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Children Health & Rights Program

This is the Annual Impact Report of the **Children Health & Rights Program**, written by Erva Nur Cinar for the term of 2017-2018 submitted on 1st July for the 67th General Assembly, August Meeting 2018.

Summary of Report:

This report represents an Children Health & Rights Impact Report for the term of 2017-2018 and it represents also all the activities enrolled and reported in the Children Health & Rights Program, it is a compilation of the NMO efforts in the field of Children Health & Rights.

The report is including the impact of the Program for this term with the conclusion and recommendations for the next terms. It shows and measures the impact of 37 enrolled and reported activities during the last term.



Introduction to the Children Health & Rights Program

The Children Health and Rights Program focuses on ensuring accessible healthcare for children, enhancing their overall wellbeing and protecting children's rights. It is a Program that embraces all activities organized worldwide, with the main goal to increase competencies of medical students on the topics of children's health and rights, consequently creating better conditions for children. The Program addresses medical students action directed at a target group, rather than a topic, subsequently addressing a wide range of topics relating to children's health and children's rights.

Focus Areas

The Children Health and Rights program includes, but is not limited to:

- Mental health
- The dangers of substance abuse
- Healthy habits (physical activity, healthy eating, hygiene, etc)
- Early childhood diseases (pneumonia, malnutrition, diarrhoea, etc)
- Early childhood vaccines and preventable diseases
- Children's Rights (in general)
- Children's Rights, with emphasis on the right to health and access to healthcare
- services, the right to education, non-violence & non-discrimination

Target group and beneficiaries

Target group;

- Children: the core of this program, and a population that needs special consideration because childhood is a unique moment of development especially vulnerable to any kind of wrongdoing.
- Medical students: as a future health professionals who will take care of children in need of medical attention, and fresh voices in advocacy for child's rights.
- Parents, legal guardians: representing primary environment of children.
- Teachers: to educate children on their rights and health.
- Local and national authorities: to act towards implementing children's rights.
- International organizations: to work together on preserving childhoods in every region.
- Policy makers, institutions: to work together with medical students in developing strategic and action plans.

Beneficiaries

- Medical students: to be equipped to advocate for children's health and rights, and educate children and their communities. Furthermore, as future medical professionals will better understand how to address children health and rights issues as leaders of communities.
- Children: to be healthy and in full enjoyment of their rights in order to reach their full potential.
- Government: health of the children directly correlates with socio-economical status of country in the long run

Goals

- Establish structures in which medical students can learn about children's health and rights and play a crucial role in advocacy in this area.
- Create well informed communities, with the ability to apply and protect children's rights.
- Create services that ensure accessible healthcare to children and adolescents.

Impacts of the Children Health & Rights Program

The IFMSA Program structure is a system which is used to measure the impact of IFMSA and the activities of our members in specific areas. This section highlights basic activities statistics; program impact; activity enrolment and report form highlights; and other IFMSA activities on the topic.

There have been **37 activities enrolled** in the time period June 16th 2017 - June 15th 2018. **27 activities of this term reported by activity coordinators until 15th of June.**

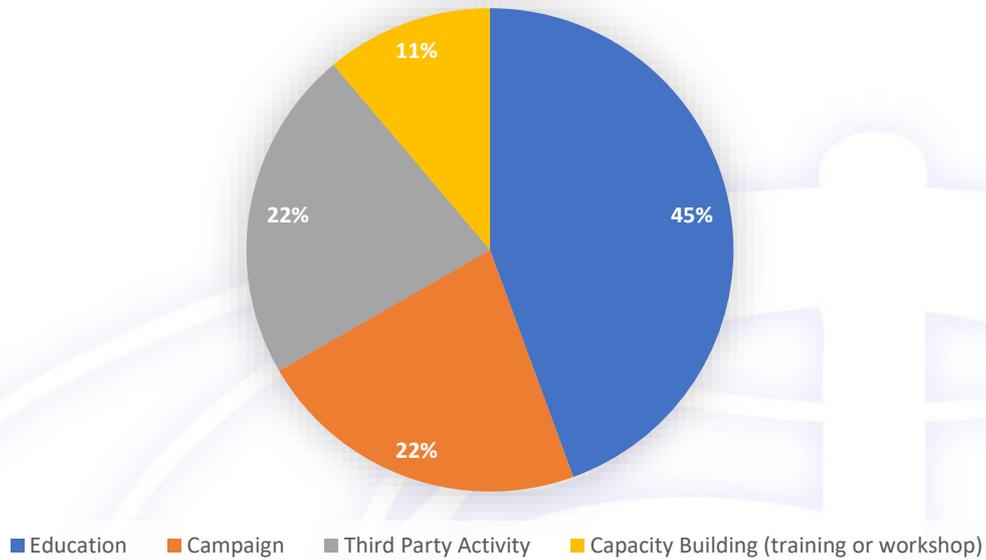
This Impact Report is including the data of the reported activities in order to reach the real data and to measure the effect of the activities correctly.



