity, language, religion, political or other opinion, their social origin, property, birth or other status.
    c. Considered a fundamental human right in the WHO Constitution.
    d. Not obligatory in WHO support to Member States.
    e. Only considered and integrated by human rights experts
17. The ultimate outcomes of a Human Rights-Based Approach (HRBA) to Health are…
    a. Health policies, strategies and programmes are designed to improve the enjoyment to the right to health of all people, with a focus on those furthest left behind first.
    b. Increased capacity of duty-bearers, (i.e. States) to promote, protect and fulfill human rights
    c. Increased capacity of rights-holders (i.e. people) to know and claim their rights
    d. All of the above
18. True or False….Discrimination in health care settings is only directed towards the most marginalized and stigmatized users of health care services.
    a. True
    b. False
19. What actions are expected to be taken by health programmes to integrate a Human Rights Based Approach (HRBA)?
    a. Carry out human rights assessments
    b. Set disaggregated targets
    c. Develop and include human rights-based indicators
    d. Cost and budget for HRBA
20. Right to health… (Select the INCORRRECT statement)
    a. States are expected to progressively realize the right to health, using the greatest available resources to do so.
    b. States also have an immediate obligation to ensure that there is no discrimination in the context of health.
    c. Retrogressive measures are not permitted, but States must move towards greater realization of the right.
    d. Right to health means the right to be healthy.

Seminário de reforço de capacidades sobre a integração das abordagens do MEE nos programas de saúde (Guiné-Bissau)

1. Sexo, sexo, ou ambos – Cromossomas ou hormonas.
    a. Sexo
    b. Género
    c. Ambos

2. Sexo, sexo ou ambos- Mais casos de tracoma nas mulheres.
    a. Sexo
    b. Género
    c. Ambos

3. Sexo, sexo ou ambos – Um número mais elevado de formas graves de COVID-19 e de mortes nos homens.
    a. Sexo
    b. Género
    c. Ambos

4. Sexo, gênero ou ambos – Hierárquico e privilégio de um grupo em detrimento de outro.
    a. Sexo
    b. Género
    c. Ambos

5. Políticas ou programas que combatem normas, funções e relações prejudiciais em matéria de género e promovam a igualdade de género.
    a. São sensíveis à questão de género
    b. Promovem a igualdade de género
    c. Promovem a equidade de género
    d. Promovem medidas transformadoras no que diz respeito ao género

6. Um termo/conceito que se refere a diferenças evitáveis e injustas que afectam o nível de exposição e vulnerabilidade das pessoas em relação a factores de risco de saúde, aos resultados dos cuidados de saúde e às consequências sociais e económicas desses resultados.
    a. Interseccionalidade
    b. Desigualdade na saúde
    c. Género
    d. Utilização uma abordagem da saúde baseada nos direitos humanos
    e. Determinantes sociais da saúde
    f. Abordagem baseada nos direitos humanos

7. Uma abordagem que se baseia e melhora a compreensão da correlação existente entre a dinâmica do poder de género e outras hierarquias de poder privilegiadas ou prejudicadas, através da qual se criam desigualdades e resultados de saúde que variam consoante a pessoa.
    a. Interseccionalidade
    b. Desigualdades na saúde

c. Género
d. Utilização de uma abordagem da saúde baseada nos direitos humanos
e. Determinantes sociais da saúde

8. Um termo/conceito que significa garantir que todas as políticas, estratégias e programas de saúde são concebidos com o objectivo de melhorar progressivamente a capacidade de todas as pessoas usufruírem do direito à saúde e de outros direitos humanos relacionados com a saúde.
    a. Interseccionalidade
    b. Desigualdades na saúde
    c. Género
    d. Utilização uma abordagem da saúde baseada nos direitos humanos
    e. Determinantes sociais da saúde

9. A ferramenta da OMS que permite analisar os problemas de saúde associados ao género através de considerações relacionadas com o género e a saúde é denominada:
    a. Perguntas da OMS sobre a análise das questões de género
    b. Quadro da OMS para analisar as questões de género
    c. Tabela da OMS para analisar as questões de género aos pares
    d. Matriz da OMS para analisar as questões de género

10. A igualdade de oportunidades para as mulheres e os homens em matéria de acesso e controlo dos recursos sociais, económicos e políticos inclui:
    a. Capacitação das mulheres
    b. Promovem a equidade de género
    c. Controlo sobre os recursos
    d. Igualdade de género

