



Measuring Health

A workbook for children, young people and adults based upon General Comment No. 15 of the *UN Convention on the Rights of the Child* on the right of the child to the enjoyment of the highest attainable standard of health

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.

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Overall management of the project was undertaken by Jennifer Philpot-Nissen.

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January 2016



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Background

Following the adoption by the UN Committee on the Rights of the Child of General Comment No. 15 of the *UN Convention on the Rights of the Child* on the right of the child to the enjoyment of the highest attainable standard of health, World Vision International created this workbook to facilitate the understanding and participation of children to be advocates for child health. The goal of this workbook is not to provide a replication of General Comment No. 15 in child-friendly language, but to be an interactive tool through which children can be guided in their discussions prior to embarking on advocacy initiatives.

The first draft of this workbook and accompanying materials were translated into Bengali and presented to a group of 25 children, World Vision staff, and local government-appointed medical personnel in Mymensingh, Bangladesh, in November 2014. The children were all members of World Vision Children's Committees in the region and were aged between 14 and 18. A two-day workshop with the staff and other adult guests was followed by a two-day workshop with the children, chaperones and interpreters. Following this pilot test, both the workbook and the accompanying materials were revised in light of the feedback received from all parties involved.

The workbook is intended for global use, and it is expected that users will translate the workbook and its accompanying materials into relevant languages as appropriate for each context.

Disclaimer: General Comment 15 urges States to ensure access to safe abortion services. It should be noted that World Vision does not provide, recommend or support abortion.

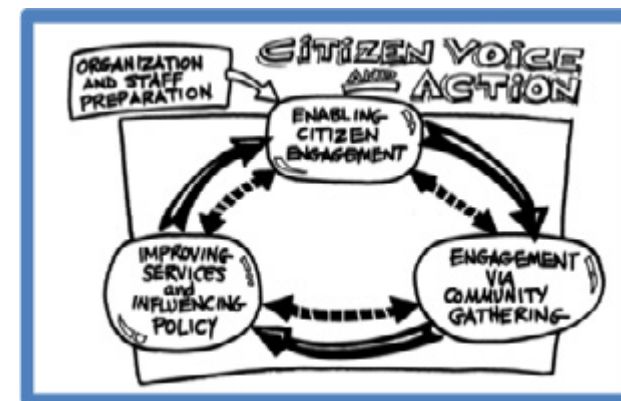
Citizen Voice and Action

This workbook incorporates elements of Citizen Voice and Action (CVA) – World Vision’s approach to social accountability – and is intended to, where appropriate, serve as a tool to increase children’s ability to further understand and articulate their rights and entitlements to health and their own ability to influence these. For more information on CVA visit www.citizenvoiceandaction.org and <https://casestudiescva.crowdmap.com>.

CVA is a local-level advocacy methodology that transforms the dialogue between communities and government in order to improve services (like health care and education) that affect the daily lives of children and their families.

CVA works by educating citizens about their rights and equipping them with a set of tools designed to empower them to protect and enforce those rights. First, communities learn about basic human rights and how these rights are articulated under local law. Next, communities work collaboratively with government and service providers to compare reality with government’s own commitments. Communities also have the opportunity to rate government’s performance against subjective criteria that they themselves generate. Finally, communities work with other stakeholders to influence decision makers to improve services, using a simple set of advocacy tools. As government services improve, so does the well-being of children.

The four-step CVA process enables communities to measure service delivery against standards the government has promised or is mandated to provide. Using social audit and community scorecard tools, CVA is currently used in more than 600 World Vision programmes in 45 countries.¹



The CVA methodology leads to:

Information - increased empowerment of citizens to engage in evidence-driven dialogue with government

Voice - increased capacity of citizens to engage productively with government and those in positions of power

Dialogue - increased opportunities for government and citizens to create transparent, collaborative and accountable relationships

Accountability - increased responsiveness of power holders and duty bearers to those they serve.

¹ As of 2015.



CitizenVoice AND ACTION

World Vision®

The CVA process:
simple and effective

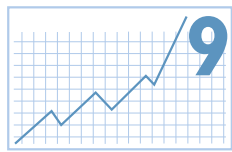


What should my school, clinic, or other facility have according to local law?

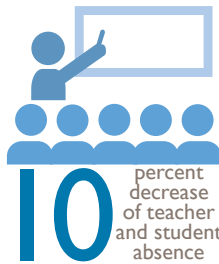


What does it actually have?

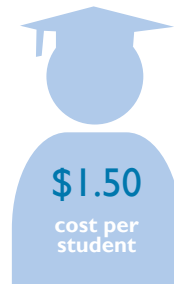
RESULTS



percent increase of test scores in 1 year



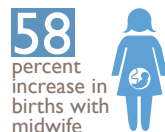
percent decrease of teacher and student absence



Study of a similar approach found:



percent drop in child mortality



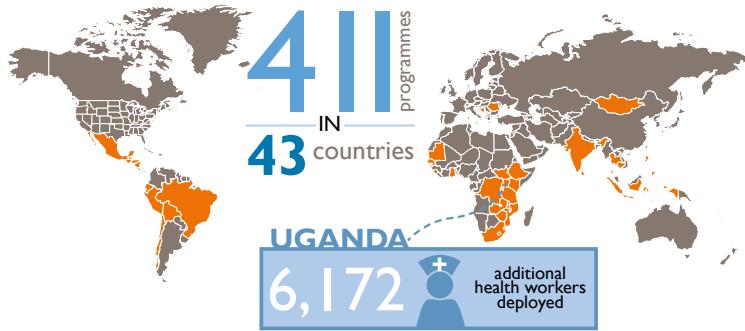
percent increase in births with midwife



percent increase in patients seeking prenatal care



Citizens work with high level government to ensure commitments are met



	😊	😐	😞
1			
2			
3			
4			
5			

How happy am I with this service?



