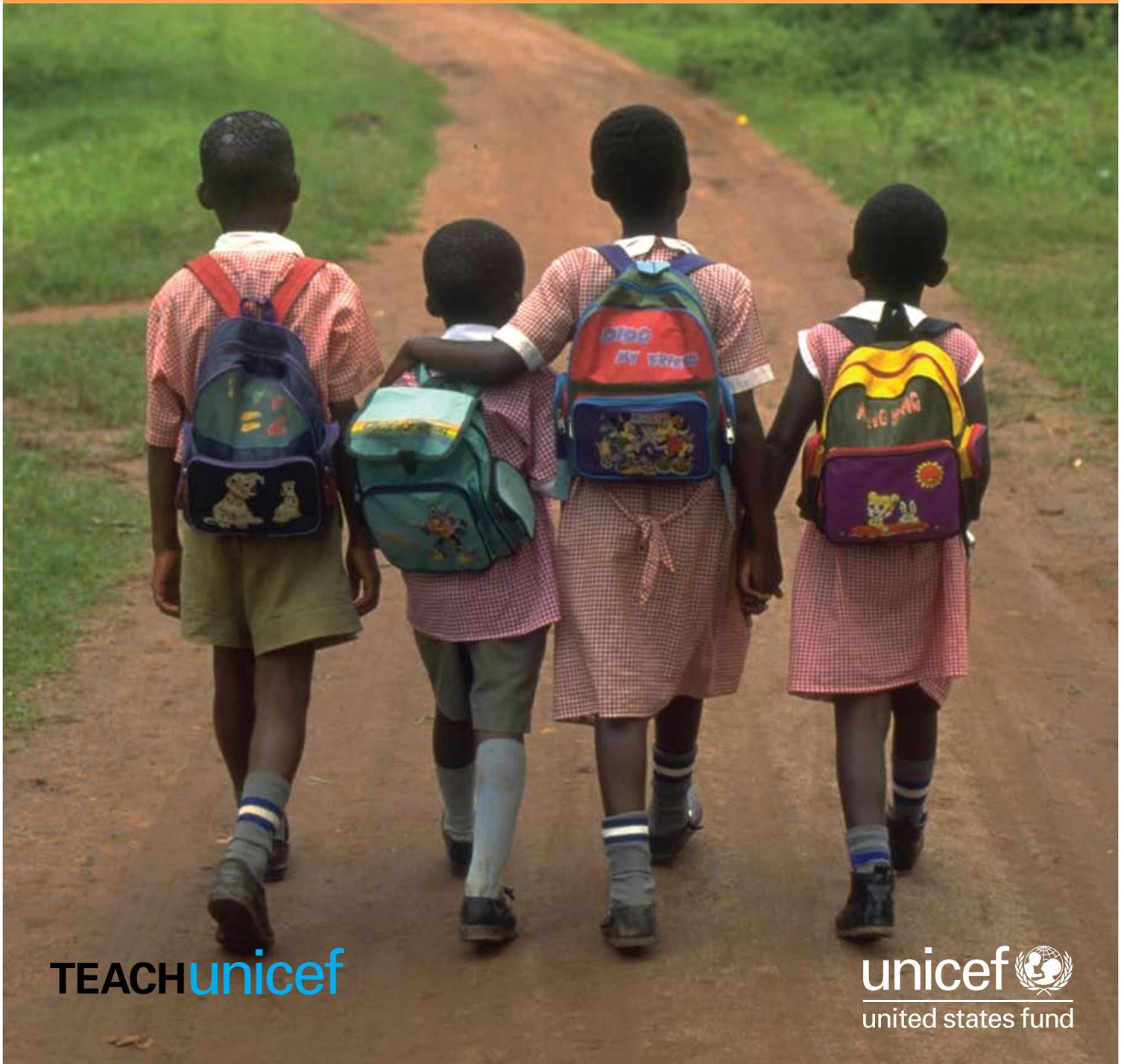


Educator's Guide
High School

Child Survival: A Global Challenge

U.S. Fund for UNICEF Youth Report
The State of the World's Children 2008



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Educator's Guide High School

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Developed with the generous
support of the National
Education Association.

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Welcome!

