**FACTSHEET**

**CHILD RIGHTS ANALYSIS – HEALTH MESSAGES**

**Communications DRAFT**

**Key issues:**

1. Financial issues (both for health care access and nutritional food)
2. Lack of awareness of formal health care / traditional beliefs
3. Girls and children with disabilities discriminated against
4. Cash crops
5. Not knowing how to prepare nutritional and balanced meals

**CRSA REPORT**

**BROAD FINDINGS**

* Children are not always provided with healthy meals, potentially leading to nutritional deficiency.
* Transport access to health centers is limited for some children
* Substance abuse, either by parents and/or children, commonly affects many issues related to child rights violations
* Child participation is still a challenge in many communities
* Girls and children with a disability are still discriminated against in some circumstances

**CAUSES FOR THIS**

* Awareness of existence of services is high but lack of where to go or get information is a real issue
* Parents deeply held convictions about the effectiveness of traditional remedies contributed to their lack of awareness of the importance of formal health care, which most saw as the very last resort (**ALL 13 Communities)**
* Family finance was a critical issue. 133 children out of 152 children between 12 and 17 in 9 of the 13 communities raised this as a major concern for access.
* Health care workers used to visit even remote communities but in 7 of 13 communities this is no longer done.
* Families relying on farming or with very low-incomes had insufficient money for bus fares to get to health centres, schools or social welfare.

**FINANCE AS AN ISSUE**

* “The problems identified for the interviewers included: **home frown, highly nutritious and health food being sold as a means of income rather than being consumed by the family, resulting in parents not being able to provide healthy meals; families being unemployed; and lack of economic opportunities.**
* 121 children between 12 and 17 years of age raised the issue of health food in 9 of the 13 communities. “**The children stated they did not have a choice of health food at home. Both in village and urban communities. …. This was due to healthy, home or village frown food being sold as a means of income rather than consumed by families.”**
* Opportunities for employment are lacking with most families not getting paid employment
* Irregular or no school attendance, and/or school drop out largely caused by financial reasons in 11 out of the 13 communities.

**LACK OF UNDERSTANDING IN CAREGIVERS, PARENTS, COMMUNITY LEADERS**

* **Not knowing how to prepare healthy meals**
* Not having the cash to buy the appropriate food to provide these meals
* Undervaluing the importance of formal health care
* Placing disproportionate emphasis on culture and socially constructed norms relations to sexual and reproductive health, responsible parenting, corporal punishment (including sexual and physical abuse) and the value of education.
* “Parents not knowing or understanding the importance of: preparing nutritious meals: formal health care: issues like the potentially negative impact of cultural and socially contributed norms; sexual and reproductive health, responsible parenting, lack of parental support and understanding the value of education”.

**Recommendations**

**6.4** Peripatetic health care should be reintroduced or strengthened where it already operates.

**6.5** Agencies providing information should repeat its distribution at regular intervals until they have evidence that is reliably and formally embedded in communities’ knowledge base, along side an understand of how to act on it

**6.12** Managing on low budgets should be included alongside the ‘good parenting’ skills taught in schools

**6.14** good parenting, especially on corporal punishment and nutritional standards need behaviour change. Multi-agency sponsored and supported to reflect the holistic approach in relation to CRC.

* **Health (Ilana Burgess Summary)**
	+ Children are not provided with healthy meals, leading to nutritional deficiency. Three communities stated that also the lack of family planning, which meant larger families, lead to the lack of unhealthy meals.
	+ Healthy food being sold for income generation – parents selling cash crops to fundraise for traditional events such as ‘soli’ requirements by the Church. For example, 121 children between 12 and 17 years old in 9 out of 13 communities, 18-30 year olds and parents from 11 out of 13 communities raised this issue of healthy food. 11 out of 13 communities in village and informal communities were not making healthy meals a priority for their children. This issue of healthy food was raised by 121 children in the 12 to 17 age group, in 9 out of 13 communities and by 18 to 30 year olds and parents from 11 out of the 13 communities.
	+ Having lack of access to health centres is caused by lack of access to transportation (for some children). Also lack of awareness amongst importance of health care for children, leads to parents not taking action earlier.
	+ Vulnerability of children with disabilities – all thirteen communities stated this concern.