PERMANENT MISSION OF THE
UNITED ARAB EMIRATES
TO THE UNITED NATIONS
NEW YORK

Permanent Mission of Norway
to the United Nations

EVERY WOMAN EVERY CHILD EVERYWHERE

EVERY
WOMAN
EVERY
CHILD
EVERYWHERE


Every Woman Every Child Everywhere
Panel Series
H.R.H. Princess Sarah Zeid
H.E. Reem Al Hashimy
H.E. Tone Skogen
H.E. Elhadj As Sy

COPYRIGHT

Contributors from the Permanent Mission of the United Arab Emirates to the United Nations

Amiera Al Hefeiti
Hannah Beswick
Dane McQueen
Thejasvi Ramu

Permanent Mission of the United Arab Emirates
to the United Nations
3 Dag Hammarskjöld Plaza
305 East 47th Street, 7th Floor
New York, NY 10017

Contributors from the Permanent Mission of Norway to the United Nations

Daniel Gimenez
Silje Eggestad
Jenny Johanson

Permanent Mission of Norway to the United Nations
825 Third Avenue, 38th Floor
New York, NY 10022

Book Design by Gabriele Wilson

CONTENTS

Foreword IX

Preface XI

Panel Series Partner Overview XVII

Introduction 21

Panel 1: Launch of the Every Woman Every Child Everywhere Panel Series 24

Panel 2: Urban Humanitarian Crises: Providing Quality, Accessible Health Care to Women, Children and Adolescents 34

Panel 3: Gathering Storm: Women's, Children's and Adolescents' Health in Climate-Induced Humanitarian Settings 44

Panel 4: Delivering Integrated Education and Health Services in Humanitarian Settings 54

Panel 5: Access and Dignity Displaced: Women, Children, Adolescents, and Disability in Humanitarian Emergencies 64

FOREWORD

Every Woman Every Child Everywhere began its journey in the United Arab Emirates in 2015 at the Abu Dhabi Meeting of Experts, held under the patronage of H.H. Sheikha Fatima bint Mubarak, and in partnership with the UAE's Supreme Council for Motherhood and Childhood. The resulting Abu Dhabi Declaration was an unprecedented call to action for reproductive, maternal, newborn, and adolescent health in fragile and complex settings, whose first purpose was the formulation of a humanitarian pillar for the renewed Global Strategy for Women's, Children's and Adolescents' Health.

The power of Everywhere's voice has been heard in part because of the confronting reality it asserts: fragile and complex settings are where the greatest risks to maternal, adolescent, child, and newborn health are found, and it is there where the need for policy and operational innovation is greatest, and where new ways of working and partnering – to deliver better results for those who have the least – is most pressing and most urgent.

Because of the work accomplished in Abu Dhabi, the renewed Global Strategy, launched in September 2015 alongside the Sustainable Development Goals and formally adopted by the World Health Assembly in May 2016, acknowledges the dramatic impact of "settings" on prospects for women's, children's, newborns', and adolescents' health and well-being. It introduces a call for greater integration between development and humanitarian actors; targeted investments in multi-hazard risk assessment and emergency preparedness; integration of disaster risk reduction into national health plans, and; renewed efforts to enhance transition from humanitarian settings to sustainable development. It was ground breaking change then, and it is ground breaking change now.

Over the course of 2015, Everywhere transformed the Global Strategy's overall approach. We forged new alliances and challenged the approach of key Every Woman Every Child funders. We brought together the Pacific Islands' Ministers of Health in the lead up to the global climate change negotiations and delivered the first ever Pacific-wide statement on the position of women, adolescents, children, and newborns as assets to climate change adaptation, emphasizing the strategic importance of their health, well-being, and dignity.

In 2016, we again came together in Abu Dhabi to set out a five-year strategy and implementation plan for the humanitarian and fragility component of the Global Strategy.

We came back to New York and, in September 2016, launched a series of panel discussions in partnership with the Governments of Norway and the United Arab Emirates at

the 72nd UN General Assembly, alongside top development and humanitarian actors. Over the course of 2016 and 2017, we engaged experts across a range of sectors on programming, financing, and policy approaches to help mainstream women's and children's health services in both humanitarian response, disaster risk reduction, and across related sectors, such as climate, urbanization, education, and disability, amongst others.

This publication serves as a compendium of the outcomes of this series of panel discussions, with key recommendations for practitioners to consider in their efforts to address the preventable – and unacceptable – scourge of deaths of women, children, and adolescents in complex and fragile settings. Throughout this series, we have held fast to our principles of transparency, openness, and diversity. We have striven to bring together a diverse range of experts with the hope of leading to more innovative solutions and to strengthen policy coherence and advocacy.

Our goal was and continues to be the same: the protection of, the access to life-saving healthcare for, and the enduring dignity of all women, children, adolescents, and newborns everywhere – including those living in the most vulnerable of circumstances and at the toughest of times.

H.R.H. PRINCESS SARAH ZEID

Maternal, Child and Newborn Health and Wellbeing Advocate

PREFACE

Women, children, and adolescents are often considered the most vulnerable in humanitarian contexts. It is estimated that as a high as 15% to 60% of preventable deaths of women and children occur globally in humanitarian settings, despite affecting less than 5% of the world's population. Women and children are 14 times more likely than men to die in disasters. Girls are 2.5 times more likely to be out of school than boys. The numbers are a clarion call for change.

UN resolutions, agency mandates, and major events, from the World Health Assemblies to the World Humanitarian Summit, echo the need to not only protect women, children, and adolescents by knowing and addressing their specific needs, but also to empower them – by involving them in the process of designing, implementing, monitoring, and evaluating the programmes that affect and serve them. This was, in fact, one of the main recommendations that came out of the World Humanitarian Summit in 2016.

The need to address this core constituency of women, children, and adolescents in humanitarian settings led Norway and the UAE to launch the Every Woman Every Child Everywhere Panel Series, to measure progress in translating this new normative consensus to institutional and field practice and to evaluate how we might move faster.

The rationale to try is certainly compelling. Aside from the moral dimensions of saving lives and the principle of equality, these women, children, and adolescents are central to the functioning and resilience of their communities. And, in stark terms, these demographics matter because they are dying, falling ill, and losing economic opportunity at highly disproportionate rates – necessitating a proportionate response.

We hope that this report can contribute to further discussions, move the agenda forward, and sharpen focus on the need for evidence-based interventions in humanitarian settings. Our recommendations are far from conclusive, but they draw on an extraordinary, multi-stakeholder base of expertise in an attempt to identify reforms that can make a meaningful difference in how the UN and other actors think about and act on gender, age, and disability in humanitarian settings.

The timing of this report is also not fortuitous. The UN reform discussions initiated by Secretary-General António Guterres offer a window for lasting impact. We now have the opportunity to holistically address the unrealized value of women, children, and adolescents – and men – across the development, humanitarian, and peacekeeping wings of multilateralism, and we must seize this unique moment.

One of the central messages from the panel series is that “whole of person” approaches will be what makes the difference in how the UN and international agencies build on their exceptional legacies and enhance service to their constituents. Indeed, we started the series thinking about these demographics largely in a traditional humanitarian mindset – about ending acute need as lives and communities fall apart. We ended with an equal focus on prevention and recovery.

Therefore, we must take this opportunity to be both radical and precise in how we restructure the UN and shape its precedent-setting institutional practices. It cannot be an exercise in rearranging and renaming old policies, but one that leverages the goodwill of the Secretary-General, agencies, and Member States to fundamentally rewrite performance criteria and mandates.

The series certainly inspired optimism in us. Great work is being done both at Headquarters and in the field, and its practitioners believe that our collective goal – to end preventable deaths and improve the quality of life for women, children, and adolescents in humanitarian settings – is within reach if we can narrow the so-called development and humanitarian divide. We hope that the ideas captured in this report can make a small difference toward that end. If we are serious about achieving the Sustainable Development Goals by 2030 – “leaving no one behind”, “reaching the furthest behind first”, and “the last mile” – then we must recognize that providing quality, accessible healthcare to women, children, and adolescents in all settings is key to our success.

H.E. MRS. LANA ZAKI NUSSEIBEH
Ambassador and Permanent Representative
of the United Arab Emirates to the United Nations

H.E. MR. TORE HATTREM
Ambassador and Permanent Representative
of Norway to the United Nations

Left to right: Ms. Jo Bourne, H.E. Ms. Laila Bokhari, H.R.H. Princess Sarah Zeid, Ms. Nora Fyles, Dr. Flavia Bustreo, Ms. Debra Jones at the Delivering Integrated Education & Health Services in Humanitarian Settings panel.

PANEL SERIES PARTNER OVERVIEW

EVERY WOMAN EVERY CHILD

Launched by former UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, Every Woman Every Child is an unprecedented global movement that mobilizes and intensifies international and national action by governments, multilaterals, the private sector, and civil society to address the major health challenges facing women, children, and adolescents around the world. The movement puts into action the Global Strategy for Women's, Children's and Adolescents' Health, which presents a roadmap to ending all preventable deaths of women, children, and adolescents within a generation and ensuring their well-being. In 2016, a High-Level Advisory Group on Every Woman Every Child was established to guide the strategic direction of the Every Woman Every Child movement and the implementation of the updated Global Strategy. In 2017, this Advisory Group evolved into a High-Level Steering Group and welcomed UN Secretary-General António Guterres as its Senior Co-Chair.