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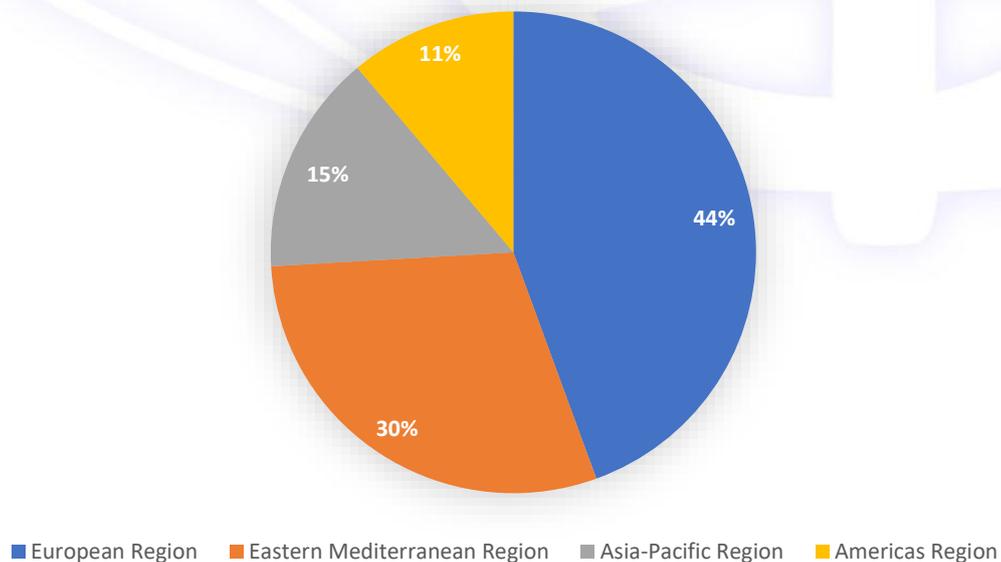
Distribution According to Activity type:



IFMSA activities generally focusing on the activity types like research, campaign, Project, training, workshop etc.

This term, the Children Health and Rights Program has **27 activities reported** in 4 activity types. Education is implemented in **12 activities**, campaign and third part activity are in **6 activities**, capacity building is in **3 activities**.

Distribution According to Region:





