



“Gender-in-all-Policies: a comprehensive approach to evaluate The Sustainable Development Goals (SDG) synergies across gender inequalities, healthcare and climate change”

A Parallel Report on Forum for African Women Educationalist – Mozambique chapter’s Implementation
of the Beijing Declaration and Platform for Action

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Our Vision

Gender refers to the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for boys and girls, and men and women. Gender also refers to the relationships between people and can reflect the distribution of power within those relationships¹.

Gender equality remains frustratingly elusive. Women are underrepresented in the C-suite, receive lower salaries, and are less likely to get access to basic needs than men.

Even when women network as much as men, spend as much time with senior leadership as men, and score the same on performance reviews as men, they didn't advance as quickly².

An understanding of gender requires understanding the complex social processes through which people are defined and linked and how this evolves over time. These processes operate at an interpersonal level, at an institutional level and across wider society, in government, the institutions of the state and whole economies. At all these levels, gender is an important, but modifiable, determinant of health across the life course.³

Beyond SDGs 3 and 5, gender equality is a cross-cutting feature of "Transforming our world: the 2030 agenda for sustainable development" and is key to realizing women's and girls' rights and catalysing progress across all SDGs. There are six gender-specific indicators within SDG 3 on health: (i) maternal mortality ratio; (ii) births attended by skilled health personnel; (iii) new human immunodeficiency virus (HIV) infections, by sex; (iv) satisfactory family planning with modern methods; (v) adolescent birth rate; and (vi) coverage of essential health services, including reproductive and maternal health. Aside from the SDG 3 targets, SDG 5, which includes the elimination of violence against women and girls, has important implications for health.

Climate change is accelerating and impacting more and more communities around the world.

The worst affected are the poor countries facing the rising sea levels, increasing temperatures and extreme weather conditions. Within these countries, the most marginalized groups have the fewer opportunities to protect themselves. Because of discrimination and gender norms, women and men are impacted differently by climate change.

In many developing countries, men work away from the home while women cultivate tiny parts of land without irrigation to produce food for their families.

Climate change directly affects quality and quantity of the crops and above of that women face barrier to high level education, employment, and to owning properties. This means women are voiceless for climate change solutions and vulnerable for adverse effects.

By paying special attention for contributions and needs of men and women, Gender-in-all-Policies not only addresses climate change and healthcare but also reduces gender inequality and empowers women.

Our Strategic Agenda

The Sustainable Development Goals (SDG) address, among other global concerns: health and well-being for all (goal 3); gender equality (goal 5); and the reduction of inequality within and among countries (goal 10). Gender is a key driver of power to exercise the right to health, including exposure to risks of poor health, health seeking behaviors, access to quality health care, and outcomes of health and wellbeing.

A recent research, funded by international organizations, found that only 39% of women who have a cardiac arrest in a public place were given the cardio-pulmonary resuscitation (CPR), versus 45% of men. Overall, men were 23% more likely to survive.

¹ Bulletin of the World Health Organization 2018;96:644-653

² <https://hbr.org/2017/10/a-study-used-sensors-to-show-that-men-and-women-are-treated-differently-at-work>

³ Sen G, Ostlin P. Unequal, unfair, ineffective, inefficient. Gender inequity in health: why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health. September 2007. Bangalore: IIM Bangalore and Karolinska Institute; 2007.

Mozambique is experiencing an extensive gender discrimination in healthcare access for women: younger and older women and those living furthest away from major hospital most likely to miss out on healthcare.

Medical care – which, at its essence, is about keeping people alive – should, of course, be free of gender bias. Naturally, however, it is not.

Personalised medicine models associated with health promotion programmes can mitigate inequalities to access health services empowering women groups of population towards improved health outcomes and endowing those at risk of future vulnerability to raise their well-being by avoiding unhealthy behaviours. Gender bias in healthcare (GEBICARE) has the two-fold objectives of developing a proactive intervention model meant for closing the gender care gap using a population health management approach based on systematic interventions and of sketching a predictive model for gender divide prevention aimed at an early detection of women at risk.

