Live Captioning by Ai-Media   
  
KEN PATTERSON:   
Welcome everybody. We will start of the top of the hour. We are glad you are joining us today for our national webinar.   
  
Dorothy, are you kicking things off? Joanne is kicking things off!   
  
Welcome everybody. We will get started momentarily. Just hang in there and we will get started soon. Feel free to say hi to folx. Nice seeing everybody.   
  
(Recording in progress)   
  
JOANNE CARTER:   
Welcome everyone. I'm Joanne Carter, executive director of the RESULTS. I'm so grateful to be with you all today. As many of you know, next Friday's International Women’s Day. Today, we will hear from is amazing experts focused on women and children's health in honor of this day who is in honor of both the contributions of women and girls but also the structural barriers to their full inclusion and equitable access to resources.   
  
First though, I know many of you are joining us for your very first RESULTS webinar. I want to extend a special welcome to new advocates and partners on the line today including key partners from together women arise. Also shout out to folx and volunteers who invited folx to join us.   
  
This is really the core of our community of change campaign, to build our network and build the collective power. Thank you to so many who have been pushing day in and day out for critical action now, from the Senate, to expand access to the child tax credit access to millions of US families with low income. Also, to drive our entire agenda this year, we have set the ambitious goal of this part of the community of change to me with every congressional office covered by RESULTS between now and April.   
  
Just imagine the impact, over 350 meetings in the next three months could have, to drive action on nutrition and global child health, and economic justice in the tax code. So, thank you also much for being here!   
  
I know many of you have joined us because you are passionate about the rights and health of women and girls, and how impoverishment, gender oppression, conflict and humanitarian crises connect. Those intersections are what we are going to be talking about today.   
  
I know as we are thinking about how women and children are disproportionately impacted by conflict and impoverishment, many of us have the horrific and escalating effects and Gaza at top of mind. I will touch on how the violence in Gaza is specifically affecting women and children in a second. I want to reiterate that RESULTS call for cease-fire. Gaza (indiscernible) must be able to access humanitarian aid, so we continue to join the call for that and to the seas, no ground invasion in Rafah and essential delivery of food and aid, and release of all hostages.   
  
Women everywhere have the human right to equitable quality, health care, but far too often, they don't receive it. That is committees across the US and around the world. Often driven by racism, colonialism and more. There also profound and generational impacts on women suffer the whole community.   
  
Multiple studies the world over have shown that the most accurate predictor of a child's health is the health of their mother. Yet, we are falling short in alarming ways here in the US and globally.   
  
The situation is even more desperate. The conflict in Sudan has space the world's most crisis. Half of a million children have been forced to flee into Chad in the last year. 40% are severely malnourished. The World Health Organization considers 15% to be an emergency threshold.   
  
Again, when we think about health crises at the intersection of impoverishment and conflict, the dire situation in Gaza is there for all of. Again, as I said, we called for a cease-fire and opposing a ground invasion of Rafah by the Israeli Metairie, increase humanitarian aid now and release of hostages.   
  
Rafah is probably the last remaining Gaza city with any basic services like running water in hospitals. A million or more civilians were sheltering their and women and children are bearing the brunt of this catastrophe. When opt out administration who recently returned from Gaza told the... Not a single pregnant women she encountered had seen a doctor since the war started. A joint assessment by the United Nations, agencies have found that at least 90% of children under five are affected by one or more infectious diseases.   
  
Even beyond the humanitarian catastrophe of conflict and other crises, we know that around the world women living in the most impoverished committees are routinely denied access to quality healthcare. Millions are forced to go with her prenatal care or emergency care in their delivery.   
  
Adolescents girls without access to the HPV vaccine which is a lifesaving access to the threat of cervical cancer. Astronomical rates of debilitating and sometimes deadly anemia. It increases the likelihood of giving birth prematurely and dying in childbirth during hemorrhage.   
  
As advocates, we know we have made enormous progress in areas like Child health, HIV and more. Women and adolescent health doesn't like. For these and so many other challenges, we already have the strategies that can make a profound difference. If there available, including primary health care and other basic rights, and social support for every family.   
  
As advocates, we can and must push these policies and funding forward if possible. First, we need to listen. To follow the leadership of directly affected communities to shape our policy priorities and drive the focus and strategy. This is true for a US policy work and our global advocacy. We need to listen to the women and girls who are denied their rights, into the community health leaders looking to support them. As advocates, we use our voice alongside them in their calls for change and justice.   
  
So, I'm so excited for upcoming panel discussion and I encourage you to listen to this conversation and think about how it applies your advocacy, as we get ready to push the US government to find women and child health and nutrition, access to vaccines and more.   
  
Before turning over, I want to say little bit about language. In a knowledge meant of International Womenâ€™s Day, we will be focusing especially on long-standing oppression facing people who identifies as women or girls. For example, we will offer refer to the health of a birthing parents as maternal health, but we know that the social construct of gender also harms many who hold identities along the gender spectrum, including Non-Binary transgendered people.   
  
In today's discussion, we will not do justice to the full scope of gender oppression, but I wanted to acknowledge this moving forward.   
  
To get started, will hand over the mic to my wonderful colleague Dorothy Monza, she is the Global Nutrition child health policy manager. She serves as the coach for the roundtable, they are the leading coalition focused on this for the US government. She's also on the group for the scaling of nutrition which brings over 450,000 members in the country. Dorothy, thank you so much for hosting this amazing panel.   
  
DOROTHY MONZA:   
Thank you so much, JOANNE for that amazing opening and really setting the stage for this conversation. I'm so excited to be here with you all today and (indiscernible) people have called in to be part of this conversation.   
  
In my job, have the privilege of working only with donors, supporters, friends of results, but also international partners and organizations who are as committed as addressing these issues as we are.   
  
