



Erasmus + Blended Intensive Program (BIP) 2025

Coaches and Student's Handbook (Part I)

“Meeting additional care needs (ACN) of disadvantaged women and girls: a holistic, inclusive, interdisciplinary, and collaborative approach.”

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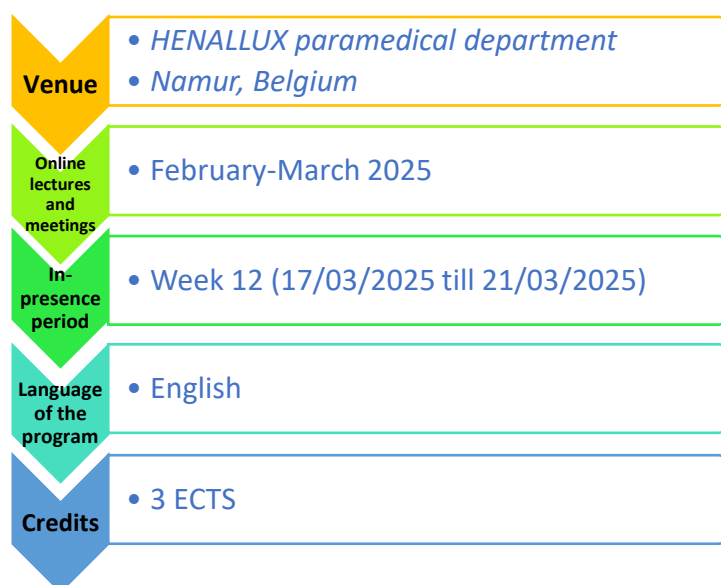
2. Partners for the Blended Intensive Program 2025

○ *Hénallux, Namur, Belgium* (organisation and venue), (*Midwives*):
Coach: Geneviève Castiaux.
International officer: Delphine Rasador.

- *University of Parma, Italy* (*Nurses and midwives*)
- *University of Pavia (UNIPV), Italy* (*Psychologists*)
- *International Hellenic University, Thessaloniki, Greece* (*Nurses*)
- *University Francisco de Vitoria, Madrid, Spain* (*Midwives, Nurses, Nutrition students*)
- *JAMK University of Applied Sciences, Jyväskylä, Finland* (*Midwives, Nurses, Nutrition students*)

3. Course overview

The Blended Intensive Program (BIP) 2025 is summarized through the next model:



The BIP program 2025 aims to promote the development of women's health-related international perspectives, and intercultural competence, through shared mutual learning environments. It is specifically designed to link health students who have different cultural, social, and geographical perspectives and experiences.

4. Course objectives

4.1. General expected results of the BIP project 2025 are (Hénallux 2020)¹:

- Developing civic engagement and active citizenship, "An international experience for all",
- Ensuring a quality partnership, developing transnational teaching activities and internationalisation at home,
- Improving the language and intercultural skills of students,
- Developing the digital skills of students and thus promoting environmentally friendly practices,
- Ensuring the visibility of the results obtained.

4.2. Overall BIP's expected results for the students are:

Each singular case to study will provide students opportunities to achieve the following results:

- Reflecting upon their own beliefs and attitudes towards disadvantaged women and girls,
- Acquiring practical knowledge to work in alliance with disadvantaged women and girls,
- Producing a critical analysis of the actual welfare and care services in Europe,
- Learning to work in a more diverse-sensitive way, as healthcare/social professionals,
- Developing self-emotional resilience to face complex healthcare situations
- Developing an understanding of humans' rights and ethics challenges in Europe,
- Developing their body of knowledge about professional issues related to disadvantaged women and girls' care,
- Developing team-working skills in multi-professional and multicultural environment.

5. Theme selection

Meeting additional care needs (ACN) of disadvantaged women and girls: a holistic, inclusive, interdisciplinary, and collaborative approach.

The European Institute for Gender Equality² states that **disadvantaged persons** are *"Groups of persons that experience a higher risk of poverty, social exclusion, discrimination and violence than the general population, including, but not limited to, ethnic minorities, migrants, people with disabilities, isolated elderly people and children. See also: vulnerable groups, intersectional discrimination, multiple discrimination.*

The vulnerability to discrimination and marginalisation is a consequence of social, cultural, economic and political conditions and not a quality inherent to certain groups of persons. Women and girls belonging to these groups are often subjected to multiple discrimination and gender-based violence. However, they have limited access to protection, support and redress when their rights are violated.