Citizens and government improve service



Citizens and government decide on an action plan



Townhall meeting to discuss what community has found with government reps



FOR MORE INFORMATION: cva@wvi.org

Introduction

Using this workbook

There are different ways you can use this workbook.

For education and understanding

As an individual or in a group, you can use this workbook to better understand health. You can use the information to have discussions and debates with other children, young people and adults. You can explore your own definitions of *health* and what is most important to you and/or your community.

You can learn more about your rights, the needs of your community, services in your area and the questions you can ask when accessing services.

For monitoring and evaluation

You can use this workbook to discuss the resources and services you already have for health in your community or area. You can monitor how well these services are working and what needs to be done to improve them. You can explore the issues that are most important to children. You can learn about children's realities and experiences relating to health.

For advocacy

After learning about health and having examined the priorities and realities for children in your community, you may decide you want to take action and create a positive change in your community. This is called *advocacy*. Advocacy is about changing behaviour and knowledge, shaping policies, making a situation better and improving children's rights. This workbook can be used to help you with advocacy efforts.



Preparations

Before you start using this workbook, or facilitate or participate in a workshop with it, there are some important things you need to consider.

Level of understanding

It is important to ensure that everyone using this workbook or participating in a workshop has a good understanding of the concepts involved. If workshops have a wide range of participants of different ages and levels of education or understanding, particular care must be taken to ensure that all have grasped the basic concepts outlined below in order to contribute to the discussions to the best of their ability and wishes. The section below contains background materials to help you understand important information about the right to health and what the UN says and does to protect this right. The annex of this workbook includes suggested PowerPoint presentations to help you start your discussions. We encourage you to design other presentations about your local and national situation.

Research of sensitive issues

Prior to doing research or organising discussion groups about health, you should consider any risks that may be involved. Are there some topics that are too sensitive to talk about? Are there some issues that are appropriate only for older young people, not for younger children? Are there cultural or religious considerations? Are there some things boys and girls may not be able to discuss around each other?

If you are not sure about any of these issues, please speak with an adult or group leader you trust.

For facilitators: Please refer to World Vision's 'Guidelines for Child Participation', <http://www.wvi.org/child-rights-and-equity/publication/guidelines-child-participation>. 'Guidelines for Child Participation' gives guidance on the minimum basic expectations to uphold the quality of child participation across World Vision. The guidelines help ensure meaningful and safe child participation by explaining what is expected from World Vision staff, adult and youth volunteers, and partner organisations, prior to, during and after participatory engagement with children.

Ethics

Collecting data from children and communities always raises ethical questions and concerns. Guidance for how this should be approached is contained in the 'ADAPT: Analysis, Design and Planning Tool', www.wvi.org/sites/default/files/Child_Protection_ADAPT.pdf.

The section entitled 'Ethics' outlines a set of 10 principles which must be kept in order to protect everyone involved in the research and data collection.

Your guide to this workbook

This workbook includes the following sections:

Before you get started

This section provides useful details to help you understand more about children's rights. It should be read or presented to you first. If any information is still unclear, please talk to an adult or group leader who can help you clarify the information. The section entitled 'Useful sources of information' in the annex should be a helpful starting point.

General Comment on the Right to Health

This section provides information about the General Comment on the Right to Health, Article 24 of the *UN Convention on the Rights of the Child*, and some important details about general comments.

Checklist based on General Comment No. 15 of the *UN Convention on the Rights of the Child*

The checklist provides an overview of the content of the rights outlined in the General Comment on the Right to Health, Article 24 of the *UN Convention on the Rights of the Child*. These are listed as 'Standards of the general comment'. You can use these to think about the health issues in your own lives and communities, and then determine your own performance indicators which would satisfy each standard of the general comment.

Policy review and data collection conducted by children

This section reviews some of the policy recommendations made in the general comment. General comments are created primarily as a guide for governments, therefore there are many policy and legislative recommendations. This information can be useful if you would like to do further research on health in your community or country or are considering some action to address particular health concerns.

Advocacy

If you are interested in taking action and creating a positive change in your community, this section can help you think about the steps needed to create an advocacy plan.

Resources for research and further information

In this section a few helpful resources are provided for you to do further research and to find more information about children's rights and health.

Before you get started

For facilitators: The information below can be presented and discussed further using the relevant accompanying materials and presentations contained in the annex.

Before you read this workbook, there are a few concepts, words and details you need to understand.

What are human rights?

All children have human rights. You have rights that address your basic physical needs to grow and be healthy, including the right to food, water, shelter and basic health care. You have the right to be treated with dignity and respect by others. You also have the right to develop and be part of your community. You have a right to education, a right to express your opinions, a right to be protected against all forms of violence and a right to get information and participate in decisions that are being made about things that affect you. You have the right not to be discriminated against because of who you are, where you are from or what you look like.

In many instances human rights are defined in international agreements (such as treaties and conventions developed by the United Nations) or regional and national agreements.

What is the United Nations?

The United Nations, or UN for short, is an international organisation that was created in 1945. The UN is a way for all countries of the world to discuss problems and deal with issues that affect them all (for example, peace, the environment, health and poverty).

The UN takes many different actions to support human rights. The UN creates treaties and conventions (international agreements) to help protect girls, boys, women, men and also our planet. These agreements contain the steps and actions countries should take to solve a particular problem (such as climate change) or to protect and support some groups of people (for instance, children with disabilities). Children's rights are defined in the *UN Convention on the Rights of the Child*.

What is the UN Convention on the Rights of the Child?

The *UN Convention on the Rights of the Child* (or the CRC for short) recognises the human rights of every boy and girl throughout the world. The CRC was adopted by the UN on 20 November 1989. Any person under the age of 18 – according to the CRC – is considered a child.

The CRC includes 54 articles (or sections) that outline the rights of children. The CRC is the most universally accepted human rights convention in history.

Many conventions, including the CRC, are monitored by special committees of experts.

What is the Committee on the Rights of the Child?