Often times, in our advocacy, we are focused on what is (indiscernible) where a grassroots voice can make the difference. Often, we are getting in the weeds of, this is the moment to make change on this bill or this is our ask for this particular line item of the US federal budget. That advocacy has been incredibly successful over the past 40 years and that sort of deepness of relationships and specificity is really important for moving the needle on these issues.   
  
We also know that issues of poverty and health are embedded in society overall and we are really excited to take the opportunity to broaden this conversation out a bit. Before we get into our budget advocacy and appropriations advocacy for the year, really grounding ourselves in our values and why these issues are so important to us, why they are important issues of poverty. With other movements and affected communities, and those working alongside them.   
  
I'm really excited to be kicking off the conversation with two amazing panelists who are here with us right now. Feel free to turn on your cameras, as I go.   
  
I'm really excited to have Anne Kraemer who is CEO of Maya Health Alliance. And is a anthropologist and cofounder of Maya health alliance and her passion is amplifying the voices of women and girls to foster community driven, high-impact, cultural and linguistically appropriate programs that will promote health and reproductive rights in underserved communities. Particularly my indigenous communities. We are so excited to have you here Anne.   
  
We are also joined by Doctor Deborah Ash has more than 20 years of experience in quality and research expense. She is with FHI solutions and is a experienced project manager and researcher who is really been driving a key piece of work on the gender and nutrition, which we can't wait to hear from you Doctor Ash.   
  
We are also joined by Hilda Kwezi who is the Advocacy Officer with Health Promotion Tanzania. Health HDTV Tanzania is a member of the action global health partnership alongside RESULTS. Hilda is a nurse and midwife with nine years of experience working alongside reproductive, maternal, newborn health projects. Is leading and managing the advocacy portfolio of Tanzania, and working for the Tanzanian government. Thank you so much for working with us all three of you.   
  
We can go ahead and kick it off. First, I would love to hear little bit about each of you and then, you know, we will go to some other questions on what really as advocates in the US, the key message we need to know.   
  
I would love to start with you, Anne and two here. We note that Maya Health Alliance, you been really intentional in building bridges and access to healthcare in rural and indigenous communities - in Guatemala. Can you share a little bit more about that work and how it has led to lasting improvements in community health?   
  
ANNE KRAEMER:   
Yes, thank you so much, Dorothy for welcoming me and having me today. It is a pleasure to be here! It is really key the work that all of you are doing and for inviting us today and focusing on women and girls.   
  
Our work in Guatemala, we are aiming at transforming health for rural communities and we do that by being community led. I am from the United States, I've spent over 20 years in Guatemala and I think something that is really key about the work we are doing is all of our community health workers, doctors, nursesâ€¦ That are working on our team, over 80% of them are indigenous women. That is really key to the work we are doing.   
  
I think that sometimes people think that we just give out medication engines providing access to care, but we are doing more than that. We are community building. Without being able to work within the indigenous communities without understanding how they are built or all of the barriers that women and children, especially young girls face in accessing care, we can't do our work. By hiring local and community members who understand these barriers and can help older women overcome the barriers, I think that is key in the work we are doing.   
  
In Guatemala, often times, what you can understand about the country is while it is one of the wealthiest countries in Central America, it is one of the most unequal countries in the world. Women and girls, indigenous women and girls shoulder the brunt of this poverty.   
  
They have barriers such as distance, cost, languagesâ€¦ There are over 20 different linkages spoken Guatemala and many times women and girls speak my leg which is and not Spanish. All the health services are provided in Spanish. We try to provide access to women and girls who have services in their language. We believe it is important to provide healthcare around understanding for women and girls.   
  
A quick understanding of one of our programs is really specific on maternal health and helping better infant outcomes. What we have done is created a cell phone app that we provide with traditional midwives. That midwife or sari, that application speaks in their language. It is an easy application for women who are serving other women in their communities to identify high-risk pregnancy.   
  
We found is when a midwife can identify this pregnancy which cannot birth at home, she can send the woman to the hospital first however, we overcame another barrier that many women do not want to go to hospital because they are scared. They had said that they would rather die at home they go to the hospital because they don't get treated well there or they don't speak the language, and they are scared to go.   
  
We created care navigators who speak the language of the women in the hospitals. Basically, we've created this link that helps empower indigenous midwives to care for the patient, sent him to the hospital and have a care advocate are there to navigate for her in the hospital. We are glad to see we have been lowering maternal deaths in their region we are working, serving over a thousand births a year which is really vital.   
  
If we are not providing this care for women, we're not just losing one mom, we are losing an entire community and that is so important. A maternal death hits so many lives in the community. That is just some of the work we are doing but it is vital to have community health workers that are local women who speak the language and understand the culture of the people they are serving.   
  
DOROTHY MONZA:   
That is anything, Anne, it is so great to hear what you are doing in Guatemala.   
  
My next question is for Hilda: you are leading HDT Tanzania's work on maternal and newborn health. We would love to hear more about the work you are doing in your advocacy with the government, and how is gender important for showing up in the advocacy?   
  
HILDA KWEZI:   
Thank you very much the opportunity. I appreciate. On behalf of HDT.t   
  
Now, for advocacy we are doing some activities that were made in collaborations (indiscernible) Ministry of health, Ministry of (indiscernible) and Ministry of transportation.â€¦ So far.   
  
So, on some of the projects, we (indiscernible) evaluations, that analysis of productive newborn and maternal childbirth.   
  
We're doing analysis on behalf of the government to see the trait of the initial level, what is the trait of reproductive material (?) what is the trait of (indiscernible), somatic on (indiscernible), we are finding from the government the appropriate interventions that have a low or poor number of indicators, so that is one.   
  