EVERY WOMAN EVERY CHILD EVERYWHERE

Led by H.R.H. Princess Sarah Zeid, Every Woman Every Child Everywhere is a global movement that aims to recognize the impact of humanitarian and fragile settings on women's, children's, and Adolescents' Health, building off of the UN's Every Woman Every Child initiative. The concept of Everywhere was developed at the 2015 Abu Dhabi Meeting of Experts, held under the patronage of H.H. Sheikha Fatima bint Mubarak, and in partnership with the UAE's Supreme Council for Motherhood and Childhood. This meeting produced the Abu Dhabi Declaration, an unprecedented call to action for women's, children's and adolescents' health in humanitarian and fragile settings, and whose first purpose was the formulation of a humanitarian pillar for the renewed Global Strategy for Women's, Children's and Adolescents' health. The renewed Global Strategy was launched by former UN Secretary-General Ban Ki-moon at the UN General Assembly in September 2015 and included this new humanitarian pillar.

NORWAY

An important part of Norway's foreign and international development policy is concerned with saving lives, alleviating suffering, and protecting civilians affected by war and conflict. Humanitarian efforts are focused on countries where there are great, unmet humanitarian needs, where Norway, through its partners, is well placed to make a contribution. Around 37 million children and youth who do not attend school today live in areas affected by crisis

and conflict. Accordingly, Norway has intensified efforts to promote the protection of schools and access to quality education in areas affected by crisis and conflict. At least 8 percent of Norway's humanitarian funding is allocated to education. Norway has also supported the establishment of the Education Cannot Wait fund and partnership. Education Cannot Wait is the first global fund dedicated to education in emergencies and protracted crisis. Norway has been a supporter of the Every Woman Every Child initiative since 2010, and the Minister of Foreign Affairs served as a member of its High-Level Steering Group. With partners, Norway initiated the Global Financing Facility for Every Woman Every Child, which includes investments in reproductive, maternal, newborn, child and adolescent health services in fragile states. Humanitarian aid is primarily channelled through the UN, the Red Cross movement, and Norwegian humanitarian organizations.

UNITED ARAB EMIRATES

The United Arab Emirates Ministry of Foreign Affairs and International Cooperation is the federal entity responsible for the international relations of the United Arab Emirates, including its development and humanitarian assistance activities. The Ministry aims to enhance the effectiveness of foreign assistance by ensuring that UAE support is based on humanity, neutrality, impartiality and independence, and that sustainable development is central to foreign assistance. In January 2017, the Ministry announced that women's protection and empowerment had become one of the three pillars of its foreign assistance policy. At the World Humanitarian Summit, the Ministry also committed to increase its humanitarian contributions to 15% of its total foreign assistance budget. The Ministry has been closely involved in the Everywhere workstream since its inception, in partnership with the UAE Supreme Council for Motherhood and Childhood, whose Secretary-General sits on the Every Woman Every Child High-Level Steering Group and hosts the annual Everywhere meeting under the patronage of H.H. Sheikha Fatima bint Mubarak, Chairwoman of the General Women's Union, Supreme Chairwoman of the Family Development Foundation, and President of the Supreme Council for Motherhood and Childhood.

H.E. Mrs. Lana Zaki Nusseibeh speaking at the Gathering Storm: Women's Children's and Adolescents' Health in Climate-Induced Humanitarian Settings panel.

H.R.H. Princess Sarah Zeid speaking at the Urban Humanitarian Crises: Providing Quality, Accessible Health Care to Women, Children and Adolescents panel.

INTRODUCTION

Women, children, and adolescents face highly disproportionate rates of mortality and morbidity in humanitarian and fragile settings, as well as related and highly concerning outcomes in education and livelihoods. They represent the "furthest behind" in the language of the Sustainable Development Goals, in the hardest-to-reach and most challenging locations and settings. The Global Strategy for Women's, Children's and Adolescents' Health will most certainly fail without a concerted effort to end their deaths. But the significance of their health and life quality measurements extend beyond the context and timeframe of even protracted crises. Women, children, and adolescents are essential to the recovery and development potential of their communities and countries, and their outcomes in crises are often pre-determined by conditions that precede them – but can be mitigated.

This report accordingly focuses on a short list of recommended actions that governments, donors, the United Nations, and other humanitarian and development organizations can consider in their own policies and budgets. It compiles findings from the Every Woman Every Child Everywhere Panel Series, hosted by Norway, the United Arab Emirates, and Every Woman Every Child from 2016 to 2017, which tapped a wide range of multi-sectoral expertise to debate and recommend field and institutional approaches to the persistently high mortality and morbidity of women, children, and adolescents in humanitarian and fragile settings.

While better data is urgently needed, the indicative numbers are chilling. Humanitarian settings affect less than 5% of the world's population, but account for 15% to 60% of preventable deaths of women and children. Within crisis settings, women and children are 14 times more likely than men to die, and girls are 2.5 times more likely to be out of school than boys. Traditions of male-dominated exodus from fragile and humanitarian settings are also being upended: UNHCR has reported that 86% of refugees fleeing South Sudan into Sudan are women and children, and that the percentage of women and children refugees arriving in Europe grew from 30% to 60% within one year.

This report, however, views these trends from both humanitarian and development angles. Gaps in development approaches are understood to directly contribute to humanitarian outcomes, as are the latter to post-crisis recovery processes. Furthermore, joint delivery of basic services, such as health and education, improves outcomes along the full humanitarian-development continuum.

The report also approaches the topic through the lens of different contemporary UN processes, in an attempt to reflect the nuances of settings and drivers of potential reforms and "next steps." Accordingly, the report dedicates individual chapters to discussing reforms and actions in the context of cities (Habitat III), climate (UNFCCC), education (Education Cannot Wait), and disability (Convention on the Rights of Persons with Disabilities). Each chapter features perspectives from content-relevant experts who participated in the panel series.

While detailed recommendations are included in each chapter, collectively and at a high-level, the report makes 13 core proposals:

1. There must be dedicated budget lines for sex, age, and disability in both humanitarian response and planning. While ideally mainstreaming would obviate the need for stand-alone resources, we have not yet reached that stage in humanitarian response. Former Secretary-General Ban Ki-moon's call for 15% of peacebuilding funds to be devoted to projects whose principle objective is to address women's specific needs, advance gender equality, or empower women could be a starting point for the humanitarian field.

2. Performance evaluations for humanitarian and development workers, including the terms of reference for UN Resident/Humanitarian Coordinators, must include indicators on programming that includes data disaggregated by sex, age, and disability. This level of granularity and personal accountability is what enables mainstreaming.

3. All training for health, crisis planning, and response workers should include sex, age, and disability considerations.

4. Women, children, and adolescents experience crises differently, and community consultations are essential mechanisms to identify and respond to their specific needs. Humanitarian actors – and development actors in the context of planning and recovery – should set internal guidelines with the aim to have women comprise 50% of all community participants in consultations, and, in some contexts, should require consultations without males, as appropriate. In addition, there should be at minimum, one woman, girl, and boy with a disability, and their families, in every consultation. Further, mandatory involvement of local organizations for women, children, and persons with disabilities is an effective way to understand intersectionality issues.

5. "Whole of person" approaches to service delivery for women, children, and adolescents result in lower costs and better outcomes. Education and health are two key services that should be jointly planned and implemented, taking into consideration sex, age, and disability. Requirements to have integrated health-education teams within and across agencies could start to address these challenges.

6. Rapid market analyses of the healthcare landscape should be performed in cities and regions likely to experience humanitarian crises and at the onset of crisis, in order to understand service delivery and disruptions. Special attention should be paid to private sector and informal healthcare providers.

7. Bolstering national health systems should be a standard operating practice, in order to better withstand crises, benefit host communities, and contribute to post-crisis recovery. In some cases, this may mean institutionalizing policies to provide aid to private healthcare providers, not only government-run facilities.

8. Mental health should become a mandatory component of health services and budgeting. Children, in particular, often become lifelong victims of toxic stress, handicapping their individual recoveries, as well as the recovery of their communities and countries.

9. Disaggregated data by sex, age, and type of disability is critical to assessing and responding to needs, which are currently poorly understood. Data collection and analysis should be resourced appropriately, with requirements for programmes to generate and collect data. International data efforts on women and children – such as the Gates Foundation's gender data gap initiative – should also explicitly include humanitarian and fragile settings in their deliverables.

10. Links between humanitarian and climate institutions – especially climate finance – should be strengthened, given the growth of climate-induced disasters. Options include the inclusion of the Green Climate Fund and Global Environment Facility in UN humanitarian inter-agency groups and appointment of humanitarian advisers to major climate processes and funds.

11. Unconditional cash transfers to women should be explored, as preliminary evidence, though often in development contexts, indicates they may improve outcomes for women and their children, as well as set the foundation for greater gender equality.

12. Forecast-based financing can mitigate health impacts of disasters on women and children by obligating deployment of government/donor support in advance of disasters when warning thresholds are credibly crossed.

13. Humanitarian and development agencies should build capacity in urban planning and response. They should also consider employing an urban specialist to help lead and guide humanitarian response in urban areas, not solely a medically trained expert.