Welcome to TeachUNICEF's *Educator's Guide to CHILD SURVIVAL: A GLOBAL CHALLENGE*. This Guide has been designed for high school educators and accompanies the *U.S. Fund for UNICEF Youth Report, The State of the World's Children 2008*. As you and your students explore the issues presented in this guide, we hope you will be encouraged and inspired. Encouraged because much has been achieved in helping children survive and thrive. Inspired because there is still much to be done, and everyone can contribute.

Each year, UNICEF publishes *The State of the World's Children (SOWC)*, a detailed report on worldwide conditions that affect children. Each year the *SOWC* report examines a significant issue; the focus for the 2008 edition is keeping children healthy during their first five years of life. Around the world, policy makers, educators, and relief workers rely on the *SOWC*. They pay attention when UNICEF speaks, because it is the world's leading humanitarian agency for children.

Child Survival: A Global Challenge is the first *SOWC* report ever adapted specifically for youth. *Child Survival: A Global Challenge* is the newest addition to TeachUNICEF's global educational program supported by the U.S. Fund for UNICEF. A PDF of the *Youth Report* can be downloaded at www.teachunicef.org.

The *U.S. Fund for UNICEF Youth Report* describes both the challenges and successes of child survival efforts. In 2006, for the first time in recent history, the number of children dying before their fifth birthday was less than 10 million a year. This represents a 60 percent reduction in child deaths since 1960.

The challenge still exists today. Every day, on average, more than 26,000 children under five die, most of them from preventable causes, which means that most of their lives could have been saved.

Child Survival: A Global Challenge helps students to analyze:

- What has been achieved;
- What has been learned;
- What actions are being taken at the community, national, and global levels.

Online Resources

To view the full *SOWC* and learn more about UNICEF, go to <http://www.unicef.org/sowc08/docs/sowc08.pdf>.

You can learn what young people say about child survival on UNICEF's Voice of Youth website at http://www.unicef.org/voy/explore/sowc/explore_4103.html.

National/State Standards and Interdisciplinary Connections

TeachUNICEF lesson plans are designed in line with National Standards. For more detail, refer to the National Standards section at the end of each unit. Using the National Standards alignment as a guide, TeachUNICEF lesson plans can be aligned to State Standards, which can be found online at www.educationworld.com/standards/ (scroll down to “State Standards”). General suggestions for Interdisciplinary Connections assignments and activities are included in this unit.

Service Learning Projects

Regardless of their range and scope, the best service learning projects are those developed and initiated by students themselves. They can last an afternoon, a weekend, a week, a month—depending on the goals students set. They can be done on an individual basis, in pairs, or in small groups—in some cases, the projects may be so big that an entire class or even school can get involved. Each Unit contains some creative suggestions for possible service learning activities. Additional suggestions for service learning project activities can be found on pages 35–37 of the *Youth Report*.

Overview

TeachUNICEF has developed this Educator’s Guide to help bring the *Youth Report* alive for middle school students. As summarized in the chart on page 9, the Guide contains four units and related lesson plans:

- Unit 1: Introduction;
- Unit 2: Child Survival — Challenges and Responses;
- Unit 3: Community Participation and Child Survival;
- Unit 4: Combating Malaria — Bed Nets, A Simple Solution.

Each unit includes:

- Complete lesson plan(s), handouts, and extension lessons;
- Background information;
- Links, where appropriate, to online information and additional resources for teachers and students.

The units and lessons are designed to be used in sequence. However, each can also stand alone, if that works better for you and your students. Unit learning objectives as well as an overview of each lesson can be found on pages 6–8.

Teaching Methods

Interactive teaching methods used throughout the units include:

- Comparing students’ own experiences at age five to those of children in other parts of the world;
- Envisioning and discussing an ideal community where services meet the needs of children and families;
- Advocating for issues relating to children through various media;
- Interpreting conflicting points of view;
- Analyzing the pros and cons of a health strategy — how to distribute bed nets to control malaria;
- Sharing information from independent research and inquiry;
- Role-playing: community members make a decision about malaria control.

Materials Needed

- Copies of the *Youth Report* to use in class;
- Large map of the world and a globe;
- Large sheets of newsprint/chalkboard/whiteboard;
- Internet access.