Number two, we are working together with the government in making sure that we are supporting women and (indiscernible) on nutrition and especially because nutrition is fortification. We are trying to advocate, so that we have enough (indiscernible) and for fortification, like flour, maize, etc.   
  
We are advising the government and ways to make sure that the regulations and policies are there, and we are following those regulations and policies.   
  
Another thing we are doing is on the (indiscernible) design we are putting a community at the center. Developing solutions, especially for the adolescent boys and girls, (indiscernible) and also healthcare providers are providing healthcare services to the community.   
  
So, we developed solutions like, if you feel like this what are you going to do? So feeling posters, 1. And 2 is the transition from adolescence to adulthood group, so they will (indiscernible) treatments and they are not lost in between.   
  
Also, we are working on the TV (?) TB (?)â€¦ We are trying to coordinate these things from different angles so that we can have the same understanding and the same approaches to end tuberculosis and Tanzania.   
  
We have a framework and now we can closely, with all 26 ministries in the government, to make sure we end tuberculosis by 2030.   
  
So how is gender as an important part of our focus? Normally, we don't want to leave anybody behind in our project. So, for those projects, like we have a project on family planning and we know it is very challenging. Male involvement is very low, especially (indiscernible) in a certain region or area.   
  
We are trying to make sure that the groups of males are there, in making an appropriate choice for them and for their women or wives or their mothers. Male involvement, also includes (indiscernible) especially on the nutrition. Believe in gender and it is very important to include children, (indiscernible) that they are â€” the under five age are more affected by these lack of nutrients, depending on their age. We want to make sure we are inclusive of them.   
  
Also, for adolescent girls and women, we are trying our best to include them in our projects so that they will benefit from what we are advocating for. So, for the gender inclusiveness, we are making sure that we are leaving no one behind in our projects.   
  
It depends on what the key areas are in a group of people left behind, so we are trying to bring that forward. So, thank you.   
  
DOROTHY MONZA:   
Thank you, Hilda, it is always amazing to hear about the work you are doing with the government and with the communities. I love that you brought up the importance of involvement of men and how gender does not always mean things to do with women or women's issue. They are often in their own corner, but it is really a problem for the whole family, the whole community, the whole society.   
  
Now, I want to go over to Dr Deborah Ash who has really been involved in leaving a key piece of work looking at the gap in new -- women's nutrition, specifically. Dr Deborah Ash, we would love to hear more about your work at SH I solutions and especially if you would share more about the gender nutrition gap port in the framing of nutrition, as a women's rights issue.   
  
DEBORAH ASH:   
Ray, thank you so much, Dorothy, and the RESULTS of team, and my fellow panelists. I am very happy to be here. I am happy to share the -- we are trying to close this gender nutrition gap and this is actually for women and girls.   
  
Before I tell you how that agenda has shaped up, I would like to call attention for this group for a very important resource for all of us, that many of you may have already seen.   
  
Last year, there was a flexion report published by UNICEF and for the very first time, we have seen a global database on women's nutrition coming from 190 countries. This is a very important resource for all of us.   
  
The title of the report really tells us the story of what this report is all about: it is called Undernourished and Overlooked, a Global Nutrition Crisis in Adolescent Girls and Women. All of this information has been compiled in one place for the first time, and he gives us a very comprehensive view of what is causing this pervasive malnutrition.   
  
It tells us about the impact it is having on everyday lives, on families, and in societies. And, as well, it leads us to evidence-based recommendations.   
  
So I thought for today's webinar if we run through some of those key findings that show why we were motivated, what group was motivated to come together to come up with this gender nutrition action agenda.   
  
A couple of key important things to keep in mind, statistics to keep in mind, is that progress on adolescent girls and women in nutrition is too slow and under threat. This is a very important conclusion from this report.   
  
Just as a reminder, we know that 69% of adolescent girls and women suffer from micronutrient deficiency. Keep in mind the magnitude of what we are talking about here.   
  
Also, overall at least 1 billion â€” that means two thirds of adolescent girls and women â€” are affected by undernutrition, anemia, and micro nutrition deficiency, so that leads us to 1 billion girls and women who are affected by this. Again, a very important statistic to keep in mind as we make our actions in this area.   
  
The next one that we know from this report that the global food crisis is deepening for adolescent girls and women. We know, overall, what we have been seeing and experiencing is a very significant and, unfortunate decline in the global food crisis.   
  
But, it is disproportionately affecting adolescent girls and women. In 2019, there were (unknown term) women suffering from food efficiency than men. And we have seen this Increase to 126 million. A very disturbing uptick in food prices for girls and women.   
  
Another thing to keep in mind is that where we are seeing all of this is in poorer regions and in disadvantaged adolescent girls and women are bearing the brunt of this anemia, particularly in South Asia and sub-Saharan Africa. This is where we are seeing 60% of girls and women are underweight, have anemia, and a very important point is that less women in those areas along to poor households are more likely to be underway, too short, or anemic. -- Underweight   
  
The background of the statistics is, strike recall as many of us know, poor nutrition is passed down through generations. Yes, we are talking about the guerrillas -- girls and women who are affected by this right now, but there is a Longview. What we are seeing, and how this links to the action,â€¦ Globally, 51 million women and children under (unknown term) age are stunted.   
  
Undernutrition continues to play a role in around 45% of does in children (indiscernible). So while we are talking about girls and men in their own right, we're talking also about what generational impact this has across society.   
  
This is the pervasive gender nutrition gap and this is affecting women and girls in a much more disproportionate and substantial way.   
  