EVERY
WOMAN
EVERY
CHILD
EVERYWHERE

LAUNCH

22 SEPTEMBER 2016

H.E. Mrs. Reem Al Hashimy

H.E. Ms. Tone Skogen

PANELISTS

H.E. MS. TONE SKOGEN
State Secretary, Ministry of Defence, Norway
(at time of event: State Secretary, Ministry of Foreign Affairs, Norway)

H.E. MRS. REEM AL HASHIMY
Minister of State for International Cooperation,
United Arab Emirates

RT. HON. DAVID MILIBAND
President and CEO, International Rescue Committee

H.E. MS. SARAH FOUNTAIN SMITH
Deputy High Commissioner of Canada to the United Kingdom and Northern Ireland
and the Alternative Permanent Representative to the International Maritime Organization
(at time of event: Assistant Deputy Minister, Global Issues and Development, Global Affairs Canada)

MR. ELHADJ AS SY
Secretary-General, International Federation of Red Cross
and Red Crescent Societies (IFRC)

MR. KEVIN JENKINS
President and CEO, World Vision

H.E. MS. KYUNG-WHA KANG
Minister of Foreign Affairs, Republic of Korea (at time of event:
Assistant Secretary-General and Deputy Emergency Relief Coordinator,
UN Office for the Coordination of Humanitarian Affairs (OCHA))

BACKGROUND

The Every Woman Every Child Everywhere Panel Series was launched in conjunction with the two summits on refugees and migrants, hosted in New York in 2016 by former Secretary-General Ban Ki-moon and former US President Barack Obama, as well as the first convening of the High-Level Advisory Group on Every Woman Every Child.

It took as its starting point both the highly disproportionate and alarming mortality rate for women and children in humanitarian and fragile settings and the five-year plan on humanitarian and fragile settings, issued in Abu Dhabi in April 2016, in support of the Global Strategy for Women's, Children's and Adolescents' Health. The plan elaborates targets and modalities to ensure a minimum package of health services for women and children by 2020 regardless of context, using a cross-sectoral approach and women as first-responders and equal decision-makers in health programming.

DISCUSSION

The panel explored five key elements to achieve the Global Strategy: (1) the reforms that humanitarian actors can make in their own operations to ensure adequate health services for women and children, (2) the financing and the cost-benefit efficiency of improved health services for women and children, especially in post-crisis rebuilding and longer-term development, (3) the role and modalities of women and young people as first responders – reframing them from victims to agents of change, (4) the contribution of resilience and development actors to reducing humanitarian need, and, (5) the potential and means to lower mortality and morbidity through coordination across such sectors as education, climate, energy, water and sanitation, and disaster-preparedness planning and response.

H.E. Ms. Tone Skogen, State Secretary, Ministry of Defence, Norway (at time of event: State Secretary, Ministry of Foreign Affairs, Norway), emphasized that women's voices and participation are crucial at the local level if programs are to be effective and sustained. She also stated that Norway is committed to implementing an integrated program of action in vulnerable settings, which includes: (1) ensuring that children have quality schooling in a safe environment, (2) access to contraception for those who want it, and, (3) protecting vulnerable populations from sexual violence and other forms of abuse that often occur in fragile settings.

H.E. Mrs. Reem Al Hashimy, Minister of State for International Cooperation, United Arab Emirates, detailed the UAE's belief that gender equality – especially in humanitarian settings – is essential for recovery and development. She noted, "healthy, educated, and empowered women equal healthy, educated, and empowered societies," describing the joint aspiration with Norway to make women's and children's health – including that of women and children with disabilities – a standard part of the "checklist" for humanitarian and development actors and to integrate it with other services for a "whole-of-person" approach in crisis settings. She also flagged the data gap regarding humanitarian settings, stating that data generation must become a standard by-product of programming.

Rt. Hon. David Miliband, President and CEO, International Rescue Committee, reflecting on his experience in government and the humanitarian field, highlighted the importance of prioritizing gender and age as part of management. He also stressed the urgency of a "collective outcome" approach, through which partners define the outcomes that must be achieved for crisis-affected persons and communities and then jointly assume delivery responsibilities.

H.E. Ms. Sarah Fountain Smith, Deputy High Commissioner and Deputy High Commissioner of Canada to the United Kingdom and Northern Ireland and the Alternative Permanent Representative to the International Maritime Organization (at time of event: Assistant Deputy Minister, Global Issues and Development, Global Affairs Canada), explained the rationale for Canada's significant new aid programming on maternal and child health, citing the compelling evidence of development value, as well as the disproportionate impact of humanitarian settings on women and children. She also highlighted the nearly $13 billion replenishment of the Global Fund in September 2016, in which Canada has advocated for the inclusion of a stronger focus on women and children.

Rt. Hon. David Miliband

Mr. Elhadj As Sy, Secretary-General, International Federation of Red Cross and Red Crescent Societies (IFRC), emphasized that the "everywhere" should really mean everywhere, noting that in some parts of New York City, maternal mortality rates rival those in parts of Sub-Saharan Africa. He further stressed that IFRC has been successful only when it has the trust, support, and engagement of the local community, which is generated by consultation, results, and a long-term commitment: people in crisis-affected communities, especially women and children, need to feel part of the decision-making process and see that the organization is dedicated to staying in the community throughout all periods of crisis.

Mr. Kevin Jenkins, President and CEO, World Vision, discussed his organization's commitment to implementing the Everywhere principles in all settings and its $500 million contribution to that end. He noted the importance of helping women to be leading actors in humanitarian and fragile settings through consultation and localization of aid.

H.E. Ms. Kyung-wha Kang, Minister of Foreign Affairs, Republic of Korea (at time of event: Assistant Secretary-General and Deputy Emergency Relief Coordinator, UN Office for the Coordination of Humanitarian Affairs (OCHA)), said she felt encouraged by the fast uptake of Everywhere's core messages, but is alarmed by the spiraling humanitarian needs that continue to disproportionately affect women and children. She noted that instances in which UN agencies have moved beyond mandates to collective outcomes have yielded the best results.

EXPERT OBSERVATIONS

Nobel Laureate Professor Muhammad Yunus, Founder of the Grameen Bank, discussed new work on mobile-based maternal medical consultations in Bangladesh as an example of leveraging new technology to improve health outcomes and directly engage mothers.

Mr. Pierre Krähenbühl, Commissioner-General, UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), cited gender mainstreaming as one of the most critical factors in UNWRA's education work with Palestinian refugees. He also noted the critical role of basic service provision, such as health and education, in maintaining the morale and hope of refugee children.

Dr. Flavia Bustreo, Assistant Director-General, Family, Women's and Children's Health, World Health Organization (WHO), discussed the importance of health as a foundation for all other aspects of life and the need for integrated planning of services that enable and depend on health.







(Clockwise from top left): Dr. Flavia Bustreo, H.E. Ms. Kyung-wha Kang, Mr. Kevin Jenkins , H.E. Mr. Sultan Al Shamsi


(Clockwise from top left): Mr. Pierre Krähenbühl, Mr. Elhadj As Sy, H.E. Sarah Fountain Smith, Professor Muhammad Yunus

URBAN HUMANITARIAN CRISES:

PROVIDING QUALITY, ACCESSIBLE HEALTH CARE TO WOMEN, CHILDREN AND ADOLESCENTS

30 NOVEMBER 2016

H.R.H. Princess Sarah Zeid

H.E. Mr. Geir O. Pedersen

PANELISTS

DR. DAVID NABARRO

Former Special Adviser of the UN Secretary-General on the 2030 Agenda for Sustainable Development and Climate Change

H.E. MRS. SIMA BAHOUS

Ambassador and Permanent Representative of Jordan to the United Nations

MR. PHILIP SPOERRI

Head of Delegation, International Committee of the Red Cross (ICRC) Delegation to the United Nations, New York

MR. HAMISH YOUNG

Chief of Humanitarian Action and Transitions,
UN International Children's Emergency Fund (UNICEF)

MS. NINETTE KELLEY

Director, UN Refugee Agency (UNHCR), New York Office

MS. UGOCHI DANIELS

Chief of Humanitarian Response, UN Population Fund (UNFPA)

MR. FILIEP DECORTE

Director a.i. and Officer-in-Charge, UN Habitat New York Liaison Office

RECOMMENDATIONS

• Improving health services for women, children, and adolescents in urban humanitarian crises is a management decision – the UN, donors, humanitarian and development organizations, and different levels of governments must all rethink budget allocations and programming to ensure quality and access.

• Refugee camps – even when well-run – are not sustainable or desirable solutions for the health of women, children, and adolescents. Particularly with the movement of displaced persons to cities, humanitarian and preventative support should aim to strengthen existing urban health services, rather than creating parallel and/or peripheral services.

• Humanitarian response in urban areas must better map how health services are provided for women, children, and adolescents. For instance, health services in slum settings are often informal and unscientific.

• Expansion of unconditional cash programming could be a powerful tool for ensuring the access of women and their children to urban health services.

• Increased data collection is one of the strongest ways to highlight the health needs of women, children, and adolescents in urban humanitarian settings – for "making the invisible visible".

• There could be more openness to channeling humanitarian funding to and through the private sector – which is often a major supplier of health services to urban residents.

• A "systems" approach is particularly important in urban humanitarian settings. Health services are interdependent from energy, water, waste, and other services, and humanitarian planning and response must ensure that all aspects of urban systems are addressed.

• Focus groups for humanitarian programming are a powerful tool to leverage the input of women, children, and adolescents in cities, especially when supplemented by reporting of needs via mobile phones, which are in greatest use in cities.

• Local authorities must be part of consultation processes, as they are typically the key level of government for service provision.