GEBICARE implementation applies a co-creation model aim to respond to these crucial questions, to make sure the project serves a large part of the population: do women feel safe when involved in this project? can they afford it? does the schedule meet specific needs?

Actions that disregards half of the population cannot be efficient or effective.

Take women needs into consideration is not the only the right thing but also the smart thing to do.

A step important is to involve more women on the ground for the implementation and the consultation to address i. women needs and contributions ii how the project responds accordingly.

A second pillar of the “Gender-in-all-Policies Agenda is “The seed portfolio” project, supporting local and small scale farming women thanks to an innovative decision making model, based on i) the diversity of local crops and ii) official guidelines from European Society for Clinical Nutrition and Metabolism (ESCNM) on nutrition care.

FaWE medical board reviewed carefully a huge amount of scientific literature and built a scientific dataset including over 1,000 traditional crops, assessed per: i) geographical area ii) % of nutrient/100g iii) storage behaviour iv) salt tolerance. The algorithm matches traditional crops according to the ESCNM guidelines and provides a list of seeds to offer, supporting the local biodiversity, adequate food intake for female farmers.

Our vision is to support the revival of seed-saving practices to ensure diversity in female farmers' hands. At the same time, the occurrence of widespread malnutrition, particularly amongst women and children, is a cause for concern we wish to address.

The “end-to-end” product is a real seed portfolio: a package including a mix of seeds ready to be cultivated.

The Seed Portfolio is the first brand to incorporate innovative technologies (telemedicine) to agribusiness in order to improve life conditions of workers in rural areas.

Based on official LARN guidelines (for a balanced diet), team developed an AI algorithm to match people characteristics (sex, age, calories needed) and seed characteristics. The final result is a cluster of possible crops to be directly delivered per specific geographic area.

A further important agenda pillar to be addressed starting from 2020 is represented by the right of justice: with growing public attention to the problem of mass incarceration, there is now clear evidence that women’s incarceration has grown at twice the pace of men’s incarceration in recent decades.

Impact

Mozambique can be considered a multi-faceted sub-saharian region with its own culture and bio-environmental characteristics. Demographic and societal changes affect the whole Country with impact on its population and the incidence of social exclusion and marginalization specifically concern women, which are at risk to be left behind with growing health inequalities. The needs of women span the boundary between health and social domains with associated financial burden common to the whole sub-saharian welfare systems. Tackling these challenges, the project will bring social novelty proactively combating and preventing any evident form of health disparity, enabling value-based services and valorising the epidemiological data heritage of the involved provinces. It will concretely support the policy level, strengthening decision making for the reconfiguration of health and social interventions aimed at reducing gender divide, women disability and suffering related to it.



About FaWE MO

The Forum for African Women Educationalists (FAWE) is a pan-African Non-Government Organisation founded in 1992 by five women ministers of education to promote girls' and women's education in sub-Saharan Africa in line with Education for All. The organisation's members include female ministers of education, university vice-chancellors, education policy-makers, researchers, gender specialists and human rights activists. Our target beneficiaries and constituency are primarily girls and women.

FaWE Mozambique developed the Gender-Responsive Pedagogy (GRP) model to address the quality of teaching in African schools and has been introduced as Center of Excellence to transform an ordinary school and its surrounding community into an environment that is academically, socially, and physically gender responsive.

Mozambican chapter is chaired by Her Excellency Graça Machel, very well-known politician and humanitarian. Machel is an international advocate for women's and children's rights and was made an honorary British Dame by Queen Elizabeth II in 1997 for her humanitarian work. She is the only woman in modern history to have served as First Lady of two different countries.

Francisca Nobre, FaWE Mozambique coordinator since 1999, is a certified accountant and gender specialist who has been working for Ministry of Finance supporting strategic country programmes. Currently, she holds a managerial role within the Ministry of Natural Resources.

Silvia Ussai, FaWE MO Head of Health, is an international Public Health professional with a unique skill set obtained through a double degree as Doctor of Pharmacy and Medical Doctor. Specialized in Global Health Management from SDA Bocconi - which is ranked n.1 by Eduniversal and within the top 5 universities across different academic institutions - she then post-graduated in Complex Negotiations at Harvard Law School.