

Millennium Development Goals

Millennium Development Goal 4 – To reduce child mortality

Information and activities



Target – Reduce the under-five mortality rate by two-thirds between 1990 and 2015. Worldwide, more than ten million children die each year before they reach the age of five, almost all of them in developing countries.* Most of these deaths could be prevented by clean water, sanitation, good food and health care. In developing countries, as many as one child in ten dies before the age of five.

If we are to prevent this waste of human life, we need to distribute the world's resources more equitably, and to ensure that people have clean water, affordable health care and education. Vaccination programmes would also help prevent illnesses such as measles. The world has the knowledge and resources to achieve these targets. We just need to persuade politicians to keep their promises.

*90 per cent of worldwide under-five deaths occur in just 42 countries. (State of the World's Children, UNICEF 2005)

Activities for this goal include

Looking after babies

Younger pupils think about what babies need before they tackle the subject of infant mortality.

Why are some children more at risk than others?

Pupils make posters to show how many children around the world are dying and how this situation could be prevented.

Measles mystery

Why do people in developing countries die from measles? Pupils examine statements about measles in order to try and draw some conclusions.

Millennium Development Goal 4 – To reduce child mortality

Target – Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Worldwide, more than ten million children die before their fifth birthday every year, mostly from preventable causes. Sub-Saharan Africa continues to have the highest under-five mortality rate, at 166 per thousand live births in 2005, although this figure has fallen from 185 per thousand live births in 1990. However, in some individual countries in Africa and elsewhere the rate is even higher; for example, in Sierra Leone, Angola, Niger and Afghanistan a quarter of children die before their fifth birthday.

Child mortality is closely related to poverty. In low-income countries, many children die from diseases, or from a combination of disease and under-nourishment, that could be prevented if they had access to basic, affordable local healthcare. Common diseases involved include respiratory illnesses, diarrhoea, malaria and measles – one of the leading preventable causes of child death. **Based on WHO estimates around 150,000 deaths now occur in low-income countries each year due to climate change from four climate-sensitive health outcomes – crop failure and malnutrition, diarrhoeal disease, malaria and flooding. Almost 85% of these excess deaths are in young children.**¹ Between 2000 and 2005 deaths by measles fell by over 60 per cent globally, and by 75 per cent in Africa. This achievement is mainly the result of improved immunisation coverage and public health campaigns; the latter have also become a channel for other life-saving interventions, for example mosquito nets to protect against malaria.

If we are to prevent this waste of human life, we need to ensure that governments can provide healthcare for their citizens. Rich countries can help bring this about by cancelling debt and providing reliable long-term aid to poorer countries. The world has the knowledge and resources to achieve this. We just need to persuade politicians to keep their promises.

http://www.who.int/mediacentre/news/notes/2009/climate_change_20090311¹

A child's life in Burkina Faso

This poster shows proud father, Assaguid Ag Iddayahagh, holding his baby son, Ashafek. Assaguid is a herder and farmer from the remote village of Zigberi in Burkina Faso, near the Sahara desert. He has high hopes for his son.



Nearly 20 per cent of Burkinabé children die before the age of five. Burkina Faso is the fourth-poorest country in the world according to the United Nations, and 72 per cent of people live on less than two dollars a day. Young children's chances of survival are threatened by food shortages and a lack of basic sanitation, as well as by illnesses such as diarrhoea, measles and malaria. These causes of death are preventable; however, with only five doctors for every 1,000 people, there is not enough basic healthcare, and many people cannot afford what care there is. Medicines, too, are unaffordable when people have to pay for food, education and all the other necessities of life. The government spends ten per cent of its budget on healthcare, but more is needed if lives are to be saved. A senior government figure recently said 'For a long time ... we were made to believe that you had to develop the economy before the healthcare system. But without health, people can't prosper.'

Rich countries must give more aid so that children such as Ashafek can survive and live full and healthy lives.