BACKGROUND

Urban areas are now a frontline of humanitarian response, with conflicts, natural disasters, and contagion increasingly unfolding in cities. This trend will intensify further as 70% of the world is expected to be urban by 2050. Globally, more than 60% of displaced persons relocate to cities and urban areas, with women, children, and adolescents representing the fastest growing demographic. This group also comprises the largest share of host communities most affected when health systems are overwhelmed by humanitarian crises.

Humanitarian crises in cities are seen as double-edged swords for women, children, and adolescents. Cities offer major efficiencies in delivering humanitarian relief and have existing health and related infrastructure, which can be strengthened by humanitarian and development actors to enhance long-term recovery and host community benefits. However, cities also intensity impacts, affecting more people and often in more extreme ways, and they deepen tensions between residents and new arrivals.

Humanitarian and development actors have accordingly increased work on understanding and accounting for the urban dimension of relief and preparedness activities. The Global Alliance for Urban Crises, launched at the World Humanitarian Summit, is a key example.

DISCUSSION

Referencing Habitat III's New Urban Agenda and the New York Declaration for Refugees and Migrants, the panel discussed options for humanitarian and development actors in urban contexts to drive achievement of Agenda 2030's imperatives on health, gender, youth, and children.

Panelists considered the direct experience of development and humanitarian actors in planning for and managing the health requirements of women and children in cities affected by crises, looking at such approaches as risk analysis and needs assessments, "pre-positioned" funding, participatory governance, payment schemes, gender-sensitive cash programming, and others. The panel also evaluated mechanisms to engage women – oftentimes the best placed to mitigate humanitarian situations as first responders and as primary providers for families – in the design, delivery, and monitoring and evaluation of humanitarian programming, given that women's meaningful participation in leadership and decision-making reduces gender inequalities, improves access to services, and increases the effectiveness of humanitarian response.

H.E. Mr. Geir O. Pederesen, Ambassador of Norway to China (at time of event: Ambassador and Permanent Representative of Norway to the United Nations), remarked upon Aleppo as a tragic example of urban crisis, and the unacceptable targeting of hospitals and other social infrastructure in conflicts. He noted the 26 million girls of reproductive age globally living in emergency settings, and the estimate that more than 60% of preventable maternal deaths occur in fragile settings. He emphasized that without addressing the needs of the most vulnerable, we will not be able to achieve the Sustainable Development Goals. Ambassador Pedersen called for strong urban contingency planning and local government leadership to address urban crises, in partnership with humanitarian aid and programming. He also noted the cost efficiencies of integrating development and humanitarian work, and of strengthening national governments' ability to provide health services, citing the El Niño response in Ethiopia.

Mr. Jamal Jama Al Musharakh, Former Deputy Permanent Representative of the United Arab Emirates to the United Nations, emphasized that like in other fragile settings, women, children, and adolescents in urban areas are hit the first, hardest, and often helped last during crisis. He contextualized the panel within three key trends: (1) the growing proportion of conflict, contagion, and disaster occurring in cities, (2) the rapid shift of displaced persons from camps to cities, now globally around 60%, and, (3) the continuing highly disproportionate mortality and morbidity rates of women and children in humanitarian settings. As a result, he made clear that we are in a new era for humanitarian planning and response, with merging requirements for host communities and arrivals, and an opportunity to efficiently reach more women and children – and to include them in the design, delivery, and monitoring of humanitarian programming. Mr. Al Musharakh emphasized that beyond the moral imperative of preventing mortality and morbidity, there was no chance for recovery and longer-term development without healthy, empowered mothers, children, and adolescents.

Dr. David Nabarro, Former Special Adviser of the UN Secretary-General on the 2030 Agenda for Sustainable Development and Climate Change, drew on his Ebola field experience and discussed the overlapping complexities of disease, conflict, and climate change in cities, noting their potential to concentrate misery and produce extremes. Dr. Nabarro cited the clear link between higher mortality rates for women during crises and gender roles that encourage women to stay behind to care for the children, elderly, and sick. He made three recommendations: (1) ensure that humanitarian programming is owned by the local people, and not the service providers, (2) respond to the realities and needs of women and children, and, (3) ensure that services are evidence-based and outcomes are measured.

H.E. Mrs. Sima Bahous, Ambassador and Permanent Representative of Jordan to the United Nations, described the situation in Jordan, where 89% of refugees currently reside in cities, towns, and villages – and not in camps. Most of them are women and children, and 53% under the age of 18. She noted that the influx of 1.3 million Syrian refugees is wearing on existing health and social services, creating poverty – which disproportionately reduces women's and children's health outcomes – and affecting social cohesion. Ambassador Bahous stressed the need for better data on urban health, as well as a multisectoral and gender-sensitive approach to dealing with refugees that prioritizes women's perspectives in service provision and delivery. She stressed the need to focus on reproductive health, from pre-natal and post-natal care, to dealing with post-partum depression, and also cited the growing and specific needs of elderly women.

Mr. Philip Spoerri, Head of Delegation, International Committee of the Red Cross (ICRC) Delegation to the United Nations, New York, emphasized the need to engage local communities in humanitarian work. He noted that ICRC works with mixed focus groups, including women and adolescents, to ensure that they have a full understanding of the needs and issues of crisis-affected urban residents. Given the integration of host communities and refugees in cities, and the resulting blurring of development and humanitarian needs, Mr. Spoerri highlighted the importance of reducing donor earmarking and providing multi-year funding.

Mr. Hamish Young, Chief of Humanitarian Action and Transitions, UN International Children's Emergency Fund (UNICEF), stressed that if the international community carried out just 20% of its commitments over the last 18 months – from Sendai to the World Humanitarian Summit – we would make great strides in meeting the needs of women and children in humanitarian settings. Mr. Young also cited some advantages of urban settings for service provision, where there is often existing infrastructure. He emphasized two key interventions: (1) unconditional cash transfers to women, calling it one of the most empowering interventions for maternal, adolescent, and child health, and, (2) enhanced data generation to "make the invisible visible." He also underlined that while adolescents and youth are often categorized as "at-risk" or "potential threats," data demonstrates that this actual number is quite small, and that young people can be vital resources in identifying the most at-risk, vulnerable populations, particularly through mobile phone technology. He noted, however, that 80% of humanitarian needs derive from conflict, making investment in conflict prevention and peacebuilding the best intervention for achieving the Every Woman Every Child Everywhere goals.

(Clockwise from top left): Mr. Jamal Jama Al Musharakh, H.E. Mrs. Sima Bahous, Ms. Ninette Kelley, Dr. David Nabarro

(Clockwise from top left): Mr. Hamish Young, Ms. Ugochi Daniels, Mr. Filiep Decorte, H.R.H. Princess Sarah Zeid

Ms. Ninette Kelley, Director, UN Refugee Agency (UNHCR), New York Office, described UNHCR's significant expansion into cities and out of camp settings. She noted that camps are not a sustainable solution, and exact an emotional and physical toll on refugees. In cities, she emphasized the importance of ensuring that refugees have access to services on the same terms as those of the host community, in order to avoid setting up parallel structures that damage social cohesion and longer-term effectiveness. Ms. Kelley welcomed the trend in the last three years to more actively engage development actors early in humanitarian operations to work together to ensure that the work being done for refugees matches with what is being done for the host community. However, she noted stark inequities in funding in different cities and countries, citing that 66% of Syrian refugee needs in Lebanon, Turkey, and Jordan are met, versus only 17% in the Central African Republic.

Ms. Ugochi Daniels, Chief of Humanitarian Response, UN Population Fund (UNFPA), emphasized the unsustainability and lack of desirability for refugee camps, and the importance of strengthening existing urban health systems. While she noted that UNFPA has delivered over 6,000 babies – and not lost a single mother – in the Za'atari refugee camp in Jordan, she said putting money into host community systems was critical for long-term economic growth and parity. Ms. Daniels underlined that women and girls remain a low priority in emergencies, with funding for reproductive health systematically at the bottom, next to funding dedicated to protection needs. She stressed the need for specific funding for reproductive health for women and girls, and a management commitment to ensuring support for women and children.

Mr. Filiep Decorte, Director a.i. and Officer-in-Charge, UN Habitat New York Liaison Office, emphasized how understanding urban specificities drives better humanitarian response, which will become increasingly critical as 70% of the world is expected to be urban by 2050. He noted that the Ebola response suffered because it was initially premised on the country-level, not the city-level, and did not take into account how urban health services – often informal and unscientific in slum settings – were provided. He underlined that the international community should reduce its concerns around financially supporting the private sector, given how much healthcare is privately provided in cities. He also noted that a systems-approach is particularly critical in urban humanitarian response, as health is directly linked to water, energy, waste, and other sectors. In terms of New Urban Agenda implementation, he discussed the Global Alliance for Urban Crises, a multi-stakeholder coalition to improve urban preparedness for and response to crisis. He cited its inclusion of local authorities and city-level networks, such as UCLG, as a critical evolution.

GATHERING STORM:

WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH IN CLIMATE-INDUCED HUMANITARIAN SETTINGS

22 FEBRUARY 2017

Participants at the Gathering Storm: Women's, Children's and Adolescents' Health in Climate Induced Humanitarian Settings panel.