The Committee on the Rights of the Child examines how governments around the world are fulfilling the commitments they made when they ratified the CRC. The committee is composed of 18 international children's rights experts who regularly meet at the UN in Geneva, Switzerland. All governments that have ratified the CRC are required to submit regular reports to the Committee to explain how the rights are being fulfilled in their country.

What is a general comment?

Most articles found in the CRC are only a few lines long. Therefore, to help governments better understand the CRC and fulfil their promises, the Committee on the Rights of the Child has written some general comments to help explain a theme or article of the CRC in more detail and with more information. For example, the Committee has created general comments on the subjects of health, education, freedom from violence and more.

General comments can be used by judges or lawyers during legal procedures and with other adults and professionals who work for children's rights. They can also be used by children and young people, as you will learn in the pages that follow.

General comments are technical documents and are often around 20 pages in length.

What is health?

Health is not only about being free from disease, illness or sickness but also includes complete physical, mental and social well-being.

For facilitators:

A presentation or discussion on the health status in your country should be part of the workshop.

A **convention** is a legal agreement made by governments about a particular issue; for example, children's rights or the environment.

To **ratify** means to 'approve'. Governments that have ratified the *UN Convention on the Rights of the Child* approve and agree with it. Governments that have ratified the Convention promise to follow all of the articles found in the Convention and to support the rights of children.

General Comment on the Right to Health

In 2013, the Committee on the Rights of the Child adopted the General Comment on the Right to Health. Its full title is:

General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

The purpose of the General Comment on the Right to Health is to explain Article 24 of the CRC in more detail.

Article 24 of the CRC states the following:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;
 - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
 - (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;
 - (d) To ensure appropriate pre-natal and post-natal health care for mothers;
 - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
 - (f) To develop preventive health care, guidance for parents and family planning education and services.
3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
4. States Parties undertake to promote and encourage international cooperation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

IMPORTANT

It is important to understand that general comments are not legally binding documents. Unlike the *UN Convention on the Rights of the Child* and other treaties, governments do not ratify or 'sign on' to a general comment.

General comments of the CRC are drafted by the Committee on the Rights of the Child. They serve as advice to governments to help fulfil their promises.

Not all governments may agree with the views of the committee or some of the details found in a general comment.

The pages that follow contain the details of the General Comment on the Right to Health.

The right to health can be a challenging topic. Some governments, for example, have very different views about issues such as:

- sexual and reproductive health
- children's right to privacy when accessing health services
- the type of services children should be able to access.

If you are unsure if your government or your community agrees with some of the topics covered by the general comment, we encourage you to do some research and maybe speak to an adult or group leader who can advise you. You should consider both the cultural and religious contexts of your community and some of the policies or laws that exist.

Checklist based on General Comment No. 15 of the UN Convention on the Rights of the Child

Checklist

The checklist pages summarise the General Comment on the Right to Health by outlining the required standards.

The checklist is divided into the following sections:

- Highest standard of health
- Equality and non-discrimination
- Reducing deaths and diseases
- Access to health care
- Combatting disease and malnutrition
- Health care for mothers and parents
- Education and information
- Prevention (disease, illness and accidents)
- Guidance for parents.

There are different ways that you might decide to use the checklist, for example:

- **As an individual**

Working by yourself, you can review the statements and answer them based on your personal experiences and knowledge. There are no right or wrong answers, and sometimes you may not have an answer or opinion. Through this exercise you can learn more about your right to health. You may also decide you want to learn more and that you would like to discuss some of the issues with other young people.

- **As a group**

During a group, club or classroom discussion you can use the checklist to guide the discussion. You can use the questions to see if opinions and experiences are the same or different and why. During your discussion encourage respectful dialogue and debate. If the subject is not too personal, ask participants to share examples so that others can learn and understand different experiences.



- **Research and advocacy**

You can use the checklist to do research and to prepare an advocacy plan with your club or group. The checklist is an overview of the advice the Committee on the Rights of the Child has given to governments and provides a good starting point for any action to improve children's right to health.

How the checklist works

Standards of the general comment

Each section starts by outlining the standards required by the general comment.

Performance indicators

You will determine specific performance indicators as an individual or in a group. These indicators are the particular activities, events or resources which you consider, in your local context, would satisfy the standard of the general comment outlined above. We have given an example below to get you started.

For facilitators: Further guidance on how to ensure that children understand how to create their performance indicators can be found in 'A Toolkit for Monitoring and Evaluating Children's Participation', http://www.unicef.org/adolescence/files/ME_toolkit_booklet_4-2014.pdf.

Then consider and discuss the extent to which your indicator (or indicators) is being met and mark a tick (or a cross) in the appropriate box. *It is for you to determine how many indicators you want to have for each standard of the general comment.* There is a 'Performance indicator' template to create extra charts in the annex, and we suggest you use flip charts to document group discussions and reasons for each choice, and most important, your proposals to improve each situation.






For facilitators: For an overview of how to design the flip charts needed to record these outcomes, see 'Citizen Voice and Action Guidance Notes' (2009), <https://docs.google.com/file/d/0B0ITNkdJ6IczODN6NFkSmpYQUk/edit>.

EXAMPLE

Standards of the general comment

1. My school promotes healthy ways of living and looks out for disease or illness among the children at school.

Performance indicators table

Performance Indicators (to be determined by you, as an individual or in a group)	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 
<i>Example: All children are taught the importance of hand washing, and then carry it out.</i>		X			
<i>Example: We are taught about the need for regular exercise.</i>				X	






Reasons for these choices – to be noted on the flip charts – might include, for example, that hand washing is taught but not monitored by the teachers or is impossible because of the lack of soap. Children might ‘somewhat disagree’ with the second performance indicator because of a lack of sports facilities or issues around personal safety outside the home.