11. O processo através do qual os rapazes e as raparigas descobrem as normas, papéis e relações associados ao género, e o que significa ser um homem ou uma mulher.
    a. Socialização
    b. Cultura definida com base no género
    c. Igualdade de género
    d. Transformação da relação de género
    e. Sensibilidade para a questão do género

12. Quais das seguintes opções NÃO são fontes de informação fiáveis para a avaliação dos obstáculos:
    a. Revisão e síntese da literatura
    b. Análise de dados de saúde
    c. Discussões de grupos focais subnacionais
    d. Entrevistas aos principais informadores

13. O conjunto de ferramentas de avaliação da equidade na saúde (HEAT) elaborado pela OMS permite aos utilizadores:

a. avaliar as desigualdades na saúde utilizando dados quantitativos (dados desagregados e síntese estatística das desigualdades)
b. explorar as mais recentes situações de desigualdade e a evolução dessas desigualdades ao longo do tempo num determinado país
c. comparar a situação num determinado país com a situação prevalecente noutros países
d. exportar os resultados para a definição de prioridades e comunicação de desigualdades em matéria de saúde
e. Nenhuma das opções acima mencionadas
f. Todas as opções acima mencionadas

14. Quais dos seguintes aspectos fazem parte do ponto de partida para a integração do género, da equidade e dos direitos na saúde:
    a. Monitorização e avaliação
    b. Análise da situação
    c. Formulação de políticas e programas
    d. Implementação das actividades
    e. Todas as opções acima mencionadas
    f. Nenhuma das opções acima mencionadas

15. Qual das seguintes afirmações está correta: A monitorização das desigualdades no domínio na saúde permite:
    a. Quantificar o nível de desigualdade de que padece uma população em matéria de saúde
    b. Acompanhar a evolução das desigualdades na saúde ao longo do tempo
    c. Explicar porque existem desigualdades na saúde
    d. Identificar áreas prioritárias de acção
    e. Nortear políticas, programas e práticas orientados para a equidade
    f. Todas as opções acima mencionadas
    g. Nenhuma das opções acima mencionadas

16. O direito à saúde é... (Selecione todas as as que se aplicam)
    a. O direito a um conjunto de disposições sociais que ajudam as pessoas a serem saudáveis.
    b. Aplica-se a todos os seres humanos, independentemente do sexo, etnia, língua, religião, opinião política ou outra, origem nacional ou social, propriedade, nascimento ou outro estatuto.
    c. Considera-se um direito humano fundamental na Constituição da OMS.
    d. Não é obrigatório no apoio da OMS aos Estados-Membros.
    e. É apenas considerado e integrado por especialistas em direitos humanos.

17. Os resultados finais da abordagem da saúde baseada nos direitos humanos (HRBA) são...
    a. Políticas, estratégias e programas de saúde concebidos para melhorar o usufruto do direito à saúde de todas as pessoas, com destaque para as mais desfavorecidas.
    b. Aumento da capacidade dos detentores de obrigações (ou seja, os Estados) para promoverem, protegerem e cumprirem os direitos humanos.
    c. Aumento da capacidade dos detentores de direitos (ou seja, as pessoas) para conhecerem e reivindicarem os seus direitos.

d. Todas as opções acima mencionadas

18. Verdadeiro ou falso… A discriminação em Contextos de prestação de cuidados de saúde é apenas direccionada para os utilizadores mais marginalizados e estigmatizados dos serviços de saúde.
    a. Verdadeiro
    b. Falso
19. Que acções devem ser tomadas pelos programas de saúde para integrarem a Abordagem à Saúde Baseada nos Direitos Humanos (HRBA)?
    a. Levar a cabo avaliações dos direitos humanos
    b. Definir objectivos desagregados
    c. Desenvolver e incluir indicadores baseados nos direitos humanos
    d. Custo e orçamento para a HRBA

20. Direito à saúde… (Selecione a afirmação INCORRECTA)
    a. Espera-se que os Estados realizem progressivamente o direito à saúde, utilizando para o efeito os maiores recursos disponíveis.
    b. Os Estados também têm a obrigação imediata de garantir que não haja discriminação no contexto da saúde.
    c. Não são permitidas medidas retroactivas, mas os Estados devem avançar no sentido de uma maior concretização do direito.
    d. O direito à saúde significa o direito a ser saudável.