PANELISTS

MS. ERIN COUGHLAN DE PEREZ
Manager, Climate Science Team, Red Cross Red Crescent Climate Centre (IFRC)

MS. CARLA MUCAVI
Director, Food and Agriculture Organization (FAO) Liaison Office, New York

AMBASSADOR EVA ÅKERMAN-BÖRJE
Senior Advisor, International Organization for Migration (IOM)

DR. HEATHER PAPOWITZ
Programme Area Manager, Emergency Operations, World Health Organization (WHO), Western Pacific Regional Office (at time of event: Senior Advisor on Health-Emergencies, UN International Children's Emergency Fund (UNICEF)

H.E. MR. MASUD BIN MOMEN
Permanent Representative of Bangladesh to the United Nations

DR. NATA MENABDE
Executive Director, World Health Organization (WHO) Office, New York

RECOMMENDATIONS

• Many climate-induced crises – from famines to storms – can be predicted with high accuracy weeks and even months in advance, but early warnings – and the business case to intervene before rather than after – are failing to generate spending on prevention.

• Climate-risk assessments that are linked to funding are a critical tool, especially when they focus on the resilience of local health systems. More funding must be allocated to ensuring that health systems in the highest-risk areas can provide services to women, children, and adolescents during crises.

• Forecast-based financing is a promising innovation to address climate risks. It establishes protocols and mandates for entities to react to early warnings and trigger secured, flexible funding. The funds are then translated into preventative actions in areas where climate disaster is credibly predicted to occur, so that the people there are better-prepared to withstand health (and other) impacts. Resources can be geared to support women and children, in particular.

• UN agencies, vulnerable countries, NGOs, and donors all need to trumpet early warnings more often. There should be active campaigning for funding in advance of predictable crises.

• Consultation with women and young people in climate-risk and disaster zones must take place to ensure that actual needs are addressed. This is a powerful way to bridge the different components of the nexus, as women and young people experience them holistically.

• Stopping GHG emissions is the most effective way to stop the disproportionate impacts of climate-induced crises on the health of women, children, and adolescents.

BACKGROUND

Climate impacts on health are rapidly multiplying, from droughts to harsh and erratic weather to contagion – and women, children, and adolescents bear their brunt. This was underscored in 2016 alone by El Niño related famine threats, devastating floods in Bangladesh, drought-linked violence around Lake Chad, and global alarm at the spread of the Zika virus.

Health, climate, and security now exist in a complex nexus that will trigger an increasing number of small and large, short-term and long-lasting humanitarian crises. Already, a highly disproportionate number die and suffer in crisis situations – due to the crisis itself (violence, famine, and forced migration) – and the impact on access to life-saving, quality services.

With climate change, this trend is exacerbated due to the additional effects of social disruption, malnutrition, and political and financial instability. Climate is now a key variable in humanitarian planning and response, as well as vulnerability profiling, that underpins achievement of Agenda 2030's imperatives on health, gender, youth, and children.

DISCUSSION

Following COP22 in Marrakesh, this panel sought to integrate discussions across the climate and health agendas, and identified steps to ensure that women, children, and adolescents are at their hearts. Panelists considered three main climate-linked drivers of humanitarian settings, with disproportionate health impacts on women, children, and adolescents: (1) harsher and erratic weather, as well as coastal change, (2) the spread of disease, and, (3) food insecurity – political instability – migration.

Within this context, panelists considered the direct experience of development and humanitarian actors in planning for and managing minimum health requirements for women, children, and adolescents, looking at specific interventions and programming reforms for promoting convergence between disaster risk reduction and adaptation/resilience programming. The discussion also considered linkages between information and action across the continuum of vulnerability, crisis and response, and recovery, particularly on how programming and spending can be integrated to manage repeated cycles of climate stress, risk, and crisis. Lastly, the panel was encouraged to comment on broader thinking on internal management culture within organizations about whether and how to integrate climate, health, and gender as cross-cutting and increasingly interlinked practices.

H.E. Mrs. Lana Zaki Nusseibeh, Ambassador and Permanent Representative of the United Arab Emirates to the United Nations, highlighted that the nexus between health and climate is now crystal-clear, citing recent examples from East Africa, Bangladesh, Lake Chad, and disease outbreaks. She underlined that donors must take responsibility to shift funding toward preventative efforts in regions of high climate-risk, and that they must be supported by strong campaigning from the UN, at-risk countries, and NGOs for prevention. She added that development and humanitarian actors must also ensure that staffing, reporting lines, and budgeting reflect the nexus, or else it would not be effectively mainstreamed in planning and response. Ambassador Nusseibeh labelled climate mitigation as the "elephant in the room" – and the single biggest contribution countries can make to eventually reducing the impact of climate on health. She emphasized that the UAE recognizes the need for continued ambition beyond its new energy strategy, which calls for a 70% drop in GHG emissions by 2050.

H.E. Mr. Geir O. Pedersen, Ambassador of Norway to China (at time of event: Ambassador and Permanent Representative of Norway to the United Nations), emphasized that achievement of the SDGs will depend on reaching women, children, and adolescents in humanitarian settings, who are at a high risk of being "left behind." He remarked that climate is now a major contributor to humanitarian settings, and often strikes countries that are least able to manage them, with downstream implications for refugees and migration; estimates range from 50 to over 250 million climate refugees if Paris targets are not reached. Climate change therefore underscores the need to bridge the humanitarian-development divide and move funding toward prevention, which he saw as more of a bureaucratic than political challenge. The nexus also requires swift and full implementation of the Paris Agreement. He emphasized that where donors can strengthen national health systems, results are best, evidenced by Ethiopia's relative resilience during the recent El Niño occurrence.

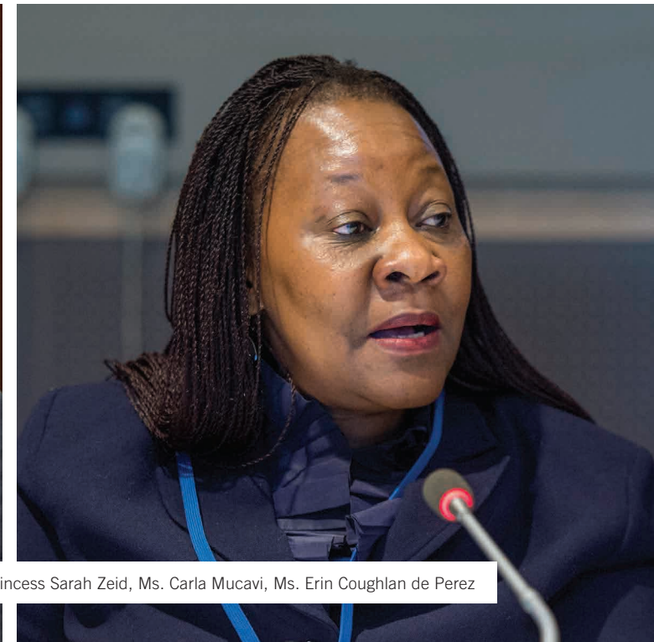
Ms. Erin Coughlan de Perez, Manager, Climate Science Team, Red Cross Red Crescent Climate Centre (IFRC), flagged the persistent disconnect between early warnings and response. Scientists can and do – with high accuracy – predict harsh weather events, famines, and other climate-linked disasters, yet funding remains largely available only post-disaster. She cited the example of Somalia, where it has been known for months that

famine is imminent, as was also the case in 2011 when over 250,000 people died. She outlined five solutions that IFRC is working on: (1) forecast-based financing, in which cash transfers are made available to people in areas where disaster is imminent (she noted that the cash transfers can also have strong gender co-benefits, for instance, by allowing women to retain jewelry and other limited personal assets instead of selling them during crises), (2) protocols to follow when early warnings are registered, (3) strengthening of local capacities to prepare for climate shocks, especially health services, noting that it takes considerable political will from national governments, (4) linking governments to local scientists who can provide early warnings, and, (5) community consultations.

Ms. Carla Mucavi, Director, Food and Agriculture Organization (FAO) Liaison Office, New York, noted that climate change now constitutes a fundamental threat to agriculture and food production, with the most pronounced impacts on the nutrition and livelihoods of the poorest women and children. Women comprise around 43% of the agricultural labor force in developing countries, and upwards of 50% in sub-Saharan Africa, and their lower status and resources relative to men are exacerbated by climate change. She strongly recommended consultations with women in agricultural areas, as they tend to think outside of the "climate," "health," "other sector" silos, by directly experiencing the nexus. She added that the FAO estimates a potential tripling of rural persons in poverty if Paris targets are not met.

Ambassador Eva Åkerman-Börje, Senior Advisor, International Organization for Migration (IOM), highlighted the complex but concrete linkage between climate change and the surge in refugees and migrants. Climate change worsens conditions that normally cause people to leave their homes, and is a key part of IOM's displacement tracking matrix. While it is challenging to specifically spell out and quantify drivers for migrants and refugees, both often come from areas of high climate impact and risk, and many economic migrants are, in fact, also climate migrants. Perhaps indicatively, in 2015, 19 million people were newly displaced by natural disasters, largely due to floods and storms, which was twice the number displaced by conflict. Between 2009 and 2014, such disasters displaced 184 million people. An IOM study found that if the 1.5C target of the Paris Agreement were met, 60 million people would live in places of extreme temperature, prime for migration. If the 2C target were met, 130 million people would live in such areas. If business as usual were to continue, the number would jump to 1 billion. Ambassador Åkerman-Börje emphasized the need for better data collection in vulnerable countries to better understand displacement and migration likelihood. She also highlighted that the Global Compact for Migration, to be agreed in 2018, could be an opportunity to address climate dimensions, as migration is a relatively new topic at the UN. There could be room for experimentation with new migration models, such as temporary or circular, that can support countries' climate adaptation strategies. The positive aspects of migration, from new workforces in receiving countries to remittances, could also be emphasized.