Student Evaluation

Students can be evaluated on class participation and the ability to:

- Define what every child needs to survive and thrive in the first five years of life;
- Identify some of the global challenges that prevent children from living to age five;
- Discuss some of the ways UNICEF and its partners are resolving these challenges;
- Describe a community with services for children and families;
- Present some of the ways communities make decisions about child health;
- Summarize some of the lessons learned from past international efforts.

Unit/Lesson Overview

Unit 1: Where Do We Stand?

In this Unit students will:

- Discuss the importance of development in the first five years of life;
- Define child survival and the under-five mortality rate — what it means, and how it is calculated;
- Become aware of the reasons why the under-five mortality rate is a sensitive indicator of a country's well-being;
- Compare and contrast the under-five mortality rates of various geographic regions;
- Appreciate the reasons for differences in child survival rates;
- Read and interpret tables, graphs, pie charts, and maps.

Lesson 1: In the opening activity, students reflect on the importance of the first five years of life for all later development. Students will spend some time thinking about what every child needs during this time in order to grow and thrive and begin school ready to learn. Following a brief introduction to the Child Survival Revolution, students will learn about the calculation of under-five mortality rates (U5MR) and why this statistic is such an important indicator of a country's commitment to children. Using real data, students will have opportunities to read and interpret graphs and charts as well as calculate changes in the child survival rates in different regions around the world.

Lesson 2: This lesson examines regions where child survival is still a pressing issue for many children. Through online research and small group work, students will select a country where child survival is a high priority. Using data from statistical tables, students will analyze key health, social, and economic factors contributing to the high number of deaths for children under age five in their selected country. Through small group presentations, students will compare and contrast factors affecting the survival of young children and families in different regions.

Unit 2: Simple, Affordable, Effective Solutions

In this Unit students will:

- Learn about the main causes of preventable death of children under five years of age;
- Become familiar with readily available and low-cost lifesaving solutions;
- Investigate the science behind some lifesaving measures;
- Examine some successful interventions in child survival efforts;
- Read and interpret tables, graphs, pie charts, and maps.

Lesson 1: In the opening activity, students are introduced to one of the major threats to child survival — malaria. As described in a UNICEF video, students learn about a low-cost effective solution, insecticide-treated bed nets. This is followed by a group activity that explores a number of low-cost effective solutions to a variety of threats to child survival. Students work together in groups to review a particular cause of child mortality and the available low-cost solution.

Lesson 2: This lesson continues to reinforce the solutions to threats to child survival by focusing student attention on innovative programs in three countries: Kenya, Turkmenistan, and Angola. All three countries have made progress in child survival using low-cost solutions. Students will also have an opportunity to investigate and report on global immunization trends.

Unit 3: Moving Forward through Community Action

In this Unit students will:

- Examine characteristics of “communities”;
- Consider how community services can be designed to address the health needs of families with children under the age of five;
- Become familiar with the concept of community partnerships and recognize the importance of community participation in solving problems and sustaining health;
- Investigate what can be achieved by community partnerships — especially in countries with extremely limited resources.

Lesson 1: In Lesson 1 students first consider what a community is, and then propose a spectrum of health services for young children and families in an ideal community. Finally they create a map of their ideal community, showing the location of the services.

Lesson 2: In this lesson students investigate successful community health programs in Afghanistan, Niger, and Egypt and become aware of the ways these three very different countries have improved the health of mothers, infants, and young children.

Unit 4: Uniting for Child Survival

In this Unit students will:

- Become familiar with four key strategies in a united global effort for child survival;
- Reinforce the idea expressed in UNICEF's *The State of the World's Children 2008* report that the opportunity to increase the number of children surviving to age five is here;
- Develop a proposal for community health services in one of the 60 priority countries.

Lesson 1: In Lesson 1 students discuss the definition of “strategy” and become familiar with the four key strategies in the effort to unite for child survival. In groups or in class discussion, students investigate and present details about the four strategies—community partnerships, continuum of care, expanding services and strategies, and global partnerships.