What we did together as a group of organizations, realized we had to come up with also a way of understanding this and a narrative that is helpful to be able to talk about this. Where we landed on the most simple definition of this gender nutrition gap, is that we are talking about the way in which women and girls meet biological needs, the access to (indiscernible) and services and sociological norms all have a bearing on their health and economic (indiscernible), including (indiscernible). That is a very important part of that definition.   
  
15 organizations came together over a 1.5 year time frame to co-create what ultimately became the gender nutrition action agenda. It is the first of its kind global framework of concrete actions to improve women and girls rights, improve gender equality and their nutrition.   
  
So very much improving the intersectionality of gender and nutrition. This was officially launched last year at the Women Deliver summit.   
  
It was noted as one of the top five things to happen, at the summit, and we were very happy to see how that resounded -- resonated with the vendor community.   
  
We are saying about this, what we try to do in this action agenda, is to create a blueprint of achievable solutions. It prioritizes key action areas including healthy diets, care, gender equality and the importance of a multisectoral environment.   
  
It asks us to reposition gender -- nutrition as it feminist issue and to come together through a gender transformative lens. It empowers individuals, transforms... Justice and fairness in the distribution of rights, responsibilities and resources. Between women, men, and gender diverse people, according to their respective needs.   
  
Ultimately, what it's all about importantly for this webinar the group of people here is our work in knowing that community driven approaches are the heart of this and that the collaboration and long-term partnerships are critical in the journey to empower women and girls, which transferred through gender relationships. While we're talking about nutrition in particular, it is absolutely, a part of this is gender equality. Thank you.   
  
DOROTHY MONZA:   
Thank you so much, Doctor Ash. That was wonderful! We only have one question in and I'm already feeling very fired up and excited, so thank you also match.   
  
My next question is going to be the same for all of you but we can go in the same order. This one will go first to Anne.   
  
Now that we've heard a little bit more about what you do work on and do, can you share what is the biggest misconception about your work or how gender shows up in your work?   
  
ANNE KRAEMER:   
Thank you, Dorothy. Great question!   
  
Mother panelists are incredible and the work they are sharing. I think intersects really well with the work that we're doing. I touched on this a little bit previously but a misconception is that we are just doing healthcare. What we really have to build communities that are worth living. A lot of our community members are leaving their communities, looking for work and livelihood in the United States, looking for different options because Guatemala is very hard. It is hard to live in and find a way to make a living. It is hard to get access to healthcare. One of our key pieces we need to build communities that are worth to stay in and be a part of.   
  
Access to healthcare with dignity and respect in their language and culture is absolutely vital. I think a misconception about healthcare is we need to give quick answers. This is something that takes a long time. We been doing this for 17 years and we can see that through community and human centered design, that Hilda talked on and Doctor Ash was pointing at, it is absolutely vital that gender discrimination is something of the past and we focus on creating healthcare that is accessible for all.   
  
Something we have been doing over the past few years is helping to influence the government's policies on health, to make sure that healthcare is available for everyone and delivered in a fair and just way. This takes a lot of time. Right now, with governmental changes in Guatemala that are taking place exactly in this year, we see there is a real hope in the future for community care driven by nutrition work. Unfortunately, Guatemala has the highest rate of malnutrition in the Western Hemisphere. This needs to be addressed immediately.   
  
In communities here, more than 70 or 80% of the indigenous children are malnourished. That is something that has to be addressed. It has to be an international issue. Little boys and little girls can have access to healthcare and proper nutrition.   
  
Something that I think is also really key to our work and something we ourselves have discovered over time is a leadership training. We work really on the grassroots front of our care. We work closely with our communities, closely with women in her team. Something that is really important is providing training especially for indigenous women. Leadership training where they can support their commuters, how to be a manager, how to be a thoughtful leader, had to dare to be a leader, how to fund raise, how to do contrast, be a HR leader into budgetsâ€¦   
  
Things that are in our communities in Guatemala, women did not see growing up and they are not experiencing in their home. If they're going to change their committees and be grassroots leaders, they need to have access to the training.   
  
I'm grateful to together women arise who help support this work in training indigenous women to change their committees and change Guatemala but when you think about healthcare, you don't think about leadership. It is absolutely fundamental that you can have women leading the front of healthcare here and what am I left that are indigenous and understand the community. I think it is absolutely vital and a great misconception that really healthcare involves the entire community.   
  
DOROTHY MONZA:   
Excellent! Thank you for some same question to you Hilda, what is the biggest misconception about your work or how gender is showing up in that work?   
  
HILDA KWEZI:   
(Laughs) Yeah, for that misconception in the work, it is based on the People's perceptions. Especially, once you are working with the government and for example, if working with the government and you are helping them for the development of the policy, the standard relations there. If there is a think that (indiscernible), sometimes it has become very difficult for us as an effort for the implementation because we have the policies and regulations by the implementation or activation - how can we work on the policies that we have? It has become very difficult for the implementation.   
  
The misconception, there are some that is enough for them but for us, we think that is now. We need to think beyond that. The policies are there but are we following the policies that are agreed? Are we following (indiscernible) especially on the food (indiscernible), especially depending on the product and we have the accountability framework there. Are we working (?) depending on the (indiscernible) we have or is it enough to have a document (?) and their age no one is taking any initiative to take it forward is for the actual work to be - to take place.   
  
Another thing is sometimes that misconception is on the people thinking. People think that may be this advocates, they want attention. They want attention depending on the issue, but no, from our side, before we are doing anything, we have to do the landscape (?) analysis and see if we add value or if that thing we are working on will make an impact.   
  
Also, come up with the right action to be done at the right time. So, there are some misconceptions, especially when (indiscernible) from where we are coming from. So, that is what I say so far.   
  
DOROTHY MONZA:   
Thank you so much, Hilda, and I loved what you said there at the end, "the right action at the right time." I think we've seen how attempts to do good can sometimes backfire and cause harm. That is why it is so important to be always checking in with the communities first and taking their lead.   
  
