

MDG Progress Report 2013: Goal 4 To reduce child mortality



Progress to date	
Target	Reduce the under-five mortality rate by two-thirds between 1990 and 2015.
Summary	<p>Progress has been made in tackling death amongst children. The number of deaths amongst the under-fives has fallen by more than 4.4 million globally between 1990 and 2010.</p> <p>However, there is still more that needs to be done, especially amongst the very youngest, i.e. babies under one month old. More than 7 million under 5s still die every year. Progress has not been quick enough to reach the target.</p>

Considerable progress has been made in reducing **under-five mortality** since 1990. In developing regions the mortality rate declined by 35 per cent, from 97 deaths per 1,000 live births in 1990 to 63 in 2010. Despite population growth, the number of under-five deaths worldwide fell from more than 12 million in 1990 to 7.6 million in 2010.

Five of nine developing regions show reductions of more than 50 per cent in under-five mortality from 1990 to 2010. Northern Africa already has achieved the MDG 4 target, bringing down the child mortality rate by 67 per cent, and Eastern Asia is close, with a 63 per cent decline. Sub-Saharan Africa and Oceania have achieved reductions of only around 30 per cent, less than half of what is required to reach the target. Southern Asia is also falling behind with a decline in the child mortality rate of 44 per cent between 1990 and 2010—insufficient to reach the two-thirds reduction by 2015.

Progress in **LEDCs** as a whole has quickened. Sub-Saharan Africa, the region with the highest level of under-five mortality, has doubled its average rate of reduction, from 1.2 per cent a year between 1990 and 2000 to 2.4 per cent between 2000 and 2010.

Source: Millennium Development Goals Report 2012 (<http://www.un.org/en/development/desa/publications/mdg-report-2012.html>)

CASE STUDY 1

A young boy waits in line for cash distributions, Mata'a village, Yemen

This picture shows a young boy waiting in line for cash distributions in Mata'a village, Yemen in March 2012. Families like his are facing a severe crisis due to widespread drought and rising food prices.

This led to a severe humanitarian crisis, widespread hunger and **chronic malnutrition**. Tens of thousands of families were displaced, having to move to live in schools and temporary camps without proper housing, water or **sanitation** facilities. This resulted in many children becoming underweight and at serious risk of disease.



One of the big problems is that without enough water and **sanitation** facilities, the risk of disease is increased, particularly for young children. This is made worse by **malnutrition**, which weakens young children and makes them more at risk from diseases such as diarrhoea and cholera.

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While doctors advise families to eat better, many can only afford to eat twice a day and normally a meal consists of bread and tea. Price rises have hit hard and the family has to buy food on credit to survive.

Source: Oxfam



Photo to be shown to pupils before case study 2.

<p>CASE STUDY 2</p>	<p>Women carrying out hygiene awareness training</p>
<p>This picture shows women participating in hygiene awareness training, in the district of Al-Sukhana, Yemen, in March 2012.</p> <p>This training helps to improve the hygiene practices of the beneficiary communities. This helps to reduce illness, which reduces malnutrition, especially of young children, because people are able to eat and digest food properly.</p> <p>It includes how to wash hands thoroughly, use soap and ensure people are aware of the risks of poor hygiene, particularly for children. The training explains that disease is more likely to spread where there are few proper water and sanitation facilities and people live in close proximity.</p> <p>Organisations such as Oxfam help to deliver such training in response to rising hunger levels. They also distribute cash grants to families to help them buy food and increase levels of nutrition, to help protect against hunger and disease, particularly in children.</p> <p>Families returning to their homes to rebuild their livelihoods were provided with goats and fodder, and basic entrepreneurial skills so they can begin new lives.</p> <p>Source: Oxfam</p>	



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ACTIVITY

Aim	To encourage pupils to think about why so many young children still die in low income countries.
You will need	The progress update, case study 1 and case study 2. Words that are in bold are defined in the glossary.
Title	What puts children at risk?
Age	11-14
Task/s	<ul style="list-style-type: none"> • Let pupils look at the progress update for MDG4. Are they surprised at the number of under 5s who still die annually? Do they think progress is enough? What are the reasons for under 5 mortality? • If they were to give MDG4 a <i>traffic light</i> colour, what would it be? <ul style="list-style-type: none"> ○ Red (way off) ○ Amber (mixed progress) ○ Green (good progress) • Let them read case study 1 from Yemen. What factors make the boy in the picture at risk from disease? Why is hunger an important factor for disease? Are the problems interlinked? (e.g. drought, hunger, water, hygiene). • What do pupils think can be done? • Show pupils the image from case study 2. Ask them what they think is happening? You could use the 5 W's: <ol style="list-style-type: none"> 1. When do you think the photograph might have been taken? 2. Where do you think the photograph was taken? 3. What is happening? 4. Why is it needed? 5. Who might benefit from it? • Let pupils read case study 2 to see if they were right. Why do they think hygiene promotion is so important in this sort of situation? How could it protect children? Are they surprised that so much focus is put on this? • What else, apart from hygiene promotion is needed?

FURTHER WORK

Age	11-14
Task/s	<p>Encourage pupils to think about why many more young children die in LEDCs, particularly regions like sub-Saharan Africa, than in MEDCs, such as the UK.</p> <p>Points for discussion:</p> <ul style="list-style-type: none"> • Why is it particularly children who are put at risk when there are shocks like drought, flooding or earthquakes? • What things are needed to help communities, and children, to be prepared for such shocks (for example having proper public services like hospitals and schools)? Would this be better than helping them afterwards? • What obstacles might need to be overcome for these measures to be successful? • Who needs to act to enable this? What will persuade them? • Do pupils think it is fair that some children are exposed to such risks? • Would pupils change or amend this MDG?

Glossary of terms

LEDCs: Less Economically Developed Countries.

Malnutrition: A condition which happens when a person does not eat enough food, or enough of the right sorts of food. Malnourished people are more vulnerable to infection and disease.

Children who suffer from **chronic malnutrition** fail to grow to their full genetic potential. The main symptom of this is stunting - shortness in height compared to others of the same age group

MEDCs: More Economically Developed Countries.

Sanitation: The provision of facilities and services for the safe disposal of human urine and faeces.

Under-five mortality rate: The probability of a child born in a specific year or period dying before reaching the age of five.