Lesson 2: In this lesson students respond to a “Request for Proposals” from a hypothetical foundation by envisioning a community health service initiative in one of the 60 priority countries.

| | Time | Handout # | Youth Report Connection | Internet Access Needed | Educator's Guide Page # |
|--|------|-----------|-------------------------|------------------------|-------------------------|
|--|------|-----------|-------------------------|------------------------|-------------------------|

UNIT 1: Where Do We Stand?

| | | | | | |
|--|---------|------|-----------|---|----|
| National Standards | | | | | 13 |
| Lesson 1: Understanding Child Survival | 1 class | 1, 2 | Chapter 1 | | 15 |
| Lesson 2: A Look at the Data | 1 class | 3 | Chapter 1 | X | 21 |

UNIT 2: Simple, Affordable, Effective Solutions

| | | | | | |
|---|-----------|------|-----------|---|----|
| National Standards | | | | | 26 |
| Lesson 1: Risks and Solutions | 2 classes | 4, 5 | Chapter 2 | X | 28 |
| Lesson 2 : Low-Cost Solutions in Action | 2 classes | 6 | Chapter 2 | X | 36 |

UNIT 3: Moving Forward through Community Action

| | | | | | |
|--|-----------|------|-----------|---|----|
| National Standards | | | | | 44 |
| Lesson 1: Communities Meet the Health Needs of Children and Families | 1 class | 7 | Chapter 3 | | 46 |
| Lesson 2: Community Health Programs in Action for Child Survival | 2 classes | 8, 9 | Chapter 3 | X | 49 |

UNIT 4: Uniting for Child Survival

| | | | | | |
|--|-----------|------------|-----------------------|---|----|
| National Standards | | | | | 55 |
| Lesson 1: Strategies for Uniting for Child Survival | 1 class | 10 | Chapter 4 | X | 57 |
| Lesson 2: Proposing a Plan for Community-based Health Care | 2 classes | 10, 11, 12 | Chapter 4 Pages 18-19 | X | 63 |

Glossary

AIDS acquired immunodeficiency syndrome; a life-threatening condition, resulting from damage to the immune system caused by HIV (see definition below)

antibiotic medical drug used to treat infections and infectious diseases

CEE/CIS Central and Eastern Europe/Commonwealth of Independent States; a map of this region and list of countries it includes are available at: www.unicef.org/ceecis/where.html

child survival the likelihood of a child surviving until the age of five

civil society all of the organizations that are not part of government, business, or private enterprises; the associations that are dedicated to helping each other and other people

community health workers people who are trained to act as a bridge between hospitals and clinics and the communities they live in; community health workers are found in many countries, their work is particularly important in isolated areas

community partnerships for health care, this means that community members are involved with caring for their own health and well-being; training local people to become health workers is one example of a community partnership; another is sharing messages about healthier practices, such as good nutrition, hand washing before meals, and feeding infants only breast milk for the first six months of life

cost-effective economical in terms of the tangible benefits produced by the money spent

dehydration excessive loss of bodily fluids; potentially life-threatening

developing world a broad category describing countries that are not classified as industrialized. The list of least developed countries and territories includes: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cape Verde, the Central African Republic, Chad, the Comoros, the Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, the Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, the Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Samoa, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, the United Republic of Tanzania, Vanuatu, Yemen, and Zambia

global community all the people of the world or all their governments

health system the way a country organizes and delivers health care to its citizens — includes all levels of medical care (hospitals, clinics, outreach); the money used for health and where it comes from; and how services to prevent and treat disease reach the people who need them

HIV human immunodeficiency virus; a virus which infects and destroys the “helper” cells in the immune system

hygiene preventing the spread of disease through personal cleanliness

immunization protecting people from diseases by giving them a vaccine, a mild but not dangerous form of the disease, which builds up the body's defenses

industrialized world countries characterized by highly developed industry and less dependence on agriculture; other factors shared by industrialized countries include high levels of wealth and household income, widespread literacy, advanced scientific and medical technologies, and a general lack of hunger and extreme poverty (people living on US \$1 per day or less)

UNICEF's list of industrialized countries and territories includes: Andorra, Australia, Austria, Belgium, Canada, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, the Holy See, Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, the Netherlands, New Zealand, Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom, and the United States

infant a baby less than one year old

insecticide-treated net (ITN) used to protect people from malaria-infected mosquitoes

iodine deficiency disorders (IDD) caused by lack of iodine in diets, may lead to brain damage and learning disabilities; can be prevented by adding iodine to salt

malaria a human disease caused by parasites in red blood cells, transmitted by mosquito bites; malaria is common in tropical and subtropical regions

malnutrition/undernutrition poor nutrition due to inadequate or imbalanced diet

maternal relating to mothers

micronutrient an organic compound, such as a vitamin, essential in tiny amounts for growth and health

