

Concept Note: Women Deliver May 16 – 19 2016 Copenhagen – Red Cross Red Crescent Movement and World Vision International Joint Side Event

Breaking The Barriers - engaging communities in improving women`s and children`s health in complex humanitarian settings.

Time: May 17, 6:00 pm to 8:00 pm

Room: C1/MO

Background

The 4th Global Women Deliver Conference is being held in Copenhagen, Denmark, 16–19 May 2016 and the International Red Cross and Red Crescent Movement (Movement), comprised of the International Federation of Red Cross and Red Crescent Societies (IFRC), Red Cross and Red Crescent National Societies and the International Committee of the Red Cross (ICRC), along with World Vision International (WVI) are hosting this side event. This concept note uses “Complex Humanitarian Settings” to include contexts of fragility, conflict and natural disasters and will explore approaches across the humanitarian and development divide.

Both organisations have extensive experience in implementing community and health system strengthening programs which have demonstrated that communities living in these fragile and conflict affected settings are resourceful and when empowered, provided with the essential, lifesaving commodities, skills training, and new innovative opportunities such as mHealth technology, can themselves take great strides to reduce mortality rates.

We invite policy makers, donors and practitioners to discuss how developing effective community engagement approaches, inclusive of faith leaders, along with greater emphasis on sustainable supply chains and the intentional empowering of communities can offset the impact of compromised health systems. The above is linked to the conference’s main theme “*how to implement the Sustainable Development Goals (SDGs) as they relate to girls and women, with a specific focus on health – in particular maternal, sexual, and reproductive health – and the inter-connections with gender equality, and economic empowerment*”.

Given the stark mortality statistics in complex humanitarian settings, we advise a coordinated focus on the continuum between humanitarian and development interventions and recognise the inherent volatility of this “divide” requires policy, programming and funding frameworks informed by better understandings of the barriers faced. As noted in the upcoming Humanitarian Summit, there is a clear need for a shift in power and reformation of the humanitarian system to promote locally owned and led response¹. In these settings, women often have little choice in how relief is

...60% of preventable maternal deaths, 53% of deaths in children younger than 5 years, and 45% of neonatal deaths take place in fragile settings of conflict, displacement, and natural disasters. Worldwide, women and children are up to 14 times more likely than men to die in a disaster.

*ICRC President Peter Maurer,
Princess Sarah Zeid et al.*

<http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2960766-8/fulltext>

¹ [World Humanitarian Summit 2016: Key Messages](#)

administered. Strengthening communities to organizing themselves to better facilitate access to health services and prioritize the health needs, prevention and treatment services of women and children is pivotal to their survival and then to thrive and transform.

Side Event Objectives

As the hosts of this event The Movement and World Vision will draw from the varied experiences of policy makers, donors and practitioners to discuss the successes and challenges of building a community level response in complex humanitarian and fragile settings. Building on the idea of “Community Engagement and Health System Resilience” (two of the nine pillars of the new ‘Every Woman Every Child Global Strategy for Women and Children’s Health’) the event will provide opportunity to discuss practical strategies that have proved effective in community engagement, delivering integrated community and health system strengthening, and fostered resilience of communities in fragile settings, emergencies and natural disasters.

What broad solutions can be considered to engage women, men, girls and boys in complex humanitarian and fragile settings, where trust/community cohesion are severely compromised? (Policy and Practical)

What are some examples of how, even within these fragile contexts and circumstances, communities have managed to mobilise and address maternal newborn and child health? What has worked? What not? (Practical)

What principles should humanitarian and longer term fragile contexts response follow to ensure a locally led response? (Policy level)

How can community-led response be better fostered? Do faith leaders have a place? What are solutions? (Policy level and practical level)

Delivery Format

The event format will feature a key note introduction followed by a video to highlight key themes. A panel will then share views followed by a “Marketplace” interactive session where participants have an opportunity to interact with practitioners sharing case studies and the panellists. The panel will reconvene to reflect and for a wrap-up. The event will be formally closed with acknowledgements. Session handouts and reports from both organisations will also be available on tables at the back of the room.

Speakers

Opening, closing and acknowledgements – Sue England (WVI)

Video by IFRC, Finish Red Cross and Somalian Red Crescent

Panel Discussion_– Moderated by Julie Lyn Hall

Panellists

Policy makers

1. Her Royal Highness Princess Sarah Zeid of Jordan, maternal and newborn health advocate and Steering Committee member of the Every Newborn Action Plan.
2. Helga Fogstad, Head of Department for Global Health NORAD, a health economist and contributor to the 2010 UN Secretary General's Global Strategy for Women's and Children's Health.

Implementers/Practitioners

3. Fatima Gailani, President of the Afghan Red Crescent Society since 2004 and renowned advocate for women's rights, particularly in the fields of health and education.
4. Sigrid Kopp, Regional midwife for the International Committee of the Red Cross (ICRC), based in Nairobi and covering 7 sub-Saharan countries providing technical support on sexual and reproductive health.
5. Dr Alfonso Rosales WV US MNCH advisor and specialist in implementing in South Sudan.
6. Mrs. Bernadette Peterhans, Faculty member at the Swiss Institute of Tropical and Public Health with extensive experience in community empowerment and engagement in fragile settings.