Dr. Heather Papowitz, Programme Area Manager, Emergency Operations, World Health Organization (WHO), **Western Pacific Regional Office (at time of event: Senior Advisor on Health-Emergencies, UN International Children's Emergency Fund (UNICEF)**, noted that climate change, if unchecked, could easily reduce gains made under the MDGs. In addition to direct impacts, including the re-emergence of diseases like malaria and



(Clockwise from top left): H.E. Mr. Geir O. Pedersen, H.R.H. Princess Sarah Zeid, Ms. Carla Mucavi, Ms. Erin Coughlan de Perez

(Clockwise from top left): Ambassador Eva Åkerman Börje, Dr. Heather Papowitz, Dr. Neta Menabde, H.E. Masud bin Momen

Yellow Fever as climate zones shift, climate-linked disasters reduce access to health services, further worsening the situation of women, children, and adolescents. She cited several solutions: (1) the use of climate-risk assessments, particularly mapped against the resilience of local health systems, (2) more and better sex- and age disaggregated data from crises and at-risk areas, and, (3) mainstreaming climate resilience into development work. Dr. Papowitz also highlighted that climate change increases the importance of looking beyond "survive" to "thrive," as climate change may not necessarily kill children, but often worsens their health and nutrition, dramatically reducing the quality of their lives and their ability to contribute to society and the economy.

H.E. Mr. Masud Bin Momen, Permanent Representative of Bangladesh to the United Nations, outlined his country's existential threat from climate change. A sea-level rise of 1 meter would mean the displacement of 130 out of 160 million Bangladeshis. For the country, the focus is now adaptation, and he noted that women and children are at the highest risk. Bangladesh's large overseas working population also means that women and children are often concentrated in the poorest areas. In addition to floods and climate-linked disasters, fresh water access and crop failure are now major challenges for them as salinity increases. He emphasized that involving local women's groups directly in the design of government programs and policies was crucial, as they best understand their own needs. He added that more regional cooperation was needed, as climate impacts – from storms to displacement – are often transboundary.

Dr. Nata Menabde, Executive Director, World Health Organization (WHO) Office, New York, stressed climate's threat to women and young people from disruption of access to food and health services, noting that reproductive health services are typically the most affected. She underlined that strengthening national health systems must be a core part of climate adaptation. Dr. Menabde flagged that mental health is under-served in crises, especially for adolescents, and that it is compounded by the disruption of access to education. Climate also intensifies children's and adolescents' workload related to water and food. Recognizing climate's role in health, she noted that the new WHO Global Health Atlas would now include climate change.

DELIVERING INTEGRATED EDUCATION & HEALTH SERVICES IN HUMANITARIAN SETTINGS

16 MARCH 2017

Panelists at the Delivering Integrated Education & Health Services in Humanitarian Settings panel.

H.E. Ms. Kyung-wha Kang

GUEST SPEAKERS

H.E. MS. KYUNG-WHA KANG
Minister of Foreign Affairs, Republic of Korea
(at time of event: United Nations Senior Advisor on Policy)

H.E. MS. LAILA BOKHARI
Former State Secretary of Foreign Affairs, Norway

DR. MOUZA HASSAN AL SHEHHI
Director, UN-Women - UAE Liaison Office for the GCC (at time of event:
Representative for the Women's Empowerment File, General Women's Union, United Arab Emirates)

PANELISTS

MS. SANA MUSTAFA
Former Syrian refugee

DR. FLAVIA BUSTREO
Assistant Director-General for Family,
Women's and Children's Health, World Health Organization (WHO)

MS. JO BOURNE
Associate Director and Global Chief of Education,
UN International Children's Emergency Fund (UNICEF)

MS. DEBRA JONES
Director and UN Representative, Save the Children International

MS. NORA FYLES
Head of the UN Girls' Education Initiative (UNGEI)

RECOMMENDATIONS

• The health and education impacts of humanitarian settings are highly gendered and age-linked: women and children are 14 more times likely to die in a disaster than men, and girls are almost 2.5 times more likely than boys to be out of school if they live in conflict-affected countries.

• Many agencies – even those that offer both education and health services – often struggle to coordinate across sectors, due to the size of bureaucracies and the time burdens of coordination when services must be deployed in the field immediately. Requirements to have integrated health-education teams could start to address these challenges.

• The concept of health – and related funding allocations – must expand to include mental health and psycho-social support, the need for which is severely increased in humanitarian settings and has especially long-term effects for children.

• Funding and programming for education and health mutually reinforce each other, with healthy children more likely to benefit from education, and more educated children likely to be healthier.

• Education and health services for women and children in humanitarian settings, and data collection around them, continue to be dramatically underfunded, and require a leadership commitment to ensure that now-common commitments to gender equality and children's well-being are matched by resources, staff, and accountability measures.

BACKGROUND

There is strong evidence that the co-delivery of health and education services strengthens outcomes in both sectors. Education can make a critical difference to a range of health issues, including early mortality, reproductive health, the spread of disease, healthy lifestyles, and well-being. Education can also contribute to safe learning environments, protect children and girls from exploitation, prevent recruitment of child soldiers, increase awareness and knowledge of safe behaviors, and open up avenues to psychosocial support. Good health and nutrition from early childhood is similarly a prerequisite for growth and development, positively influencing the educational progress of children and adolescents.

Yet, estimates from the field imply continued underinvestment in both education and health, and a limited record of co-delivery. In addition to the mortality and morbidity rates at the center of the Everywhere initiative, in 2015, education received less than 1.9% of humanitarian funding and only 31% of its requests for humanitarian aid were actioned, compared with an average of 55% across all sectors. In conflict-affected countries, almost 21.5 million children of primary school age and almost 15 million adolescents of lower secondary school age are out of school. The most recent UNHCR data estimates that worldwide, 50% of primary school age refugee children are out of school and 75% of adolescent refugees at secondary education level are out of school. Furthermore, only 1% of refugees have access to university.

These statistics worsen for girls and young women. Girls are almost two and a half times more likely to be out of school if they live in conflict-affected countries, and they are less likely to finish primary education and transition into and complete secondary education.

DISCUSSION

The panel discussion examined how to deliver integrated education and health services to women, children, and adolescents affected by and at risk of humanitarian crises. Panelists considered (1) barriers to the integration of health services, food security, nutrition, and relevant education for children and youth, including refugees and internally displaced persons in humanitarian situations and emergencies, (2) gender issues related to education and health in emergencies – challenges and successful approaches, and, (3) innovative approaches to secure access to service delivery, including cross-sectoral approaches and bringing in new partners. The discussion also took into account the experience of actors in providing tailored and integrated health services and education for children and adolescents in emergencies, looking at approaches needed to ensure the provision of relevant education, including how to bridge the gap between the humanitarian-development divide.

H.E. Ms. Kyung-wha Kang, Minister of Foreign Affairs, Republic of Korea (at time of event: United Nations Senior Advisor on Policy), opened the event by emphasizing that people do not experience crises in silos. As their needs span several sectors, it is crucial to deliver integrated approaches to health and education services. H.E. Kang reiterated the messages that there can be no peace without development, and no development without peace, and that leaving no one behind is more important than ever. There is therefore a need to examine the different issues together, and to integrate the pillars of prevention. Moreover, H.E. Kang stressed that the needs of women and children are often overlooked in humanitarian crises. In order to ensure peace and development, we need healthy women and girls, and we need to pay close attention to this group. Education opportunities in these settings are essential, as it may prevent certain health hazards and teach them about reproductive health. In turn, this knowledge can lead to better and safer choices for women, children, and adolescents. In addition to integrated approaches, we also need to have a life-course focus, especially given that, with protracted crises, women and girls pass through multiple phases of life. H.E. Kang highlighted the importance of the international community investing in the health of women, children, and adolescents in humanitarian settings, and noted her pride in championing this agenda.

H.E. Ms. Laila Bokhari, Former State Secretary of Foreign Affairs, Norway, cited evidence that shows that education and learning are critical for supporting social change and advancing the 2030 Agenda. Good health and nutrition from early childhood are a prerequisite for growth and development, as keeping children – and particularly youth – in school can prevent recruitment of child soldiers, increase awareness and knowledge of safe behavior, and provide much-needed psychosocial support. Furthermore, H.E. Bokhari highlighted that in conflict-affected countries, almost 37 million children and adolescents do not attend school. She stressed that education can make a critical difference to a range of health issues, including reproductive health, disease prevention, and well-being. Sexual and reproductive health, availability of contraception, and protection against violence are critical for girls and women, especially in crises. Hence, it is important to plan and implement multi-sectoral programs. H.E. Bokhari stated that the Norwegian government will continue to prioritize

health and education, having doubled financial aid for education and allocated more than 8% of humanitarian funding for this cause globally. Together with several partners, Norway initiated the Education Cannot Wait fund, launched at the World Humanitarian Summit in 2016, in order to ensure education for children and youth affected by emergencies. The fund also aims to bridge the gap and coordinate between humanitarian aid and long-term development. In closing, she remarked that there is a need to do our utmost to prevent humanitarian crisis and conflicts, and make every woman, every child, every adolescent, everywhere survive, thrive, and become capable of transforming the world into a better place for all.