Looking after babies

Injections to protect against illnesses	Warmth
Clean water	Mothers who have been to school
Doctors and hospitals nearby	More midwives and birth attendants
Breast milk	
Toys to play with	

Activity 4.1

Aim

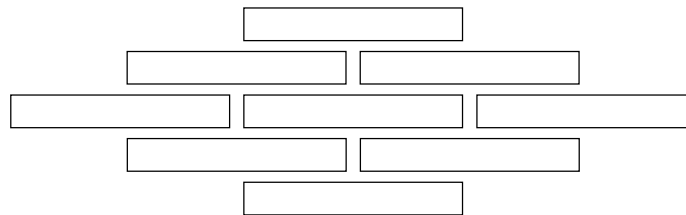
- To get pupils to reflect on the needs of babies (before they think about babies in different countries).

You will need

- The Looking after babies points on page 3 – one set for each pair of pupils
- Scissors for them to cut these up

Looking after babies (ages 7–14)

- In pairs, ask pupils to think of and list the many ways in which we care for babies. They should think about all the things that babies need.
- Collate their lists and produce a class list, ensuring the points listed on page 1 under *Looking after babies are included*. Use this for discussion.
- Ask them to work in pairs again, and give each pair one copy of the Looking after babies points. They should write their own ideas into the blank spaces, then cut the sheet up so that each point is on a separate piece of paper. Ask them to order all the points according to how important they think they are for looking after babies. They could use normal ranking or diamond ranking.



Activity 4.2

Aims

- To inform pupils about the under-five mortality rate and the reasons for it.
- To show them that this is preventable.

You will need

- Paper and materials for making posters
- Poster 4 displayed (optional)

Why are some children at more risk than others? (ages 7–14)

Note: This activity follows on from Activity 4.1.

- If pupils have done the Activity 4.1, go over some of the things they came up with that babies need. What would happen if babies did not have those things?
- Tell them that in many countries, babies and young children do not have what they need, and that consequently many children die. Give them some of all of the following statistics:
 - More than 10 million children under the age of five die each year.
 - In developing countries, one out of every 12 children dies before the age of five.
 - In the UK, only one child in every 166 dies before the age of five.
- Ask them what they think would be needed to prevent these deaths. After they have given some suggestions, tell them that some very basic things would save a lot of lives. If all these children had good food and clean water, many deaths could be prevented. If they had good medical treatment and vaccinations even more deaths could be prevented.
- Remind pupils (perhaps by showing them the poster) that the aim of the fourth UN Millennium Development Goal is to reduce the number of babies and young children who die. Ask pupils to make posters showing some of the statistics and some of the solutions to this problem.

Activity 4.3

Water and health (ages 11–14)

Aims

- To help pupils to learn about the connection between clean water and infant health worldwide.

You will need

- To know how many pupils there are in the school and to have worked out how many 14.2 per cent of this total would be
- Materials for making posters
- Photocopies of *World water facts* on page 4

- Ask the class how many pupils there are in the school, then ask if any of them can work out how many pupils would constitute 14.2 per cent of this total. Tell them that the under-five mortality rate in the world's poorest countries is 14.2 per cent.* This means that the same proportion of children they have just calculated for their school would die by the age of five in those countries. Are they surprised?
- Go on to use the information in *World water facts* on page 4 to show that access to clean water plays a key role in infant health. Read each of the quotations and encourage pupils to comment and ask questions.
- Use the information as a basis for pupils to produce posters which explain to others how important it is that we continue to work to improve access to clean water for everyone in the world. (You could point out that things have been improving already, but that improvements need to continue – this work could be linked with tasks in Poster 7.)

* This figure refers to the world's least-developed countries, as defined by UNICEF. Water and health (ages 11–14)

World water facts

If everyone had access to clean water, much of the disease in the world could be prevented. Every day nearly 5,000 people die from diseases like diarrhoea which are carried by dirty water. It is much more difficult to stay clean and healthy when safe water is scarce and has to be carried over long distances.'