And now, to you Doctor Ash, the same question. What's the biggest misconception in your work?   
  
DR DEBORAH ASH:   
Great. Thanks. It is a wonderful question to really highlight some of what we contend with.   
  
I say that one of the ambitions in doing this work is that we wanted to make sure that we were elevating the gender nutrition as equally important as what we talk about in the gender pay gap or the gender tech gap, or the gender educationâ€¦ The gender nutrition Is a gap, it is a gap that creates a gap for many. When we look at the effect that has on the girls or women's lives and livelihoods.   
  
So, one of the things that we had to work on, especially is â€“ how do you communicate about this in a way that conveys that it is in many ways, yes, complicated, but also simple to do something about it? At the same time, to not lose the focus that it is devastating, but is at the same time preventable.   
  
The way that we were able to find a way to create a narrative around this is that yes, it is complicated. It is about food and nutrition but it's also about biological needs. It's about cultural and social norms, in equal manner. It is about government priorities and lack of political will.   
  
Like all those other gaps that we mentioned, it's also about systemic failures and how one Does create many. It's about feminism, rights and conflicts, and is also about the climate crisis, justice and freedom. So, there is a thought in that mix, but at the same time we stay focused onâ€¦ Ultimately, it is about nutritious food and who eat last, least and worse in the world.   
  
It is about mothers who sacrifice when food is limited. It is about a lack of equality in household finances, decisions, and expectations. It is about girls not being able to concentrate at school, due to malnutrition. Ultimately, what we know about a 10% reduction in their lifetime earnings because of that. Again, in terms of devastating, was mentioned that the statistics are devastating. It is about suffering and death, unfortunately and it's about dangerous consequences for the health of mothers and babies and a increase risk of hemorrhaging during childbirth, for instance.   
  
It is also about well-being and quality of life, and it is preventable. It is about dedicated budgets from governments and specific nutrition policies. Again, that was the aim of having this collective action towards creating an action agenda that creates a common ground across sectors and across actors. Very importantly, as we just heard from Hilda and Anne - it is about the allyship of men and equal political power. It is about overall changing our beliefs about the rule of women and girls, and the accountability in all of this.   
  
We know it is complicated but yes it is simple and it is preventable. We have found that even when we are working on this multiple countries, right away, people will say, "what about the men and boys?" And absolutely, it is about the men and boys. It is that we are showing that there is a real and disproportionate effect on women and girls, and we are absolutely increasing all of society. That is probably one of the misconceptions when talking about gender nutrition Gap that is affecting girls and women. It really is the whole of society view. Thanks.   
  
DOROTHY MONZA:   
Thank you all! Those were amazing answers.   
  
No, we're going to sort of be wrapping up but a little bit of context for my last question.   
  
So, here we have over hundred 50 lines and dialed in and a lot to have more than one person listening. We will also be sharing out the recording and over the next few months, RESULTS volunteers and supporters are going to be out in the community organizing and educating people about these issues, and inviting them to come to lobby meetings, come to group meetings, webinars like this, to learn more about these issues in the world. So, we plan to have hundreds of meetings with members of Congress in the next few months.   
  
If there was a message that you would want us on the call to take away in 60 seconds or less, that we could communicate with US policymakers, what would that message be for you?   
  
ANNE KRAEMER:   
Thank you, Dorothy. That is really hard in 60 seconds or less (Joke/joking)? But I think it is so important! I think one key piece that Deborah said is, who eats lease and worse in the world, and who eats last? I think if we want to build community that is worth living, we to feed our children, then women in our communityâ€¦ Seems a high amount of nutrition of Guatemala it is vital to create the communities from the ground up. If we will change the outcome from the defilement of humans demise the first few years of life when our brains are growing the most.   
  
We have to provide children with the nutrition that they need and the work that RESULTS is doing right now to push forward the initiatives around women and children's maternal health and nutrition is absolutely essential! I think Hilda hit it exactly on the head, doing the right thing at the right time. All over the world, we can see this is a fundamental need and here in Guatemala, the time is right now. With the changes that have come and the government with (unknown name) taking over as president, there's no better time to make change in Guatemala with a president who is open and I think that is absurdly vital. The United States and the work we are doing, both locally and internationally can have broader impacts because we are trying to create the committees where people want to live and survive. I think that is absolute fundamental is what RESULTS is pushing forward right now.   
  
HILDA KWEZI:   
I think that is a very difficult question for me, but I will go for preventive, for the prevention of malnutrition. If we want to prevent diseases, strategies that would provide better nutrition or better medicine. That is what I see.   
  
For me, the agenda and that I would advise them to take to their senators would be investment and better medicine, because all of the things we're talking about: it is hard to prevent them, we will not have strong communities. We need to prevent the diseases. That is it for me.   
  
DOROTHY MONZA:   
Thank you, over to you Dr Ash.   
  
DEBORAH ASH:   
What we would emphasize is the intersectionality, so that the goals of women's and girls rights and and empowerment agenda, and the global health and nutrition sector are mutually reinforcing.   
  
We need to work together to continue to reduce maternal mortality, reduce low birth weight, stopping early marriage, increasing the female labor force, improving child health and driving social (indiscernible) change. These are interconnected, and fortunately 50+ organizations have come together to co-create this gender nutrition action agenda.   
  
This gives us a framework to improve women and girls rights, their gender equality under nutrition. What we know is is clinic -- critical to embed these into donor and philanthropic strategies and prioritize investments that can lead to tangible and lasting change.   
  
Also, to let them know that there is a guide to do this, a companion piece to the agenda that is called Nourish The quality. -- Equality. This is aâ€¦ We presented evidence, we present this globally agreed framework coming from partners in the UN, and we also have this investment, how-to guide.   
  