¹ Hénallux (2020). *EU Grants : Proposal template* (EACEA Erasmus+ IBA): V1.1 – 04.03.2020

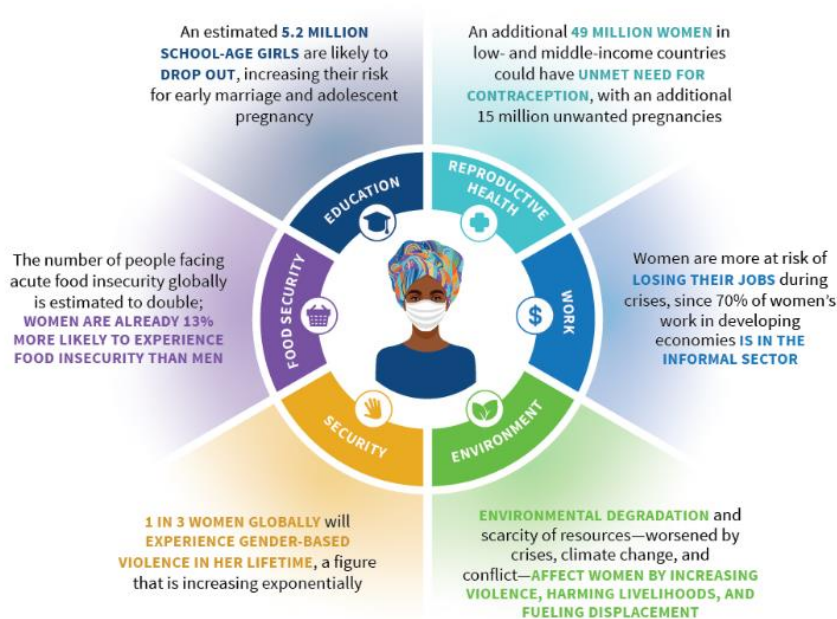
² <https://eige.europa.eu/publications-resources/thesaurus/terms/1174>

Recent scholarship on stereotypical gender roles and attitudes, and their discriminatory impact on women, emphasises that **women are not vulnerable by nature, but suffer from imposed disadvantage.**”

The **practical gender needs of women** are also defined as “Needs women identify in their socially accepted roles in society. Practical gender needs do not challenge, although they arise out of, gender divisions of labour and women’s subordinate position in society. These needs are a response to immediate perceived necessity, identified within a specific context. They are practical in nature and often stem from inadequacies in living conditions such as water provision, **healthcare** and employment.”

Many changes occur after Covid-19 pandemic, especially for women’s health and welfare. According to the Population Reference Bureau³, “The stresses of sudden, acute crisis situations such as the COVID-19 pandemic often create **an environment of increased violence and a myriad of other harmful effects on women**, which build upon the long-term stresses caused by diffuse crises such as climate change. Combined with existing harmful gender norms, these detrimental effects span many aspects of women’s lives and well-being, **as shown in the figure below.**”

FIGURE 1. WOMEN AT THE CENTER: THE COMPOUNDING IMPACTS OF CRISES LIKE COVID-19



According to World Economic Forum (2023)⁴ “COVID-19 has magnified **gender-based inequalities in health and healthcare** and created a more urgent need to understand the forces undermining women’s well-being and resilience. Coordinated, strategic, multi-sectoral efforts could generate positive change - by focusing on sexual and reproductive health and maternal mortality, confronting sexual and physical violence, equalizing education, prioritizing mental health treatment, enabling economic empowerment, taking health and equity-focused climate action, and increasing cancer

³ <https://www.prb.org/resources/family-planning-and-the-gendered-impacts-of-crises/>

⁴ <https://www.weforum.org/agenda/2022/05/access-to-healthcare-prioritize-woman-and-girls/>

prevention and control. Collectively, these initiatives could help to hasten the global pandemic recovery.”

For women and girls, access to health is complicated by gender inequality, which drives harmful norms and practices and global crises such as high rates of unintended pregnancy and preventable maternal mortality. According to UNFPA (2023)⁵, [nearly half of all pregnancies](#) worldwide are unintended, and a woman dies [every two minutes from pregnancy or childbirth](#). UNFPA presents six initiatives that move women, **girls and members of other marginalized communities** closer to this condition and **help close gaps to health created by gender inequality, stigma and discrimination.**”

Moreover, UN (2020)⁶ states that “An analysis of poverty rates by sex and age shows that gender gaps in poverty are at their widest among women between the ages of 25 and 34 years. This coincides with the family-formation and child-rearing phase in the life course, during which women and their households face increased expenses associated with having children while also having less time available for engaging in paid work. The resulting time constraints and depletion of human capabilities are not only acute for the women themselves but may also spill over to the next generation when, for example, unpaid care and domestic work is delegated to girls, jeopardizing their education and training opportunities.”

Meeting additional care needs (ACN) of disadvantaged women and girls is therefore a strong, timely and inclusive theme.

6. Case-solving:

This BIP Program challenge asks for an interdisciplinary and transcultural approach. Each student group will be provided one specific case-study for the BIP.

Step by step we will support you to get in depth understanding of the situation and find solutions or recommendations.