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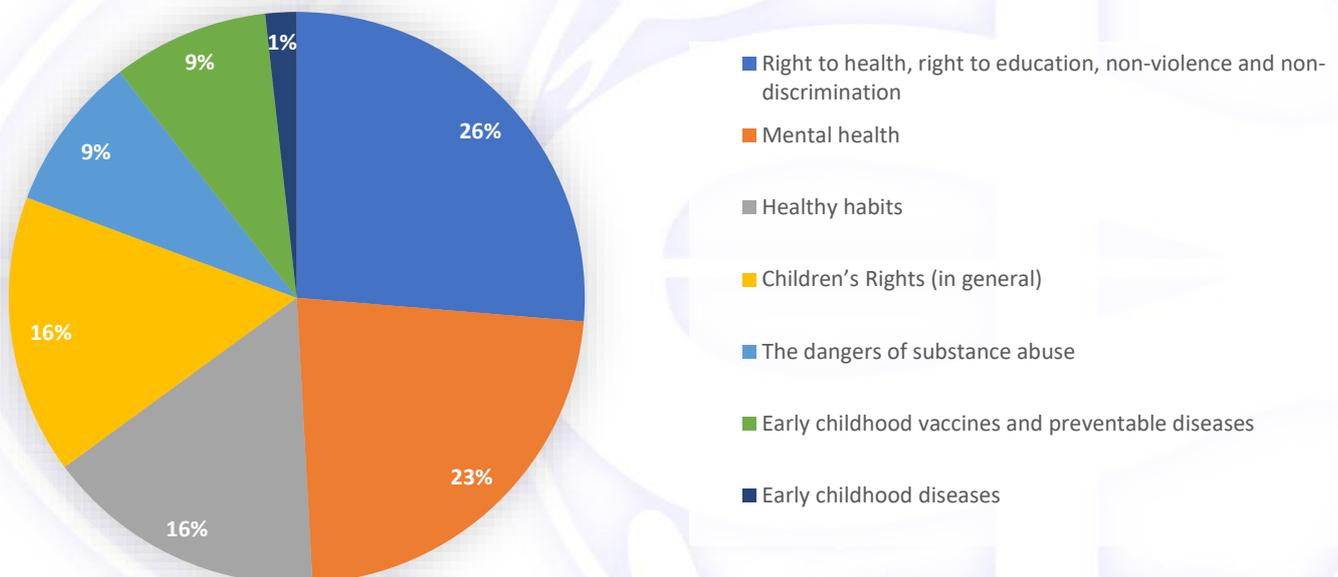
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As you can see with the graph, almost every region is active in the area of the program except African Region. I think every region of IFMSA is working on the topic but we don't have any enrolment from African Region for this term to show in the Impact Report Data.

The European Region has **12 activities** for this term. And it has also the biggest rate among the all regions of IFMSA.

And also, EMR has **8 activities**, Asia Pacific Region has **4 activities**, Americas Region has **3 activities** for this term.

Distribution According to Program Focus Area:



The data shows, the activities are mostly focusing on children's right to health, education without discrimination, children's mental health and children's healthy habits.

For this term, we have;

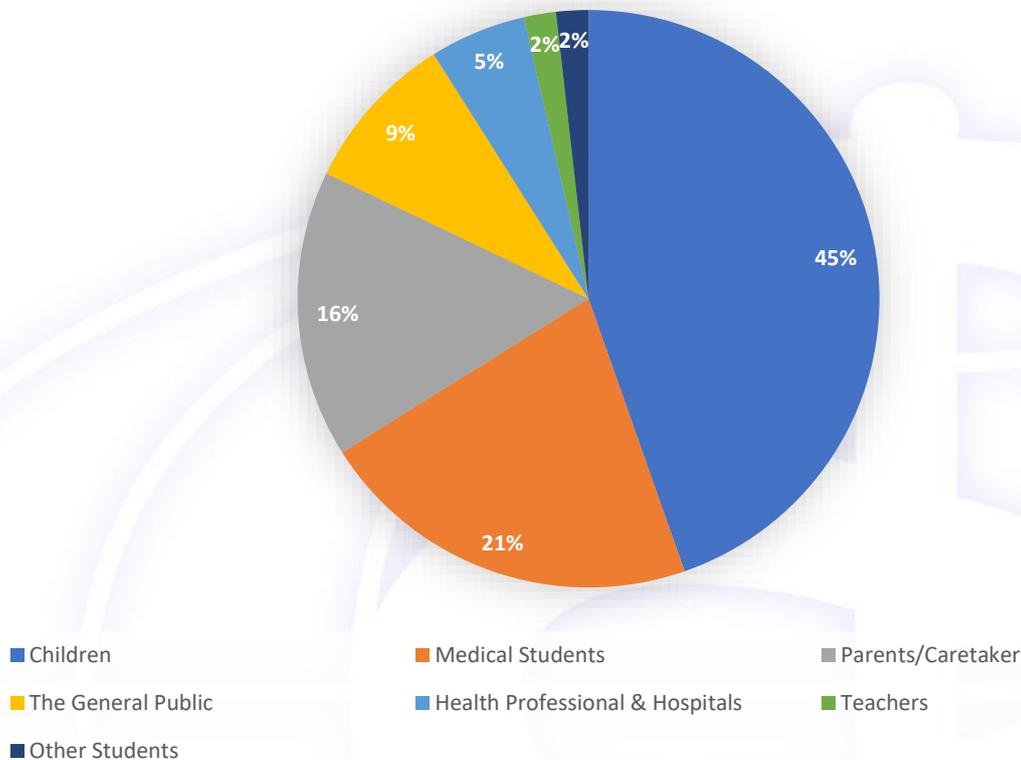
- **15 activities** focused on children's rights, with emphasis on the right to health and access to healthcare services, the right to education, non-violence & non-discrimination,
- **13 activities** focused on mental health,
- **9 activities** on healthy habits,
- **9 activities** on general rights for children,
- **5 activities** on the dangers of substance abuse,
- **5 activities** on early childhood vaccines and preventable diseases
- **1 activity** on early childhood diseases (pneumonia, malnutrition, diarrhoea, etc).