Annex 3: List of Participants

Participation for GRE Training workshop, Bissau, 07-10 May 2024		
Participants names	Organization	Role
Aissatú Camará Injai	RENLUV- GC/GB	Presidente
Adelino Gomes	OMS	Medical officer_ IPC, HIV, Malaria, TB, Hepatitis
Adelino Mendes	RENLUV- GC/GB	Vogal Cons.Fiscal
Albano Nala	DRS- SAB	PFR/PAV
Carina Simoés	OMS	PBF project Coordinator
Carlos Gomes Correia	Ministerio da Mulher, Familia e Soliedaridade Social (MMFSS)	Director de Servico da Insercao e Assistencia Social|Ministerio da Mulher,F.S. Social
Celeste Mendonça	DRS- Bolama	Responsavel Saúde Reprodutiva
Dalanda Dafé	INASA	Ponto Focal de Género
Delunca Julio Mango	MINSAP -DGSMI (Direção Geral Saúde Materno Infantil)	Tecnico Assistente
Edineusa Lopes J. C. Figueiredo	IMC	Presidente
Eleonora Ferrorelli	UNDP	Project Officer
Filomeno Barbosa	MINSAP- Direção de Serviço Assistentes Socias de Saúde	Diretor de Serviço Assistentes Sociais de Saúde
Giovani N'konac Correia	DRS- Gabú	Médico
Goia Bernardo Vilaz	Ministerio da Mulher, Familia e Soliedaridade Social (MMFSS)	Tecnica

Janete Paulo Rabna	MINSAP	Assistente Informatica
Jesunia E.S Loba di Pina	Ministerio de Educação	Tecnica
Joi Fernando Mendes	Ministerio da Justiça e Direitos Humanos (MJDH)	Tecnico Superior
José Nacutum	DRS- Bijagos	Diretor Regional
Juelma Gomes	Ministerio de Recursos Naturais	Tecnica
Maiene Camará	Ministerio de Educação Nacional/ DGASCE	Tecnica
Maria Alice Fortunato	OMS	
Maria Vitoria	Ministerio da Mulher, Familia e Soliedaridade Social (MMFSS)	Ponto Focal de Género, MMFS Diretora de Serviço
Mariama Sumare	Ministerio da Mulher, Familia e Soliedaridade Social (MMFSS)	Official -DG Mulher e Familia
Marita Nangkeng Ndungla	OMS -AFRO	GER officer
Maura Gomes Nhaga	Ministerio da Mulher, Familia e Soliedaridade Social (MMFSS)	Diretora Geral - Mulher e Familia
Mireille Pereira	OMS	Project officer- PIMI III (Programa Integrada de Redução de Mortalidade Materno e Infantil)
N'Cassumba M`bali Fidaiba	INE (Instituto Nacional de Estatisticas)	Officer
Neusa Abibe	UNDP	MnE Anlyst
Odilia Vaz	RENLUV- GC/GB	Vice-Presidente
Princessessa Calixte	OMS -AFRO	GER officer

Sábado Geraldo Imboté	Ministerio da Economia, Plano e Integração Regional - DG de Plano	Technical officer
Signeia Samira Tomas Mendes	Escola Nacional de Saúde (ENS)	Enfermeira
Sophia Egan	OMS	Responsável Género, Dirietos Humanos, Jovens
Sunfon B Sambú	OMS	Medical Officer_ Case Management
Taiwo Oyelade	OMS - AFRO	GER officer
Ulemato Balde	DRS- Bafatá	Responsável Saúde Reprodutiva
Zimania Cá	MINSAP -DGSMI (Direção Geral Saúde Materno Infantil)	Ponto focal de Género Diretora Geral- DGSMI
Katia B Bampoky	UNICEF	Inclusive Health Officer