Hopefully, that kind of package could be very appealing to make decisions and investments in this area. Thank you.   
  
DOROTHY MONZA:   
Wonderful. Thank you all! Now, we have the opportunity to go to a few questions from the audience. Thanks to everyone who has been sending those in.   
  
And, as the panel has been going on I just noticed there has been good responses in the chat. People are really connecting with what you all are sharing, so thank you again.   
  
My first question is for Anne: are there gender roles that act as barriers in the community you working? How do you address those so that interventions are addressing Maternal and Child Health nutrition and issues, and they are culturally embedded but they are also pushing toward that whole society approach that we have talked about?   
  
ANNE KRAEMER:   
Good question, and Guatemala there is a machismo, the idea that men are better than women. They own their wives and this can be a real barrier when it comes to maternal health.   
  
Sometimes, when we identify preeclampsia in a woman who is pregnant, we need to send her to the hospital. But it is very silent, symptomatic situation. It is something we are attempting through blood pressure.   
  
Sometimes the husband says, "I do not want to go. She needs to stay take care of the other children." It really comes through when we involve our peer educators, which has been key because most of the groups are run by men,â€¦ We are teaching them about social productive health. It is key, it is a slow process but it is key to have men as the story too. We cannot teach social reproductive health only to women.   
  
DOROTHY MONZA:   
Thank you so much.   
  
My next question is for Hilda:â€¦ In this next question,â€¦ Do you see this as a maternal health (?).   
  
HILDA KWEZI:   
Yes, I can say that we see some opportunities for vaccination, especially vaccination for children and also for our countries who have some immunization is changing for under five years old.   
  
So, not all of the children get immunization as (indiscernible), depending on the availability and the (indiscernible) have on the vaccination. As I said, there are some misconceptions on the immunizations, so there are some areas we can find a way to work on vaccination.   
  
As part of promotion in Tanzania, we are part of the (indiscernible), but there are challenges on misconceptions and also the availability of vaccination at the time, pending on the age group of the children.â€¦   
  
DOROTHY MONZA:   
Excellent, thank you.   
  
Then, this question: I am not sure if any of you have experience with school feeding programs, so you could potentially opt into this one. If not, we can follow up with you online when you get more information.z   
  
What role do you see, the McGovern Dole national school feedingâ€¦ Our programs like this having a positive effect in the community? How are these laying out with the folks you work with?   
  
ANNE KRAEMER:   
I can quickly touch on what happens in Guatemala with school feeding.   
  
Often, there are school feeding programs but they are really lacking in the whole spectrum of nutrition that children need. It is often soy-based or corn-based products that provide some nutrition and some feeding, but they are often with heavily added sugarâ€¦ So often times it is not providing the nutrition they really need.   
  
Often times we are really working on the 0-540-2 age range where these programs do not hit. And when we look at chronic malnutrition over time, we do have to focus on that key, 1000 day window.   
  
DOROTHY MONZA:   
Rick, thank you.   
  
Possibly this is going to be a hard question to end on, timewise, but if you know in a couple of sentences: how do we get government leaders to understand that we need communities worth living in? Or, could you share what you see the importance is for US advocates?   
  
And that could be to any of you. Donald Trump it wants (Laughs) -- don't all jump at once.   
  
ANNE KRAEMER:   
I'll jump in. Quickly, when we look at US policy versus other policies it is hard to know what can happen. But something recently that is happened in Guatemala, there was a real struggle in power over the last eight months, with the new president, elected by indigenous communities and by the youth here, was elected.   
  
He is very different from the previous government. They didn't want to let him in. It is been very tense here. But the policymakers took away over (unknown term) congressmen and people working in government. They influence policy that actually created change within Guatemala's leadership.   
  
The new president's ear, you can see that US policy and the Guatemalan government working well together. It really is an example of what can happen when proper pressure is applied.   
  
I think, when all of this started because a few indigenous communities could do it and they thought they could make a change, it spread over an entire country of people being aware of their democracy being at stake.   
  
It just takes a little bit of us applying pressure, we really can do a lot.   
  
DOROTHY MONZA:   
Wonderful. And that is the sentiment that I really love about the RESULTS movement and what continuously sort of fills me up and keeps me excited about this work is being in the community that is committed to change the world. Saying that what we have now is not the best we can do. And we are not going to stop here.   
  
So, I think a big take away for me, and what a lot of us will spend the next few months building on, is how can we use our voices and take our message to members of Congress that we need livable communities everywhere.   
  
We can let them know that we care about these issues because they are human rights, you know? Sometimes the world can feel like there are a lot of problems and there is so much to fix, where do we start? Knowing that we have amazing experts at partners like you, and dedicated advocates, makes me feel like it really is possible.   
  
So, thank you all so much for your time and expertise this Saturday. I know it is evening for you, Hilda, so thank you so much for your Saturday evening.   
  
I hope that you all are going to stay on, because now we are going to get a little bit more into action. I am going to pass it over to my colleagues on the Grassroots Impact team and they are going to walk you through how you can do outreach in your community around these issues. And, opportunities to use your voice for maternal health in the next few weeks.   
  
With that, I will pass it over to the grassroots team. Thank you.   
  
KARYNE BURY:   
Thank you so much, Dorothy, and to all of our panelists, to see how we can make positive change for children and women worldwide.   
  
Hello everyone my name is Karyne Bury and I am the manager with RESULTS Grassroots Impact Team. We would like to know who is in the room without today. We are plunging a quick poll, please let us know if you want -- logging on solo or in a pair or with the group.   
  
SPEAKER:   
I think the poll question changed, one second here. Sorry, I apologize, we are asking the wrong question.   
  