Highest standard of health

Standards of the general comment

1. Considering all the particular conditions where I live, I believe that children are enjoying the best possible health.
2. Considering all of the resources available in my country, I believe that the government gives priority to children's health.
3. Children have the right to control their own health and body.
4. When cases of abuse or violations of children's right to health, children or their parents are able to report it to the authorities.
5. Health-care workers provide 'child-friendly' care to children in my community. This means that children feel safe, protected and that their rights are being respected. It also means that children have access to good information that they can understand.

Highest standard of health performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Equality and non-discrimination

Standards of the general comment

1. Quality health services, such as doctors or nurse practitioners, are available to all children in my community.
2. Children have access to health services regardless of their ethnicity, culture or the amount of money they or their family have.
3. Parents have access to free birth registration for their children in my community.
4. Children in my community can see a health-care professional and receive treatment without an adult if they need to.
5. Children in my community can get information and guidance on topics such as sexual and reproductive health without the consent of a parent or a legal guardian.

Equality and non-discrimination performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Reducing deaths and diseases

Standards of the general comment

1. In my community, women deliver their babies in a health facility or with the support of a skilled person.
2. Mothers in my community receive home visits to check the health of their babies in the first week after birth.
3. Children in my community have access to simple and effective treatments for health issues such as pneumonia, diarrhoeal disease and malaria.
4. Breastfeeding is promoted and protected in my community.

Reducing deaths and diseases performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Access to health care

Standards of the general comment

1. There is access to basic health services for children close to where I live.
2. There are enough health workers available to care for children in my community, including medical specialists such as psychiatrists or physical therapists.
3. The health workers I know are well trained and are paid well for their services.
4. The health facilities I know always have good medicine available.
5. My school promotes healthy ways of living and looks out for disease or illness among the children at school.
6. My community has seriously considered mental and emotional problems among children and takes steps to address such problems.
7. My community has made efforts to provide children and young people with health and emotional care during emergencies or disasters.

Access to health care performance indicators table

Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 






Combatting disease and malnutrition

Standards of the general comment

1. The health-care workers in my community are using good-quality drugs/medicines and equipment to treat children.
2. The health-care workers in my community encourage mothers and families to improve children's diets and give them health supplements (such as vitamins) to help prevent illness and disease.
3. In my community, breastfeeding is encouraged for infants up to 6 months of age.
4. My school provides children with a nutritious meal every day.
5. My community is addressing the issue of obesity in children and has considered the effects that 'fast foods' have on children.
6. Children in my community have safe access to clean drinking water as well as to proper sanitation.



Combatting disease and malnutrition performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Health care for mothers and parents

Standards of the general comment

1. Health workers and health facilities in my community are welcoming and respectful to adolescent girls when they become pregnant.
2. Mothers in my community receive good care and advice before they become pregnant, during pregnancy, during childbirth and afterwards.
3. Parents in my community are provided with financial help when a baby is born.
4. The health system in my community addresses the sexual and reproductive needs of adolescents (such as family planning).
5. Girls in my community are not discriminated against because of adolescent pregnancy (for example, by being expelled from school).

Health care for mothers and parents performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Education and information

Standards of the general comment

1. Children in my community have access to good information on nutrition and healthy lifestyles.
2. Children in my community have access to good information about physical activity, sports and recreation.
3. Children in my community have access to good information about preventing accidents and injuries.
4. Children in my community have access to good information about sanitation, hand washing and other personal hygiene habits.
5. Children in my community have access to good information about the dangers of alcohol, tobacco and drugs.
6. Children in my community have access to good information and education about sexual and reproductive health.

Education and information performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Prevention (disease, illness and accidents)

Standards of the general comment

1. In my community, children and their families have access to good information on how to prevent illness and disease.
2. In my community, children and their families have access to good information on how to address emotional and mental health problems.
3. In my community, children and their families have access to good information on fire safety and how to prevent burns.
4. In my community, children and their families have access to good information on water safety and how to prevent incidences of drowning.
5. In my community, children and their families have access to good information on road safety and how to prevent traffic accidents.
6. In my community, children and their families have access to good information on how to live a healthy lifestyle.

Prevention (disease, illness and accidents) performance indicators table






Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Guidance for parents

Standards of the general comment

1. Young parents in my community have access to support, family counselling, information and education about parenting.
2. Parents in my community are actively encouraged and supported to learn more about parenting.
3. Children in my country are legally protected against corporal punishment at school, in the home and in other places.

Guidance for parents performance indicators table

Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

Policy review and data collection conducted by children

This section may be useful if you are considering an advocacy initiative or would like to do further research on health in your community or country. It explores some of the issues that governments around the world should address through policies, health programmes, medical procedures and health services. These are sometimes called 'social interventions' or just 'interventions'. You might want to see if similar policies and interventions exist in your country. Collecting these details may require research into government policies, legislation and other sources of information.

Governments' obligations to respect, protect and fulfil children's right to health

To respect, protect and fulfil children's right to health, governments have some responsibilities or 'core obligations' they need to follow.

Does your government have interventions that

support children's right to health?

ensure basic health-care services (including prevention, health promotion, care and treatment services, and essential drugs) are accessible to everyone?

address the many different problems that can affect children's health?

monitor and evaluate these interventions to make sure that they are working well for children?

Interventions

To help children enjoy the best standard of health, governments should provide interventions to help protect and nurture children along the way. These interventions should address a variety of problems. Governments and civil society might work together, for example, to providing enough nutritious food to fight malnutrition. Likewise, many governments around the world are trying to create an environment that protects children from all forms of violence (including corporal punishment) at home, in the school and in other places. Many governments and businesses are also considering the negative impact of business activities and environmental pollution on the health of children.

Does your government have interventions to address these issues:

malnutrition?

obesity?

pneumonia?

diarrhoea?

measles?

malaria?

accidents?

all forms of violence against children?

the impact of environmental changes on children?

suicide?

sexually transmitted diseases (including HIV)?