Dr. Mouza Hassan Al Shehhi, Director, UN-Women-UAE Liaison Office for the GCC (at time of event: Representative for the Women's Empowerment File, General Women's Union, United Arab Emirates), began her statement by touching on the UAE's own development experience, and what it has meant for their approach in delivering assistance in humanitarian settings. When people think of the UAE today, they often think of the skyscrapers or the new Louvre. However, six decades back, she said, much of the country would have been classified as a fragile setting, with minimal social infrastructure, and high exposure to environmental risk. She continued by saying that what changed the course of their development was not just oil, but a vision and commitment from the leadership to invest in the people — specifically women and youth. This led to massive public investments in education and healthcare, as well as policies to ensure that these investments benefitted both genders. Dr. Al Shehhi stated that the UAE's rise up the Human Development Index is a testament to the impact of this approach – and is the reason that they made women's empowerment a cornerstone of their new foreign aid policy. Based on the numbers of mothers' and children's deaths that occur in humanitarian settings, and the gender gap in education statistics, it is evident that we need better planning and response. Building on this, there is also a clear rationale for cross-sectoral integration, adding that if you are the person experiencing a humanitarian crisis, sectors and agency mandates are not real to you, as you experience them holistically. Humanitarian planning and response must therefore take a "whole-of-person" approach, simultaneously thinking about all the needs and the integrated delivery of the related services. She highlighted that mandatory coordination between and within agencies could be a starting point. She also noted the role of Dubai Cares, the UAE's educational charity, in setting up both the Education Cannot Wait Fund and participating in the Everywhere initiative.

Ms. Sana Mustafa, a former Syrian refugee and advocate for the delivery of education services in refugee settings, told the audience her personal story of becoming a refugee in July 2013. She was in the USA at that time, attending a summer school program, while the rest of the family was at home in Syria. Her father was detained, and her mother and two sisters had to flee to Turkey. She stated how everything changed that day, and underlined the importance of education for young refugees, referring to her undergraduate degree in Political Science, as a full scholarship recipient from Bard College in New York. For her sisters, however, the circumstances have been very different. Her youngest sister, now 16 years old, has not received an education in over three years. Mustafa continued by encouraging the international community to include refugees in the discussions about their situation, as it is important to ask rather than just assume. She also highlighted the need to consider mental health at

(Clockwise from top left): H.E. Ms. Laila Bokhari, Dr. Mouza Hassan Al Shehhi, Ms. Sana Mustafa, Dr. Flavia Bustreo

the heart of this agenda, as this is as important as a refugees' physical health.

Dr. Flavia Bustreo, Assistant Director-General for Family, Women's and Children's Health, World Health Organization (WHO), opened with a "word of impatience", and elaborated on some of her own experiences working with refugees in the former Yugoslavia. In this setting, she noted how important it is to focus on the needs of women and girls in displaced situations, and particularly important to address the mental burden they carry. She reiterated a need for better planning measures to address needs in a holistic way, with a long-term view. Dr. Bustreo further underlined the importance of delivering integrated health and education services as a right of refugees. She spoke to the importance of accountability, and not just advocacy.

Ms. Jo Bourne, Associate Director and Global Chief of Education, UN International Children's Emergency Fund (UNICEF), noted that the divide between humanitarian and development services is a large problem, as the two sectors often intersect. Ms. Bourne shared a memory of refugees who had been given alternative opportunities in a camp in Turkey. These activities and games for the children had been crucial in creating a sense of normalcy for the children, as they could forget about their fears and struggles for a short while. However, without an opportunity to receive education, it became difficult to imagine a pathway forward. The demand for education and health services in humanitarian settings has increased significantly more than financing, and it is important that the international community addresses this. Moreover, in crisis settings, Ms. Bourne highlighted that education is the first service to be suspended, but is also the first service demanded by parents, and is the last to be restored. This suspension of education services interferes with children's learning and development.

Ms. Debra Jones, Director and UN Representative, **Save the Children International**, highlighted the importance of keeping children at the center of the discussion. Save the Children recently published a unique report on toxic stress suffered by Syrian children, where they gathered data from over 450 participants. Most of the children surveyed mentioned their struggle to sleep at night due to the unimaginable scenes they have witnessed. Jones cited a powerful example from the report, where children used weapons as a way of learning mathematics – "one rifle, plus one gun, equals two arms." Yet, she feels there is a glimmer of hope in this setting, as incredible individuals have stepped up and provided services locally, teaching children relaxation techniques to overcome toxic stress. Lastly, she encouraged Member States to commit to supporting mental health, which must include children and youth in the dialogue.

Ms. Nora Fyles, Head of the UN Girls' Education Initiative (UNGEI), underlined that crisis amplifies gender inequality. In humanitarian settings, girls are 2.5 times more likely to be taken out of schools. Ms. Fyles gave an example of UNGEI's work, where they invited a community in Afghanistan to develop initiatives to ensure that girls remain in schools. The solutions were varied, but they realized that the most important factor was the process – the fact that the local community had been involved in the planning measures from the very beginning. Another important aspect of this program was ensuring that boys were involved in the process, emphasizing the importance of community engagement. She concluded by stating that adolescent girls are often invisible, and there is very little written about what measures work.

(Clockwise from top left): Ms. Jo Bourne, Ms. Debra Jones, H.R.H. Princess Sarah Zeid, Ms. Nora Fyles

ACCESS & DIGNITY DISPLACED: WOMAN, CHILDREN, ADOLESCENTS, AND DISABILITY IN HUMANITARIAN EMERGENCIES

14 JUNE 2017

Participants at the Access & Dignity Displaced: Woman, Children, Adolescents, and Disability in Humanitarian Emergencies panel.

H.E. Mr. Kai-Morten Terning

GUEST SPEAKER

H.E. MR. KAI-MORTEN TERNING

Business Adviser, NHO – the Confederation of Norwegian Enterprise (at time of event: State Secretary, Ministry of Children, Equality and Social Inclusion, Norway)

PANELISTS

H.E. DR. WALTON WEBSON

Ambassador and Permanent Representative of Antigua and Barbuda to the United Nations

MS. EMMA PEARCE

Senior Disability Rights Officer, Women's Refugee Commission

DR. MONJURUL KABIR

Senior Program Adviser / Chief of Section, Asia-Pacific, LDCs, and SIDS, UN-Women

MR. ABRAHAM ABDALLAH

Board Member, International Disability Alliance; Chair, Arab Organization for Persons with Disabilities

MS. KATE BUNTING

CEO, HelpAge

DR. VICTOR PINEDA

President, Global Alliance on Accessible Technologies and Environments (GAATES)

RECOMMENDATIONS

• Planning and response for persons with disabilities requires a dedicated budget, ensuring visibility and sufficient resources.

• Mandatory training for health care and social workers on different disabilities is key to service delivery.

• Disaggregated data by disability is critical to ensure appropriate support; humanitarian and development organizations should agree on standards and require accountability.

• Use of national systems should be prioritized, in order to improve odds of quality post-crisis services and to equally serve both host communities and displaced persons.

• Consultations on humanitarian planning and response should require the participation of at least one woman and one man with disabilities, as well as their families.

• Psychological support continues to be under-funded, and toxic stress is especially pervasive among children.

• Older persons – with and without disabilities – represent a major and growing demographic in humanitarian settings and require an explicit place in the "check list" that humanitarian and development organizations use to ensure comprehensiveness of their services.

BACKGROUND

Women and children are already disproportionately burdened and at risk in situations of displacement and emergencies – 14 times more likely to die, 2.5 times more likely to be out of school. If that woman or child is a person with disabilities, the risk of marginalization skyrockets. The World Health Organization estimates that 15 percent of any population will be persons with disabilities, representing as many as 9.8 million of the world's 65.3 million displaced persons. Considering the nearly 34,000 people displaced daily, it is likely that there are higher rates of disability, as people acquire new impairments and/or have marginal access to health care and social services.

Persons with disabilities face numerous challenges in humanitarian settings. They are often overlooked during needs assessments and not consulted in the design and delivery of programs. Persons with disabilities reported difficulty accessing humanitarian assistance programs, due to a variety of societal, environmental, and communication barriers, increasing their protection risks, including violence, abuse, and exploitation. In these settings, persons with disabilities often lack access to disability-specific health care and medical aid, and their basic needs go unmet. Further, research indicates that refugees with disabilities have often been the last to be resettled. While resettlement guidelines for refugees include notions of 'vulnerability', 'risk', and 'medical need' for prioritization of services, persons with disabilities are still often viewed as economic 'burdens' on a state, as opposed to investments.

Women, children, and adolescents with disabilities suffer increased risks. For example, the movements of women with disabilities are often curtailed due to fears of abduction, sexual violence, and smuggling by human traffickers, as well as violence in camps. Children and adolescents with disabilities face stigmatization from their peers. A 2015 report by Handicap International revealed that 80 percent of women with disabilities reported a greater lack of access to protection services, compared with 62% of men. Humanitarian actors interviewed in the report also noted a need for service providers to particularly focus on the psychosocial needs of women and girls with disabilities. Similarly, the World Bank group explicitly notes that there are severe consequences to survival for persons with psychosocial needs in humanitarian settings.