Diarrhoea kills 1.8 million children under five every year, but most cases could easily be prevented or treated.

1.1 billion people do not have access to clean water. 2.6 billion people have no toilet or latrine nearby.

'Once we can secure access to clean water and to adequate sanitation facilities for all people, irrespective of the difference in their living conditions, a huge battle against all kinds of diseases will be won.'

Dr Lee Jong-Wook, Director-General of the World Health Organization.

Infant mortality (under-5s) 2006 1960

World	7.2%	19.6%
Industrialised countries	0.6%	3.9%
Developing countries	7.9%	22.2%
Least-developed countries	14.2%	27.8%

(*State of the World's Children*, UNICEF 2006)

In Northeast Brazil, Oxfam is supporting local partner organisations to help communities living in this harsh and drought-prone region gain access to safe and clean water. Infant mortality in the region is high, often caused by diarrhoea or cholera that is due to a lack of clean water. Children are most vulnerable to diseases spread in water.

Oxfam GB has supported the construction of cisterns and other water-related devices in the region for more than 14 years, providing financial and technical support to partners. Oxfam has supported local partners to develop cisterns. These are water tanks designed to collect rainfall from house roofs using gutters to channel the water from the roof into the cistern. It enables a household to store the water collected during the rainy season and keep the water clean.

Francenilson Alues Pereira, can now pump water from a cistern constructed with Oxfam's support in March 2005. The health of his family has improved. We now have clean water whether there is rain or not. Life is better now'.



Activity 4.4

Aim

- To encourage pupils to think about gender and education in the UK.

Measles mystery (ages 11–14)

1. Give each group an envelope with the cut-up statements inside and the key question that they must answer written on the envelope. The question is 'In the UK, children do not die from measles. Why then do children in developing countries die from this illness?' Ask the groups to lay out all the statements in any order. Check if there are any words that need explaining.
2. Explain to the groups that they are going to become detectives and use the statements to come up with an answer to the key question. There is not a right order or a right answer. Tell them that sorting the statements is important but that they need to keep looking at the links between statements. As detectives, they must come up with the most convincing explanation using the evidence plus any other knowledge of the issue. They should give as much detail as they can.
3. As the groups work, check that they are manipulating the information effectively, and give guidance if necessary.
4. Ask each group to report back to the class on their answer to the mystery, giving their reasons. Discuss their findings. Ask if anything surprised them about the information about measles.

Further work

Use the information in the statements to produce posters/ leaflets or a drama to inform others in your school about the dangers of measles and how the disease could be overcome. You could organize a lunch time club to take some of the actions suggested on page 7.

Oxfam is committed to providing the best possible support to schools and youth groups and we wish to assess the impact of our work with young people.

Please use the slip below to tell us about your MDG lessons and projects or e-mail us at education@oxfam.org.uk

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Name of Teacher:

Age of pupils:

Name & Address of School:

Description of MDG learning:

Postcode:

Please return this slip to:

Email*

**Oxfam Youth & Schools Team
Oxfam House
John Smith Drive
Oxford OX4 2JY**

Number of pupils taught about the MDGs:

*Please provide your email address to receive messages from us about our projects and activities. You can unsubscribe at any time.

We would like to keep you informed about our projects and activities. However, if you'd rather not receive such information, please either email us at changes@oxfam.org.uk, phone 0300 200 1300 or write to Supporter Relations, Oxfam House, John Smith Drive, Oxford OX4 2JY

Statements – The measles mystery

1. 'We want to prevent the disease rather than treat it. Children who get measles in Africa have a good chance of dying from it, because we do not always have the right kind of medicine and poor people can't pay for it.'
Dr. Makumbi, Director of Uganda National Expanded Programme of Immunisation

2. Measles is a highly infectious disease. It is carried in the air, and can spread quickly, especially in crowded places. If vaccinations were stopped, it is estimated that 2.7 million measles deaths could be expected worldwide each year.