Reproductive, maternal, newborn and children's health interventions

Some interventions specifically address reproductive, maternal, newborn and children's health. Many governments, for example, are protecting and promoting breastfeeding. There are several different issues around pregnancy and childbirth that might be addressed by interventions.

Does your government have interventions to address these issues:

preparations to help a woman give birth, including quickly recognising and managing birth complications?

screening for birth defects?

the prevention of infections in newborn babies?

safe delivery services?

essential care at childbirth?

addressing still births?

addressing pre-term births?

addressing birth asphyxia (lack of oxygen for the baby during birth)?

the prevention of neonatal tetanus (a particular form of tetanus which newborn babies can get)?

the prevention of malaria in pregnancy?

addressing mother-to-child transmission of HIV and other sexually transmitted infections?

addressing low birth weight?

the prevention of adolescent maternal morbidity and mortality (health conditions or death related to pregnancy)?

universal free birth registration?

social protection interventions (such as social security or paid parental leave)?

Education and information

Governments around the world are using specific interventions to help prevent illness and disease and to promote healthy lifestyles. Many boys and girls, for instance, now have access to sexual and reproductive health education that includes self-awareness and knowledge about their own body. Similarly, some governments are making sure that boys and young men as well as girls are receiving good information on sexual and reproductive health. Many governments are providing guidance about children's overall health needs, and young parents now have access to support, family counselling, information and education about parenting. Another way that governments are supporting children's right to the highest standard of health is by protecting them from harmful substances such as solvents, alcohol, tobacco and drugs. By extension, governments are regulating the advertising and sale of any product that is harmful to children.

Does your government have interventions that support

access to sexual and reproductive health education, information and services?

nutritional care?

essential health prevention and promotion?

health-behaviour education (for example, getting help to quit smoking or stop substance abuse)?

Access to proven technologies

Ultimately, governments should work to make sure that children have access to things that will help improve the health of children. Governments should partner with civil society and the private sector in initiatives that will increase children's access to quality services and medicines and that will also make these services and medicines affordable. There are, for instance, various drugs/medicines, equipment and interventions that have already been proven to improve the health of children. The World Health Organization, for instance, [produced a list of essential medicines](#), including medicines designed specifically for children. Governments have an obligation to make sure that the medicines on this list are available and accessible to children and that they are affordable. These technologies should be made accessible to children and their families.

Does your government have interventions that support

immunisation (vaccinations) against common childhood diseases?

vaccination against human papillomavirus (HPV) for girls?

tetanus toxoid injections for pregnant women?

access to oral rehydration therapy and zinc supplementation for the treatment of diarrhoea?

essential antibiotics and antiviral drugs?

micronutrient supplements (such as vitamins A and D)?

iodised salt and iron supplements?

condoms?

Annex

Accompanying materials

A set of accompanying materials has been developed to facilitate the presentation of the workbook and initiate discussions with the youth. All materials should be reviewed and amended for use as appropriate, taking the particular circumstances and contexts of each workshop into consideration.

1. **Advocacy**

This interactive session guides the children through some of the key steps of an advocacy plan.

2. **Useful sources of information**

Links to resources for further information about advocacy, child rights and other relevant topics can be found here. These links are for resources in English, and thus preparations for use of this workbook in other languages should include a review of available materials in the required language.

3. **Two workshop agendas**

Following the experience of the Mymensingh pilot workshops, we recommend allowing four days for two two-day workshops – one for the adults and one for the children.

4. **Presentation: Context: The CRC and the General Comment**

This presentation – for both adults and children – is intended to set the context with a short introduction to the CRC and the general comment. Background reading for the presenter can be found in the ‘Useful sources of information’ section in this annex.

5. **Presentation: Before you get started**

This presentation – for both adults and children – provides the background to the development of the general comment, briefly covering the creation of the UN and drafting of the Universal Declaration on Human Rights, the development of the main International Human Rights Treaties, and the role of general comments.

6. Presentation: Linkages between health and child rights

This presentation – primarily for adults – serves to generate understanding and discussion as to why a rights-based approach to public health policy and programming should be adopted.

7. Presentation: Policy review and data collection conducted by children

This presentation – primarily for adults – is useful particularly if the children you are working with are considering an advocacy initiative or are planning further research on health in your country. It provides a series of points to generate the discussion on how best to assist the children in their work.

8. Advocacy simulation exercise

A role-playing exercise in which participants are put into groups of five and assigned particular roles – child participant, government minister, adult non-governmental organisation (NGO) worker, among others – gives the participants the opportunity to think about their advocacy strategies and tactics. The particular subject matter should be adapted to national or local contexts.

9. Template for reproducing the checklist

You can use this template to print or photocopy extra performance indicator charts.

Advocacy

For facilitators: This section should be covered by way of an interactive session to guide the children through the different steps of an advocacy plan. The children should be encouraged to think about the different steps and stages which might be involved and then in groups to decide the appropriate order for each step, taking their own contexts and upcoming opportunities that they are aware of into consideration.

Are you an advocate?

Now that you have learned about health and examined the priorities and realities for children in your community, do you want to:

- learn more about health issues?
- share information with others?
- take action to improve the situation for children in your community/country?

Advocacy is about changing behaviour, improving knowledge, shaping policies, making a situation better and protecting children's rights. It is also about:

- speaking on behalf of others
- bringing change to the way the authorities protect children from violence
- supporting and working with others who share similar goals to protect children
- drawing decision makers' attention to important issues on children's health.

To create positive change in your community, it is a good idea to start with an advocacy plan. Here are some steps you may want to consider:

1. **Set a goal**

You need to decide what you hope to achieve. What is the positive change you want for children? What is your vision for the future?

2. **Develop your key messages**

What is the problem you are addressing? Why does it exist? Who are the decision makers? Why is this change important? What are the solutions? What actions do you want people to take?

3. Define your target audience

Who are the people you need to influence? Who are the people that can take action or make decisions?