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Distribution According to Target Groups and Beneficiars:



Some of the specific data from the activities enrolled:

- Another Brick in the Wall (IFMSA Morocco): 80 childrens directly impacted and contacted by this Project.
- Their Fight Story (leSouk Algeria): 250 people in all categories atended to the event.
- Teddy Bear Hospital (IFMSA-Netherland): 1265 students participated and 6915 children participated in total.
- Orphanage Health Day (LeMSIC): the activity reached out 370 student participants.
- Little Doctors (FASMR): 30 schools, 45 teachers, 4750 children aged 7 to 11 years old were involved in the activity.

Evaluation

100% of the enrolled activities evaluate their activities. In the enrolled activities there are different methods of evaluations used, including self-evaluation through forms (non-/anonymous; pre/postevaluation, etc), direct feedback, directed at the target group or those executing the activity, etc.



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Other IFMSA Activity on the Topic:

MSI Articles: There were approximately 7 articles in MSI37 and 7 articles in MSI36 addressing topics relating to children.

Sessions in General Assemblies:

- MM18: Human Trafficking and Child Labor, Modern Slavery: Focus on Migrant and Children Rights
- AM17: Children Health and Rights

Policy Documents: Abolishing Female Genital Mutilation (proposed for AM18)

Conclusion and Recommendations:

During this year, 21 NMOs from 4 regions enrolled their activities. I would like to thank and congratulate all activity coordinators for their efforts and great activities. The activities of this year really helped to increase programs impact.

I believe that it is important to remember the IFMSA Programs main goals. The IFMSA Program structure is a system which is used to measure the impact of IFMSA and the activities of our members in specific areas. IFMSA Programs also serve as a network between NMOs activities including them on a bigger picture corresponding to the role of IFMSA as a network of NMOs. For this purpose that we mentioned in the definition of the IFMSA Programs, I think we should use the data that we created through IFMSA Programs to provide communication between activity coordinators. I think, developing our events by learning from each other is just as important as creating data from them. Therefore, during this term I tried to give priority for communication with the activity coordinators who have similar activities on children health & rights issues. I believe that this communication should be stronger with new ideas and improving methods in every year.

There is one thing I would like to add to this part from the previous Impact Reports of my Program. As Program Coordinators and Programs Team members, we are striving to support in all areas our activities by writing articles for MSIs and newsletters, proposing policy documents and advocacy. But I believe the same thing that mentioned in the previous terms reports. We should include the outcomes from these impacts of Programs into more concrete data.

The power and potential of the IFMSA Programs really important to make IFMSA better. I believe that we will improve the data and IFMSA structures with more effort.



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Photos From Some of the Activities:



Little Doctors (FASMR – Romania)



Teddy Bear Hospital (SlOMSIC)



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Trisomy 21 (IFMSA Morocco)



Health and Vaccination (BoHeMSA)