3. Children often get measles when they are very young.

4. Measles itself does not kill children. Instead, measles weakens the system in the body that fights germs and disease. This means that the child can't fight against the huge range of diseases that thrive in poor living conditions.

5. Measles can be treated, but the medicines to treat it are expensive.

6. It is difficult to recognise the symptoms of measles in children who live in poor conditions, as they often have many health problems.

7. A safe, effective and inexpensive measles vaccine has been available for over 40 years. It costs less than 60p per child to vaccinate against measles, which includes the vaccine and other costs such as equipment, transport and nurses.

8. The World Health Organisation and UNICEF reduce measles deaths by having regular programmes where vaccination teams visit all areas of a country (even the most remote) to vaccinate very young children against measles. These programmes prevent one million measles deaths a year.

9. Only half the children in the developing world have access to clean drinking water, and even fewer have access to adequate toilets and drainage.

10. In the countries of Africa that are south of the Sahara desert (sub-Saharan Africa), only about 50 per cent of children are immunised during their first year of life.

11. Vaccines are effective. Apart from providing safe drinking water, no other health measure is as effective as immunisation in reducing disease and death rates.

12. In the UK the MMR triple vaccine against measles, mumps and rubella is offered to all children.

13. Before the 19th century measles killed large numbers of people in Britain.

14. Transnational drug companies hold the rights to 90 per cent of medicines because they have patented them. This means that other companies are not allowed to produce cheaper versions of these medicines, and so poor people can't afford them.

Reducing child mortality in India

In 2003 a Sick Newborn Care Unit (SNCU), a ten-bed unit in Purulia district hospital, was launched with DFID support. Since then, Purulia has seen a steady decline in newborn deaths, with neonatal deaths at the unit cut by 30 per cent in the last two years alone.

Inspired by this success, West Bengal's state government introduced the SNCU model to six other districts afflicted by poverty and poor health. The care units have state-of-the-art facilities able to maintain sick children at a temperature of 36 degrees celsius while providing a regular supply of oxygen.

In Birbhum, one of the poorest districts of the region, since 2007 more than 1,500 seriously ill babies have used the local unit, with a survival rate of 75 per cent. Infant deaths have been reduced in all six of the districts, and motivation amongst health service providers has improved as a consequence. The credibility of government health institutions over private clinics has also been boosted.

- DFID supports the reduction of maternal and child mortality through the government of India's National Reproductive and Child Health Programme, providing £252 million from 2006-11. The Sick Newborn Care Units are funded through this programme.

At present about 141 SNCUs are functioning in poor states like Orissa, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Assam, Uttar Pradesh, and Jammu and Kashmir.

www.cgdev.org/section/initiatives/active/millionssaved/studies/case_8

How To Take Action

Success stories like the one above have come about through partnerships between donor countries, like the UK, and developing countries, like India.

DFID was created in 1997 as a separate government department - the Department for International Development - to meet the many challenges of tackling world poverty. It is DFID's job to make sure every pound of British aid works its hardest to help the world's poor.

To ensure our government continues to support projects like this campaigning NGOs like Oxfam take actions to remind those in power of promises they have made. Here are some suggestions of things pupils could do to support projects like this.

Actions

- Interview a health worker and compare what they say about health care in the UK with what you have learnt, ask them what they think should change.
- Write a letter to your local paper about the issues you have just learnt about. There is a "persuasive writing frame" here: www.oxfam.org.uk/education/resources/change_the_world_in_eight_steps/MDG_1
- Deliver a bottle of clean water to a politician with tag along the lines of "life saving"

Fundraisers

- Enter fun run as babies (in nappies) and big signs with the message about MDG 4 and get people to sponsor you.
- Take your old toys into your nearest Oxfam shop

NB Please remember to pass on stories of any actions you or your pupils take. education@oxfam.org.uk

For more resources on reducing Child mortality try:

www.oxfam.org.uk/education/resources/water_for_all