4. Tailor your message

Now that you know whom you need to influence, how can you ensure they hear your message? What will convince them? What do they care about? What action do you want them to take?

5. Make the connection

How do you get your target audience to hear your message? Do you need to organise an event? Do you need to create an information package? Do you need to set up meetings or radio announcements?

6. Identify the resources you need

What support do you need to put your plan into action? Do you need special funding? Do you need to do more research? Do you need to reach out to other experts for help and information?

7. Create a work plan

Create a list of actions that need to be carried out. Define the responsibilities of everyone on your team. Set up goals and timelines.

8. Ongoing evaluation

Track your progress. Celebrate little and big successes. Adapt or change your plan as needed.

9. Stay safe

Consider any risks that may be involved with your advocacy plan. Are there people who may strongly disagree with you? How will you address this? Do you need support from other experts or adults to better understand the risks and how to keep safe?

10. Sustainability

How can you make sure that your achievements are sustained after you finish your work?

What other steps might you need to consider?

Useful sources of information

Organisations

UNICEF: <http://www.unicef.org>

World Health Organization (WHO): <http://www.who.int/en>

World Vision: <http://www.wvi.org>

Child Rights Connect: <http://www.childrightsconnect.org>

Child Rights Information Network: <https://www.crin.org>

Other resources

UN Convention on the Rights of the Child

To learn more about the *UN Convention on the Rights of the Child* and your rights, you can read the convention by visiting: <http://www.unicef.org/magic/briefing/uncorc.html>. The site includes links to the official text (in 58 languages) and reader-friendly versions.

Country reports to the Committee on the Rights of the Child

You can research country reports at <http://www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx>.

Child Led Data Collection: A guide for young people to learn how to do research and create positive change

This resource was developed by Save the Children to support young people and adults/organisations to better understand child-led data collection (CLDC) and the important role young people have in collecting information about their lives and telling others about their realities. Young people can use this manual to better understand data collection and learn, step by step, how to do it. Adults or civil society organisations can use the manual to support young people and help guide and support them as they work on CLDC. This resource is available at <http://resourcecentre.savethechildren.se/library/child-led-data-collection-guide-young-people-learn-how-do-research-and-create-positive>.

What is? leaflets

This series of leaflets developed by Save the Children, Plan International and War Child Holland for children and young people helps to explain many different things about the UN. The following are particularly helpful here:

What is? The United Nations

What is? The Human Rights Council

What is? A Convention and a Treaty

What is? Children's Participation

Please visit <http://resourcecentre.savethechildren.se/library/what-United-nations> to access all of the *What is?* leaflets.

My Pocket Guide to CRC Reporting

This guide for children and adolescents who want to tell the UN Committee on the Rights of the Child how children's rights are respected in their country is available at several websites on the Internet. You can simply search by the title: http://www.childrightsconnect.org/wp-content/uploads/2013/10/My_pocket_guide_to_CRC_reporting_WEB_English.pdf.

The Partnership for Maternal, Newborn and Child Health

This partnership of nearly 700 organisations works on these issues with the World Health Organization: <http://www.who.int/pmnch/en>.

Want to learn more about advocacy?

One Step Beyond – Advocacy Handbook for Children and Young People

This handbook from Save the Children provides more information about how to do advocacy and includes activities for learning and planning. It can be used by advocacy experts and by people who have little or no experience with advocacy planning. It is available at <http://resourcecentre.savethechildren.se/library/one-step-beyond-advocacy-handbook-young-people-and-children>.

Human Rights

<https://www.youtube.com/watch?v=JpY9sIAGbsw&list=UU3L8u5qG07djPUwWo6VQVLA>

The UN Convention on the Rights of the Child

http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_PRESS200910web.pdf

<http://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>

General comments

<http://www.childrightsconnect.org/connect-with-the-un-2/committee-on-the-rights-of-the-child/general-comments>

<http://www.ohchr.org/EN/HRBodies/Pages/TBGeneralComments.aspx>

<http://acerwc.org/the-committees-work/general-comments>

<http://ipaworld.org/childs-right-to-play/un-general-comment/what-is-a-un-general-comment-2>

Linkages between health and child rights

<https://www.youtube.com/watch?v=hKQrqkQrq2U>

http://www.who.int/mediacentre/factsheets/fs323_en.pdf

Children advocating for their rights

<https://www.youtube.com/watch?v=E30zjNInx08&list=UU3L8u5qG07djPUwWo6VQVLA>

The Universal Declaration of Human Rights

<https://www.youtube.com/watch?v=hTlrSYbCbHE>

The CRC Committee

<https://www.youtube.com/watch?v=BgRBZO2xK8w&list=UU3L8u5qG07djPUwWo6VQVLA>

Ratification and the importance of putting child rights in law

https://www.youtube.com/watch?v=I5To3_MMXbo&list=UU3L8u5qG07djPUwWo6VQVLA (In French)

https://www.youtube.com/watch?v=J_0LhcSD_UA

<https://www.youtube.com/watch?v=pjAa3lGnZMM>

What is advocacy?

https://www.youtube.com/watch?v=0F_PxzLlIzQ

Empowering children to be advocates

<http://www.wvi.org/united-nations-and-global-engagement/video/child-participation-upr-mechanism>

<https://www.youtube.com/watch?v=J50SB509pZQ&list=PL40BCBF8DB78543B7&index=8>

Two workshop agendas

Measuring Child Health in Country X: Orientation for adults working on children's health and participation

Template agenda

Note: Allocated time periods are just suggestions and could vary widely depending on the context and priorities.