The institutional humanitarian response to disability issues has been both slow in development and inconsistent in application, despite Article 11 of the Convention on the Rights of Persons with Disabilities. Oftentimes, there is a focus on direct and indirect impairment and mortality, neglecting (1) the short-term effects conflicts have on existing populations with disabilities, (2) the creation of impairment and disability through violence, displacement, and relocation, and, (3) short and long term preparation of needed services. For example, there has been a reported lack of sustainable long-term planning for basic disability services for Syrian refugees. HelpAge (2014) found that persons with disabilities remained a hidden population, with agencies struggling to address disability alongside the myriad needs of an ageing refugee population, with significant chronic illnesses, as well as a constant stream of the recently injured.

DISCUSSION

This panel discussion examined integrated delivery of health and disability services to women, children, and adolescents in humanitarian and fragile settings. Panelists considered (1) the intersection of gender, age, and disability, and its impact on the scope of needs and delivery of health and social services in humanitarian settings, (2) barriers to providing quality, accessible health care and social services to women, children, and adolescents with visible and invisible disabilities in humanitarian settings, (3) effective approaches to address the health and social needs of persons with disabilities, both physical and psychosocial, and to include those with disabilities in the design and delivery of humanitarian response, disaster risk reduction, and resilience building, and, (4) data availability and improvement opportunities, as disability is not consistently screened by actors working in humanitarian and fragile settings.

The panel considered the experience of various actors in providing holistic and integrated social, vocational, and health support to women, children, and adolescents with disabilities in humanitarian and fragile settings. It also outlined approaches that Member States, the UN, humanitarian and development organizations, and other stakeholders can take to ensure the provision of health services to those with disabilities, including through the empowerment of their local communities.

H.E. Mr. Kai-Morten Terning, Business Adviser, NHO – the Confederation of Norwegian Enterprise (at time of event: State Secretary, Ministry of Children, Equality and Social Inclusion, Norway), opened the event by stating that persons with disabilities often fall through the cracks of humanitarian response. Indicatively, H.E. Terning highlighted that 75% of persons with disabilities affected by conflict and disaster report that they do not have adequate access to basic services such as water, shelter, food, and health care. Therefore, it is crucial to include persons with disabilities in the planning and design of humanitarian assistance in order to target the response in the most effective way and to ensure a non-discriminatory approach. Women, children, and adolescents

with disabilities suffer increased risks, and health personnel lack sufficient knowledge to address their needs appropriately. Norway has tried to address these risks through its "education for development" initiative, which prioritizes children with disabilities and children in emergency or conflict, and through its strong support of the Global Partnership for Education, in which children with disabilities is one of the focus areas. Norway also plays an active role in international efforts to implement the Mine Ban Convention and the Convention on Cluster Munitions, and thus contributes to reducing the number of persons affected by landmines and cluster munitions. As one of the signatories of the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, H.E. Terning stated that Norway will continue its work towards the inclusion of persons with disabilities within humanitarian action, and encouraged all states to contribute towards this goal. In closing, he remarked that we must do our utmost to facilitate the contribution of Every Woman Every Child Everywhere to transforming humanitarian response in order to include those with disabilities, in order to leave no one behind.

H.E. Mrs. Lana Zaki Nusseibeh, Ambassador and Permanent Representative of the United Arab Emirates to the United Nations, began her statement by touching on the UAE's approach to both women and persons with disabilities in society. One of the founding principles of the UAE is the full, meaningful, and continually improving participation of women in every aspect of society, realized through pioneering domestic policies and programs like board quotas and STEM education initiatives. The UAE also takes this approach in its foreign aid strategy, with "women's protection and empowerment" as one of its three key pillars. The UAE similarly invests in and advocates for the full empowerment of persons with disabilities, not least because of the huge development dividend from engaging 15% of a population. In April 2017, the UAE launched the National Policy for the Empowerment of Persons with Disabilities, accompanied by a National Advisory Council, and focused on health and rehabilitation, education, vocational training and employment, accessibility, social security and family empowerment, and public life. As a result, for instance, the UAE's new maternity leave policy provides up to three years of paid leave to mothers who bear a child with a disability. The UAE also provides tailored training programmes to women with disabilities. Ambassador Nusseibeh stated that the need for this outlook is even more critical in humanitarian settings, given the extremely disproportionate risk to women and children with disabilities, and the commensurate waste of development potential by not empowering them.

H.E. Dr. Walton Webson, Ambassador and Permanent Representative of Antigua and Barbuda to the United Nations, emphasized that the mantra of "leaving no one behind" both impacts and depends on how we deal with persons with disabilities. He noted from his UNICEF work that disasters and emergencies have catastrophic effects on children with disabilities, increasing psychological stress (especially from the breakdown of routine and separation from caregivers), abuse, and risk of additional disabilities, with girls being even more vulnerable. Ambassador Webson also noted that health care staff are often not trained to treat and communicate with adolescents and children with disabilities, or to recognize that they often have multiple disabilities. To address these issues, he underlined the need for sufficient data in order to tailor responses, mandatory training for health workers (including on psychological support), and the inclusion of persons with disabilities in planning, execution, and monitoring processes, as they know their needs better than anyone else. On data,

(Clockwise from top left): H.E. Mrs. Lana Zaki Nusseibeh, H.E. Dr. Walton Webson, Dr. Monjurul Kabir, Ms. Emma Pearce

(Clockwise from top left): Mr. Abraham Abdallah, Ms. Kate Bunting, Ms. Jolly Acen, Dr. Victor Pineda

he added that humanitarian and development organizations should consider informal sources, like religious groups and NGOs, to address the severe shortage of information and statistics.

Ms. Emma Pearce, Senior Disability Rights Officer, Women's Refugee Commission, highlighted that most displaced people live in developing countries, and that 60% of refugees are now located in urban areas. Therefore, the displaced communities access the same services as host communities, requiring a focus on strengthening existing systems. Ms. Pearce also talked about the Inter-Agency Standing Committee's global guidelines on persons with disabilities, which are being developed by a taskforce established last year. She stressed the need for these guidelines to be gender-mainstreamed, and to consult with organizations for persons with disabilities in crisis-affected countries. She added that these organizations struggle financially, and should receive donor support.

Dr. Monjurul Kabir, Senior Program Adviser / Chief of Section, Asia-Pacific, LDCs, and SIDS, UN-Women, underlined the importance of the women's movement and disability movement working together, as some issues that women with disabilities face are gender-specific and need to be addressed in partnership. He also highlighted the need for including persons with disabilities in decision-making processes, particularly through interface with local governments, through which many services are provided. He echoed the point on data gaps, and noted a project in Tajikistan that leveraged the existing civil registration database, integrating information on persons with disabilities into it.

Mr. Abraham Abdallah, Board Member, International Disability Alliance; Chair, Arab Organization for Persons with Disabilities, talked about the difficult situation in the Middle East, where violence has generated as many refugees as the Rwandan genocide and Afghan crisis combined. He underlined that there is extremely limited capability and knowledge to deal with persons with disabilities. He argued that the most direct support that could be offered to persons with disabilities is the end to fighting. Mr. Abdallah called for a shift from a medical approach to a human rights approach. He said that organizations for persons with disabilities should be empowered to lead on policies and practices, given their expertise.

Ms. Kate Bunting, CEO, HelpAge, highlighted that older persons – with and without disabilities – also experience crises differently. They are often separated from their families, experience movement difficulties, and have different nutritional and health needs, but are often left out of humanitarian agendas. Less than 1% of humanitarian appeals specifically mention older persons. This oversight can be partly addressed by requiring age-disaggreated data and specifically including older persons in needs assessments.

Dr. Victor Pineda, President, Global Alliance on Accessible Technologies and Environments (GAATES), highlighted the importance of explicitly recognizing persons with disabilities in humanitarian emergency response as the first step in removing barriers that perpetuate their marginalization. He referenced the leadership that GAATES has taken in the area of humanitarian response, which included ensuring that early warning systems included persons with disabilities and were available in multiple accessible formats. He also highlighted the need to elevate this topic in other global discussions, such as the World Urban Forum, the Global Compact on Migration, and the next round of climate change negotiations,

to build awareness of intersectionality and action across multiple sectors. Ending on a positive note, Dr. Pineda referenced the digital resource book, which was created by his research team to identify best practices and successes in humanitarian planning and response as they relate to disability. This digital resource was made available to all participants at the end of the session.

EXPERT OBSERVATIONS

Ms. Jolly Acen, Executive Director, National Union of Women with Disabilities, Uganda, shared a case study from refugee communities in Uganda. Her organization recognized that most of the women did not know about their rights as persons with disabilities or the services available to them. Her organization therefore focused on training women on their rights, including sexual and reproductive health and rights, gender violence and other abuses, and on training social and health workers to identify and provide services for women and family members with disabilities. They also focused on linking women with disabilities in host communities with women with disabilities in displaced communities. Ms. Acen also flagged that there was no data on persons with disabilities fleeing South Sudan, nor was there a consistent identification of this demographic.

Mr. Tom Krift, Regional Director, Save the Children, Middle East and Eastern Europe, highlighted their recent report on children in Iraq and Syria, who suffer from extreme levels of toxic stress. Psychological support accordingly must be integrated into humanitarian and development planning and response in crisis-affected countries.

Ms. Cristina Roccella, Chief, Social Policy and Child Protection, UN International Children's Emergency Fund (UNICEF), affirmed the importance of disaggregated data to improve the visibility of and services provided to persons with disabilities. She noted that many humanitarian and development organizations lack knowledge of how to assess people with disabilities and how to provide services for them.

(Clockwise from top left): Mr. Tom Krift, Ms. Cristina Roccella, H.R.H. Princess Sarah Zeid, Participant at the Panel