KARYNE BURY:   
I think that Ken is about to launch it again.   
  
SPEAKER:   
You can go ahead for second and I will be right with you.   
  
KARYNE BURY:   
Alright! So, I also wanted to give a big thank you to those of us who are joining us from our extended networks, with Together Women Rise, our partnership. Many of you are joining us on the lifestream and we are excited to see the amplification of this message that we will be taking the actions together.   
  
Oops, I think this poll is going for another session.   
  
SPEAKER:   
Let's forget it keep going please.   
  
KARYNE BURY:   
OK (Laughs)â€¦ I wanted to share how we will work together. This Friday, Margie, is International Women's Day and witnesses an opportunity to attention to our members of Congress the critical issues that women face here in the US and globally.   
  
What is done instea -- Gloria Steinem said, "The story of women's struggle for equality belongs to no single feminist nor to any one organization but to the collective efforts of all who care about human rights."   
  
As a follow-up to today's national letter, we are making a call to our senators and representatives. While they are still in the process of finalizing budget spending for our current fiscal year, and avoiding another shutdown, the time to make decisions for next year's budget is now upon us. The Appropriations process is when our elected official to from you, their constituents, to determine where our taxpayer dollars now to support critical programs.â€¦ As well as the United States agency for International development, USAID.â€¦   
  
If you are brand-new to advocacy, or have never engaged with your elected officials before, but like you to take action with us RJ. This online action -- March 8. This will be some action and even a script to take with you to the office. This will show them that you value lies through their budget decisions. We are asking for $1.15 billion formant child, putting $340 million per Gavi, and faxing annoyance -- the vaccine alliance, 300 and for the USAID nutrition program year 2025.   
  
â€¦ God has provided more than -- 17.3 million deathsâ€¦ We encourage you to reach out to your members of Congress to request lobby meetings. We covered nearly 350 members of Congress, so let's meet with every office.   
  
This will give you the opportunity to make the appropriations directly, or, more informally, the aides who cover this issues. If thisâ€¦ We have lots of support for you, and you can return to Katie Fleischer. We will drop her email in the chat.   
  
The more constituents members of Congress hear from, the more this deepens our impact.   
  
Take an even deeper action by contacting your members office, as soon as next week, to officially submit your budget request through the online forms or other specific submission processes we have. A lot of the deadlines are coming soon, be sure to request the deadline for them to receive appropriations request from constituents, to make sure everything is sent into their office on time. With this, your representatives of Congress will be able to chime and share whether consistency has requested from the state and form subcommittee, when it comes to the budget.   
  
We also have resources to help you complete the forms for FY 25, appropriations request on our website. A link will be shared for that in the chat and my wonderful colleague, Katie, can also help you with submitting these requests.   
  
With that, I would like to thank everyone for your collective advocacy actions, your current advocacy actions, and your future actions â€“ that will help shape the world for a better place where no matter what our gender is, we can all thrive.   
  
With that, I'd like to pass it over to my colleague, David Plasterer who will share our U.S. Poverty Policy updates. Over to you, David.   
  
David, we can't hear you. You might be muted. There you go! Welcome!   
  
DAVID PLASTERER:   
Thank you, Karyne, and for our wonderful panel and everyone who is spoken today. I know this is been a really great webinar it has been a inspiration. I'm David Plasterer and I'm a Senior Associate for U.S. Poverty Policy. I'm kind of your go to guy for all things Child Tax Credit.   
  
I have a few minutes and give you a quick update to where things are regarding the Child Tax Credit in Congress was up if you have any questions I don't cover, feel free to contact me with an email or on the phone. I always enjoy talking to you and messaging with you.   
  
First, as you probably already know, the House passed the Tax Relief for American Families and Workers Act with a huge bipartisan vote of 357 to 70. The bill paired with meaningful changes to the CTC, along with tax breaks for businesses. That vote was a huge victory and a testament to your amazing efficacy during 2023 and 2024 and your effort to educate members on how flawed and insufficient current CTC laws (?) are. Without your work, we wouldn't be where we are today, so thank you, so, so much.   
  
The bill is now with the Senate where it faces an uncertain path to passage. Currently, there is unanimous support from Democrats in the Senate and there are seven Republicans who have indicated publicly that they support the package as well. However, there's many a 7 to 10 Republicans who've indicated during meetings that they are also supportive of the bill.   
  
However, the ranking member of the center finance committee has voiced serious concerns with the bill. Most recently, any statement he released Thursday morning and that statement is linked in the slides, so if you want to read the full statement, it will be linked the slides for you.   
  
His biggest concern that he outlines if that statement and one that is shared by many Senate Republicans is with a certain provision in this CTC called a look back. It allows families to use their prior year's earnings to determine their credit amount. Opponents say this removes the work requirement from the CTC and will distance and advised families from working. We are, of course, now this isn't true (Laughs) And their many economist, conservative economists and policy analyst to agree.   
  
It would be helpful for you to have the links to the economists and policy analysts, just shoot me a message and I will send you a whole list of them.   
  
Now, while Senator Crapo's statement was not good in our goals, does elevate that we're doing is working. He wouldn't have released that statement unless he was hearing from many members of the Senate Finance Committee and across the Senate that they want this bill passed. This statement really was geared at those members to let them know where he stood. So, in some ways, it is a good sign.   
  
What does all of this mean for the tax packages chances of actually being passed? Really, there is two possible ways for the tax package to be passed in the coming weeks, that tax package could be with a bill that is due to pass on March 20. This would require agreement from leadership of both parties. Obtaining that agreement would likely require the Senate finance Chairman Ron White in (?) to schedule a committee markup to which amendments could be offered. Those amendments could weaken the CDC, this is where Senator Crapo would seek to remove the lookback provision I just talked about.   
  