Day 1

Session 1: Setting the scene

15 min – 'Context: The CRC and the General Comment' presentation

10 min – Child health status in country (presentation prepared by host country)

10 min – Overview of child rights in country (presentation prepared by host country)

25 min – Group discussion

15 min – BREAK

20 min – 'Linkages between health and child rights' presentation

15 min – Group discussion

20 min – How children and youth can be engaged in advocacy

20 min – Group discussion (based on case studies)

60 min – LUNCH

Session 2: Unfolding the child-friendly version of the General Comment on the Right to Health

20 min – ‘Before you get started’ presentation

20 min – Group discussion

30 min – Group activity: Working through the checklists (instructions on page 11)

20 min – Feedback on discussion and group activity

30 min – BREAK

15 min – ‘Policy review and data collection conducted by children’ presentation

15 min – Group discussion

30 min – Wrap up of the day

Day 2

Session 3: Working with children and young people in advocacy

15 min – Recapturing Day 1

25 min – ‘Empowering children as advocates for health’ presentation by host country - examples of when and how children have been involved in local, national and international advocacy for health

30 min – Group discussion

15 min – BREAK

60 min – Advocacy simulation exercise

30 min – Feedback on advocacy simulation exercise

60 min – LUNCH

Session 4: Looking forward

60 min – Group discussion: Opportunities and challenges for the next year (national, regional and global levels)

30 min – Writing conclusions and recommendations together

30 min – Wrap up of the day and of the two-day workshop

Measuring Child Health in Country X: Children's consultation

Template agenda

Note: Allocated time periods are just suggestion and could vary widely depending on the context and priorities.

Day 1

Session 1: Setting the scene

15 min – 'Context: The CRC and the General Comment' presentation

30 min – Introduction of participants

15 min – Child health status in country (presentation prepared by host country)

15 min – Group discussion

15 min – BREAK

15 min – 'Before you get started' presentation

15 min – Group discussion

30 min – Group activity: Working through the checklists (instructions on page 11)

20 min – Feedback on discussion and group activity

60 min – LUNCH

Session 2: Unfolding the child-friendly version of the General Comment on the Right to Health

15 min – 'Policy review and data collection conducted by children' presentation

15 min – Group activity: Identify issues, formulate your recommendations and present your questions to the expert

20 min – Feedback from adults, facilitators and children

25 min – BREAK

30 min – Opportunities for child participation in country

15 min – Wrap up of the day

Day 2

Session 3: Being a child advocate

15 min – Recapturing Day 1

75 min – Empowering children as advocates for health

15 min – BREAK

60 min – Advocacy simulation exercise

30 min – Feedback on advocacy simulation exercise

45 min – Group activity: Writing our stories together (creative writing, filmmaking, painting, drawing to express our discussions, concerns, conclusions and recommendations about freedom from violence, in whichever format we prefer)


60 min – LUNCH

60 min – Group activity: Writing our stories together, continued


30 min – Wrap up of the day and of the two-day workshop

Presentation: Context: The CRC and the General Comment

World Vision



Context: The Convention on the Rights of the Child and the General Comment



CitizenVoice AND ACTION

World Vision

We believe

"Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighborhood he lives in; the school or college he attends; the factory, farm, or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world." (Eleanor Roosevelt)





CitizenVoice AND ACTION

World Vision

The General Comment on the child's right to health

- On 4 February 2011, the CRC Committee decided to start drafting a General Comment on article 24 of the CRC on the child's right to health
- Civil society, including World Vision International, provided support to the Committee
- General Comment was adopted in April 2013



CitizenVoice AND ACTION

World Vision

One of the objectives of the General Comment is to...

empower children and communities, so that they can hold their leaders to account and demand improvements in services that have an impact on their health.




CitizenVoice AND ACTION

World Vision

The child-friendly workbook of the General Comment

was created to help children understand, according to their age and maturity, their right to health and what needs to be done to ensure they have this right.



CitizenVoice AND ACTION

Presentation: Before you get started

World Vision



Before you get started...

CitizenVoice AND ACTION

World Vision

What are human rights?

CitizenVoice AND ACTION


World Vision

What is the United Nations?

CitizenVoice AND ACTION

World Vision


World War II – 1939-1945



CitizenVoice AND ACTION

World Vision

Creation of the United Nations



CitizenVoice AND ACTION

World Vision

Universal Declaration of Human Rights - 1948

- A set of principles which Governments agreed to, which outlined the "rights" which every human being should have as a minimum, to live a life of peace and dignity.
- But how to enforce it?

CitizenVoice AND ACTION

Presentation: Before you get started (cont.)

World Vision

International Conventions

- Racism – 1965
- Civil and political Rights
- Economic, Social and Cultural Rights
- Discrimination against Women - 1979
- Torture - 1984
- Rights of the Child – 1989
- Rights of Migrants – 1990
- Protection from Enforced Disappearance - 2006
- Rights of People with Disabilities - 2006



World Vision

What is ratification?



When a Government expressly agrees to commit to the rights outlined in these treaties and tells the UN this.



World Vision

What is a General Comment?

- Detailed guidance about particular rights in the Convention
- Helpful for both Governments and civil society



Presentation: Linkages between health and child rights



World Vision

Linkages between health and child rights

CitizenVoice AND ACTION

World Vision

Why child rights?

- Needs-based and service-delivery approaches to development have failed to reduce poverty and change social structures in the last decades
- Authorities might not be sensitive to the needs of poor and other marginalized groups
- Solution: combine human rights, development and activism to obtain a more effective approach

CitizenVoice AND ACTION

World Vision

Where Public Health and Child Rights Meet

- Child Rights: *The life-course approach*

Each stage of the child's development has an impact on subsequent phases.

- Public Health: *The continuum of care*

CitizenVoice AND ACTION

World Vision

Where Public Health and Child Rights Meet

- Child Rights: *Non-discrimination*
Children in disadvantaged situations (e.g. children with disabilities)
- Public Health: *Health inequities/vulnerability*

CitizenVoice AND ACTION

World Vision

Where Public Health and Child Rights Meet

- Child Rights: *The right to be heard*
Children should be able to express their views and to have such views seriously taken into account, according to their age and maturity.
- Public Health: *Participation*

CitizenVoice AND ACTION

World Vision

Unique to Child Rights: the best interests of the child

- Individual children: based on their physical, emotional, social and educational needs, age, sex, relationship with parents and caregivers and their family and social background.
- As a group: children should be at the center of all decisions affecting their health and development

CitizenVoice AND ACTION

Presentation: Linkages between health and child rights (cont.)