During the program, different tools and articles, oral presentation, and in-field visits, will provide students opportunity to step in the topics and understand them in depth. The student’s group will reflect on the case and gradually understand deeply all points of the situation.

6.1. General expectations about case-solving:

We expect you to explore at least (regarding your unique case) in a diverse-sensitive way, as healthcare professionals:

- Beliefs, attitudes of healthcare professionals towards disadvantaged women and girls. What is the evidence? What do you recommend doing for improvement?
- Welfare and care services in Europe, and what they offer to disadvantaged women and girls. What is the current situation in your countries/in Europe? What should be improved?

⁵ <https://www.unfpa.org/news/six-unfpa-programmes-around-world-ensuring-health-for-all>

⁶ <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2019/World-survey-on-the-role-of-women-in-development-2019.pdf>

- Humans' rights and ethics challenges in Europe, especially regarding disadvantaged women and girls. What challenges do you identify?
- Work in alliance with disadvantaged women and girls: what do you recommend?
- What specific lessons are you learning for your body of knowledge about professional issues related to disadvantaged women and girls' care?
- What did you learn about your personal emotional resilience to face complex healthcare situations?
- How did you develop team-working skills in multi-professional and multicultural environment?

6.2. Themes concerned in case of (disadvantaged) women and girls:

These case studies will give opportunity to focus on some of the following selected European topics:

Education: school access, women and girl's work, informal sector, poverty.

Environment : climate change, environmental degradation.

Ethics and human rights: minority groups, physical or mental disabilities.

Gender and sexuality: gender concern, health inequalities, sexual harassment, violence and abuse.

Migration, diversity: immigrants and refugees, spiritual needs, racism, life trauma experience, intercultural sensibility, superdiversity in Europe.

Reproductive health: family planning, healthcare access.

6.3. Themes concerned in case of specific and additional care (needs):

Specific needs: assessing people's needs, empowerment, morbidity prevention, patient compliance, patient-partner, person-centred care, quality of life, welfare.

Prevention and primary care: community health services, determinants of health, family-centred care, health outcomes, holistic care, primary health care.

Organisation of care: care clustering, care pathways, models of care, social insurance services access, stakeholder participation.

7. Coaching

Every group has a coach following their specific process and meetings. The coach may be from another professional discipline and is from one of the participating universities.

The coach is available in case of questions/concerns/problems related to the BIP program.

To give the coaches good idea of how the group is progressing we expect you to:

- Give the coach access to your collaborative online platform group Teams.
- Upload the recommended milestones.
- Interact with her/him during the meetings.

8. Ways of communication

Official communication language is English.

8.1. Collaborative online Platform

To discuss, collaborate, work together, meet, share documents... you will all use an official collaborative platform: **Teams**.

The Henallux University-college will provide access to all participants of the BIP.

Your coach will be automatically a member as well, and Geneviève Castiaux, coordinator of the project.

8.2. Other communication platforms

You are free to use any other communications platforms or means, but these are not supported by your educational institutions and will not contribute to your final grade.

9. Award, and evaluations

The successful completion of the program, both in its physical and virtual parts, **awards 3 ECTS**.

Active participation in the entire module allows access to validation process of ECTS without any need of further evaluation. *For this purpose, each student will complete assignments, individually or together with his/her group, during the process.*

By the end of the in-presence week, each student will receive his/her final evaluation and points documents.

By the completion of the module, the hosting university Hénallux will provide a certificate of attendance to each participant student.

9.1. Final presentation: poster/PPT or video/vodcast

During the in-presence week, you will work as a group and summarize your reflections and entire work in a poster, OR a power point (PPT) presentation, OR a video OR a vodcast, at the choice of the group. The language will be English.

It will be a group-submission, to be submitted via the collaborative online platform, and orally presented to the participants. Every student involved in each group is supposed to take active part to the oral presentation.

10. In-presence program (17th March – 21st March 2025):

The final program of the week will be unveiled by the end of February.

All participants (students, coaches and observers) are expected to be at paramedical department in Namur on Monday 17th at 9 am and stay till Friday 21th at 6 pm.

So, we advise everyone to stay in Namur at least from Sunday night till next Saturday morning.

The week program will offer conferences, field visitors, interviews, and time to work as a team on the case.

The coaches of the BIP program will also take a strong active part in the week and give support and advices to all groups.

At the end of the full participation in the BIP each participant will receive a **certificate of participation** issued by Hénallux. Each student will also receive his/her official evaluation.

11. Contacts

Henallux paramedical department (coordinating University-college):

- ✓ International Officer RASADOR Delphine: delphine.rasador@henallux.be

Office: +32 81 46 85 99.

- ✓ International Mobility Projects Coach CASTIAUX Geneviève: Genevieve.castiaux@henallux.be

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