The other option is that Senator Schumer as the majority leader could put the tax package on the floor as a stand-alone bill. You know, even though I already mentioned that there is a lot of support, no support to pass the bill, that support would dramatically decrease if that bill was put on the floor without the blessing of leader McConnell and Senator Crapo - which would be unlikely that Senator Schumer would be able to get that past (?).   
  
Even though the path of this bill to pass is unclear, we don't need to worry about any of that. We need to ask and see, we need to see the tax package passed in any way possible and as soon as possible. That is where your advocacy comes in.   
  
You can contact your Senator today, you can use our online action tool or send an email directly to your tax staffer. If you schedule a meeting, please, let me know, I would love to connect with you to help you prepare for your meeting.   
  
There's also a nationwide day of action next week that is happening among a lot of testing as a whole coalition of organizations nationwide that are working to expand the Child Tax Credit. We decided on Tuesday, March 5, as a nationwide day of action. It is a wonderful day to call your Senate offices and we will be sitting out on action alert on that day, so you can be ready for that.   
  
We also need the bill pressured through the media. The tax season is nearing its end and families need this bill to past now so they can take advantage of the benefits of the 2023 taxes filed.   
  
Submit an LTE using our online CTC media action. If you have any questions about anything I'm sure today, or how you can make sure that more families receive support for the Child Tax Credit, please contact me. I'm always here for you.   
  
And with that, I will pass it over to Lakisha first mac for announcements.   
  
LAKEISHA McVEY:   
Thanks, David. I don't know about all of you, but I am feeling so energized from this incredibly powerful and compelling webinar that we've had today! Just so much phenomenal information and actions,", that I know I will be thinking about for the rest of the day.   
  
I know we had a little bit of a technical glitch with the pole mac earlier, but thanks to Ken, we are back in action! Let us know if you are solo, a pair or a groupâ€¦ I already see so many responses coming in and it is so exciting to see so many people on - that got to hear that amazing panel and all of the actions that we will be able to do this month.   
  
We will wait a little bit (Laughs) For those responses to stop coming in.   
  
I want to thank you all for filling that out. We will leave it up a little bit longer and then, before we're almost done for the day, but before we and our time together, I am going to highlight some exciting events coming up.   
  
On March 14, RESULTS and RESULTS grassroots board, will be hosting at town hall at 9 PM Eastern time. It will be focusing on crafting and practicing your story of self, talk about the value you get from being a RESULTS volunteer.   
  
This is the perfect time to strengthen your skills around developing your story of self as we continue our outreach efforts this year and build a community of change. There is no registration required to attend, so you can just hop on that zoom that night and have a good time.   
  
Then, the next thing I wanted to share, the day after the town hall, on March 15, we will have our next antidepression learning community meeting. RESULTS anti-oppression committee meeting comes together 3 to 4 times a year to offer a brief space for grassroots to have conversation on the antidepressant topics.   
  
This month's learning community meeting, Doctor Christina Guenther, the same person who does our diversity and inclusion trainings â€“ she's going to be joining us to lead a discussion around the topic of gender equity and health. To build off of today's fantastic webinar.   
  
Everyone is welcome and there is no limit to the number of people who can register for that. So, we hope you will be able to join us to take in some of the contents today and have a fantastic discussion with each other about it.   
  
And then, the last training I want to really emphasize is a training that we have coming up on Monday, March 11, on 'Pulling Off Effective Congressional Meetings'. You will get best practices for everything you need to have a successful meeting, including requesting, planning, holding, following up â€“ which is perfect timing, as you continue to set up lobby meetings. Bring all of your questions and your concerns and we will make sure you leave confident in your ability to have great lobby meetings going forward.   
  
There is a bunch of other webinars, as always! Lots of trainings and support, and partnership calls that we have every single month. I will not go over them, but there is a little something for everyone. So, check those out and I know I saw some folx in the chart asking about, do we have recordings? Do we have slides? The answer to that is yes. If you didn't catch everything as we went through the slides or you're looking for that registration links, you can always download the slides from our websites on the national webinars page - webinars and Training Resources. You will also find the recording and things there.   
  
Then, there is also the events page. That's another place you can go to find the events we have and find the link to register. You can always check that out too. Last but not least, don't forget to show up to next month's national webinar on April 6 at 1 PM Eastern time - where the founder of RESULTS, Sam Daley-Harris will talk about reclaiming our democracy. Another powerful webinar we got coming up the pipe real. Thank you all for joining us today.   
  
And can will allow everyone to unmute and then we can all wish each other a great weekend. Thank you all again.   
PARTICIPANTS:   
Goodbye! Goodbye, happy trails! Goodbye! Goodbye! Thank you everyone!   
  
KARYNE BURY:   
Nice to see you all.   
  
SPEAKER:   
Bye-bye!   
  
SPEAKER:   
Hi Peter, hi Roger, I Evelyn.   
  
SPEAKER:   
See you Beth! Hi David.   
  
SPEAKER:   
We got Richard!   
  
SPEAKER:   
I am going to ask you about my Senator (Name) David, maybe I will have some communication if there's anything we can do later.   
  
DAVID PLASTERER:   
Yes, he is obviously a huge (indiscernible), so I'm happy to connect with you on that.   
  
SPEAKER:   
We can think about that together. OK, so much everyone. I buy and have a good afternoon.   
  
DEBORAH ASH:   
Goodbye and thank you for inviting me to this webinar. Great to meet you.   
  
SPEAKER:   
Nice chapeau, Ken.   
  
SPEAKER:   
Peace.   
  
Live captioning provided by AI-Media   
  
(End of Webinar, 2:17 PM ET)

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