Annex 4: Country Road maps

1) Tuberculosis Group

Actividades	Linha do tempo		Ferramentas / Abordagens	Assistência técnica necessária	Fonte potencial de financiamento
	2024	2025			
1.Rastreio da Tuberculose nas crianças expostas		X	Análise de género / Matriz e perguntas de análise de género (GAM e GAQ); Abordagem baseada nos direitos humanos; Barriers Assessment	Para adaptação das normas do rastreio da OMS	Governo e os Parceiros
2. Rastreio da Tuberculose nos presos		X	Abordagem baseada nos direitos humanos; Barriers Assessment; Innov8 Approach, Monitorização da desigualdade na saúde (HIM) - Kit de ferramentas de avaliação da equidade na saúde (HEAT)	Elaboração das normas e troca de experiências com outros países	Governo e os Parceiros
3. Rastreio da Tuberculose nos pacientes portadores de VIH		x	Abordagem baseada nos direitos humanos;	Atualização dos protocolos para as novas recomendações da OMS	Governo e os Parceiros

			Barriers Assessment; Análise de género / Matriz e perguntas de análise de género (GAM e GAQ); Lista de controlo da OMS para o planeamento e programação em matéria de género e saúde / Lista de controlo para a avaliação do GER		
4. Elaboração do protocolo de diagnóstico da Tuberculose nas crianças	x		Lista de controlo da OMS para o planeamento e programação em matéria de género e saúde / Lista de controlo para a avaliação do GER; Abordagem baseada nos direitos humanos; Barriers Assessment	Contratação de um consultor para elaboração do protocolo	Governo e os Parceiros

2) Ministry of Economy, Planning and Regional Integration and the National Statistics Institute

Actividade	Linha do Tempo 2024 2025	Ferramentas/ Abordagens	Assistencia técnica necessária	Fonte potencial de investimento
Recenciamento Geral da população sem exclusão	De Janeiro de 2024 à Dezembro de 2025	Campanha de sensibilização junto das comunidades, através de rede de comunicação (TV,Radios, Megafonicos etc..) Barreiras: Aspectos tradicionais, onde as decisões são tomadas pelo chefe da Família	Governadores, Administradores, Associações, Lideres Comunitárias, e Chefe das Famílias, através de uma comunicação com base na realização de debates ou djumbai, conferencias e reuniões alargados.	Governo e os parceiros: UN, CEDEAO, UEMOA, FMI, UA, Banco Mundial.

3) RENLUV-GC/GB

No	Atividades	Linha de tempo	Ferramentas de abordagem,	Assistência técnica necessária	Fonte potencial de financiamento
01	Documentário sobre reflexo de violação dos Direitos Humanos, e violência baseada no género na saúde.	2024-2025	Abordagem de casos práticos de reflexos das violações dos Direitos Humanos, e violência baseada no género na saúde.	Declarantes, Facilitadores, Técnicos de camara de filmagem Transporte para deslocações e equipa técnica.	OMS ou qualquer parceiro interessado.
02	Programa radiofónico e televisivo para sensibilização comunitária sobre género, equidade, Direitos humanos e saúde.	2024-2025	Abordagem baseada nos Direitos Humanos e Equidade, género e saúde para Mudança de comportamento.	Direções das rádios e Televisão, Apresentador de programa e	OMS ou qualquer parceiro interessado.

03	Realização das Conferencias: Provinciais sobre VBG, equidade, Direitos humanos e saúde;		Abordagem baseada nos Direitos Humanos e Equidade, género e saúde para Mudança de comportamento.	facilitadores temáticos. Facilitadores, Material didático. Kits para participantes.	OMS ou qualquer parceiro interessado.
04	Dinamização de Clubes de não violência criadas nas 11 escolas;		Abordagem baseada nos Direitos Humanos equidade género e saúde.	Facilitadores, Secretariado, logística, Material didático, Kits para participantes e transporte para deslocações.	OMS ou qualquer parceiro interessado.
05	Criação, capacitação e dinamização de mais 06 Clubes de não violência nas escolas;		Abordagem baseada nos Direitos Humanos e Equidade, género e saúde para Mudança de comportamento.	Apresentador de programa e facilitadores temáticos.	OMS ou qualquer parceiro interessado.

4) Maternal and Child Health

Actividades	Linha do tempo		Ferramentas / Abordagens	Assistência técnica necessária	Fonte potencial de financiamento
	2024	2025			
1.CPN	Julho2024	Julho 2025	Avaliacao das barreiras Abordagem baseada nos direitos humanos.	Realizacao de Estrategia avancanda, Colocacao de tecnicos tendo em conta a sexo. Sensibilizacao a nivel comunitaria	Mobilizacao de fundos atraves de ministerio de saude e parceiros.

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