World Vision

Unique to Child Rights: the right to survival and development

Obligation of States to ensure the survival, growth and development of the child, including the physical, mental, moral, spiritual and social dimensions of their development.



World Vision

A rights-based approach to child health is...

- A holistic approach that applies all child rights principles to child health policies and programmes
- This includes the criteria of availability, accessibility, acceptability and quality of services affecting child health



World Vision

A rights-based approach to child health is also about...

Establishing a framework for implementation and accountability, including:

- Legislative measures
- Governance and coordination
- Investing in child health
- Remedies



World Vision



Thank you



Presentation: Policy review and data collection conducted by children

World Vision



Policy Review and Data Collection conducted by children




CitizenVoice AND ACTION

World Vision

General Topics to be Addressed by Children

- What services are needed, how and where they are best provided
- Barriers to accessing or using services
- Quality of services and attitudes of health professionals
- How to involve children more effectively on the provision of services as peer educators



CitizenVoice AND ACTION

World Vision

Justification

- Inform children about the contents of their right to health
- Collect children's views on issues affecting their health
- Empower and mobilize children to advocate for themselves on health issues




CitizenVoice AND ACTION

World Vision

You can encourage children to:

1. Identify the issues that are relevant to their own health
2. Search for evidence on the chosen topic
3. Come up with their own recommendations on how to address the issue that was identified




CitizenVoice AND ACTION

World Vision

The Workbook can help...

Children identify specific policies/interventions that they might want to know more about and/or influence




CitizenVoice AND ACTION

World Vision



Thank you



CitizenVoice AND ACTION

Advocacy simulation exercise

A role-playing exercise in which participants are put into groups of five and assigned particular roles – child participant, government minister, adult NGO worker, among others – gives the participants the opportunity to think about their advocacy strategies and tactics. The particular subject matter should be adapted to national or local contexts.

Stakeholders

- Representative of adolescent girls (14 years old)
- Representative of children (under 18 years old)
- Representative of Ministry of Women and Children's Affairs
- Representative of Ministry of Health
- Representative of Coalition of Child Rights NGOs

Context

After three years of discussions on the need for developing and implementing a policy on the critical issues affecting the health of adolescent girls in the country, all the stakeholders mentioned above have come together to decide a way forward. On the one hand, the representatives of adolescent girls and the Coalition of Child Rights NGOs have been strongly advocating for the passing of a new and separate policy to improve the health of adolescent girls. On the other, the children's representative and the Ministry of Women and Children's Affairs representative have been advocating for the revision of an existing general policy for child and adolescent health. The Minister of Health has not expressed a position publicly and has repeatedly requested the group to come up with a joint recommendation.

Exercise

In the first 30 minutes, read the background note and discuss the particular position of your role with the other participants. Use the remaining 30 minutes to agree on a set of recommendations to be submitted to the Minister of Health. The minister is very busy and does not read documents that are longer than half a page. Please make sure the recommendations are concise and go directly to the point.

Note: This is a fictitious exercise designed to help participants develop, practice and strengthen their advocacy skills in the context of child participation and children's right to health.

Positions

(Each participant should see only his or her own position.)

Position of representative of adolescent girls (14 years old)

After participating in several meetings with children and adolescent girls in your community, you have been selected to represent adolescent girls in discussions with adults. In all previous meetings with your peers the concerns raised were violence against girls; the need to have separate and appropriate toilets for girls in schools; and health education in schools, including information on reproductive health. Try to include these issues in the recommendation to the minister. Advocate strongly for a separate budget to address the issues identified by you and your peers.

Position of representative of children (under 18 years old)

As a member of the Children's Parliament in your country, you have been asked by your peers to do something about malnutrition in the country. You have learned, along with the NGO that works closely with the Children's Parliament, that malnutrition is a result of parents', family members' and community leaders' behaviours regarding diets and breastfeeding. You don't think adolescent health needs a separate piece of policy in the country, so you would ask that the existing policy on child and adolescent health be revised to allocate more money to the priority issues identified by the Children's Parliament.

Position of representative of Ministry of Women and Children's Affairs

Given the large mandate of your ministry, you are trying to use these discussions with the Ministry of Health to revise the existing policy for child and adolescent health, which in your opinion is outdated. Your minister thinks that the development of an adolescent health policy at this point will delay the more important reforms required on the existing child and adolescent health policy. In particular, you are keen to focus on the integration of specific newborn health interventions because the most recent statistics showed neonatal mortality (death in the first year of life) still represents 60 per cent of child mortality deaths.






Position of representative of Ministry of Health

You understand all the points raised by the other participants. Your role is to achieve the best outcome for this meeting. Your minister is an experienced politician and has instructed you to accommodate all the competing interests, as this will be critical for implementation of policies and programmes on child and adolescent health in the next years. You should also let the others know that the Ministry of Health has limitations and that issues related to the school environment need to be dealt with by the Ministry of Education (not represented at the meeting).

Position of representative of Coalition of Child Rights NGOs

While your coalition of child rights NGOs is a strong supporter of child participation and has been working hard for children to be heard by decision makers, it also has started a big campaign against child marriage. You would like to see that topic addressed in a separate policy on adolescent health. You think this is the only way to get a budget allocated for this issue; otherwise the government will include it in general plans but will not implement it.

Template for reproducing the checklist

Performance indicators	AGREE The issue(s) has been carefully considered and successfully addressed 	SOMEWHAT AGREE There is some awareness about the issue(s), but not enough has been done 	UNSURE More information is needed 	SOMEWHAT DISAGREE The issue(s) has been discussed, but not addressed 	DISAGREE The issue(s) has not been considered at all 

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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity or gender.