Millennium Development Goals (MDGs) were established when 189 world leaders came together at the United Nations Headquarters in New York to discuss plans for the new century. As a result of this meeting, eight goals were set out, to be reached by 2015. MDGs are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV and AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

nutrients ingredients in food that promote growth in humans, animals, and plants; protein, minerals, and vitamins are nutrients

oral rehydration therapy (ORT) giving fluids, such as ORS, by mouth to combat dehydration; ORT is a simple, cheap, and effective treatment for dehydration

ORS oral rehydration salts

pneumonia disease of the lungs caused by a virus or bacteria; called the "forgotten killer of children" because it causes the most number of child deaths every year, around the world

prenatal before birth

rehydrate restore a healthy level of fluids in the body

severe undernutrition caused by lack of food or very poor nutrition; this serious, possibly fatal condition is identified by low body weight for height, also called wasting

under-five mortality rate (U5MR) the death rate among children younger than five; in statistical terms this means the likelihood of a child dying between birth and exactly five years of age, expressed per 1,000 live births

undernutrition lack of nutritious food to maintain health and growth; undernutrition does not only result from eating too little food, many children get enough food but are underweight or stunted because their diet is not nutritious, or they eat in poor-hygiene conditions that can cause sickness, such as diarrhea

UNIT 1: WHERE DO WE STAND?

Unit Overview:

In this Unit students will:

- Discuss the importance of development in the first five years of life;
- Define child survival and the under-five mortality rate — what it means, and how it is calculated;
- Become aware of the reasons why the under-five mortality rate is an indicator of a country's well-being;
- Compare and contrast the under-five mortality rates of various geographic regions;
- Appreciate the reasons for differences in child survival rates;
- Read and interpret tables, graphs, pie charts, and maps.

Lesson 1: In the opening activity, students reflect on the importance of the first five years of life for all later development. Students will spend some time thinking about what every child needs during this time in order to grow and thrive and begin school ready to learn. Following a brief introduction to the Child Survival Revolution, students will learn about the calculation of under-five mortality rates (U5MR) and why this statistic is such an important indicator of a country's commitment to children. Using real data, students will have opportunities to read and interpret graphs and charts as well as calculate changes in the child survival rates in different regions around the world.

Lesson 2: This lesson examines regions where child survival is still a pressing issue for many children. Through online research and small group work, students will select a country where child survival is a high priority. Using data from statistical tables, students will analyze key health, social, and economic factors contributing to the high number of deaths for children under five in their selected country. Through small group presentations, students will compare and contrast factors affecting the survival of young children and families in different regions.

National Standards Unit 1

ENGLISH LANGUAGE ARTS — Grades K–12

Standard 1: Students read a wide range of print and non-print texts to build an understanding of texts, of themselves, and of the cultures of the United States and the world; to acquire new information; to respond to the needs and demands of society and the workplace; and for personal fulfillment.

Standard 7: Students conduct research on issues and interests by generating ideas and questions, and by posing problems. They gather, evaluate, and synthesize data from a variety of sources (e.g., print and non-print texts, artifacts, people) to communicate their discoveries in ways that suit their purpose and audience.

Standard 8: Students use a variety of technological and information resources (e.g., libraries, databases, computer networks, video) to gather and synthesize information and to create and communicate knowledge.

MATHEMATICS

Mathematics Standards — Grades 9–12

Standard 9: Connections

In Grades 9-12 all students should recognize and apply mathematics in contexts outside of mathematics.

Standard 10: Representation

In Grades 9-12 all students should formulate, create, and use representations to organize, record, and communicate mathematical ideas.

HISTORY/SOCIAL STUDIES/GEOGRAPHY

World History Standards — Grades 5-12

Era 9: The 20th Century Since 1945 — Promises and Paradoxes:

Students will understand the search for community, stability, and peace in an interdependent world.

Social Studies Standards — Grades K–12

Strand III: People, Places, and Environments

Strand IX: Global Connections

Geography Standards — Grades K–12

The Geographically Informed person knows and understands

The World in Spatial Terms

Standard 1: how to use maps and other geographic representations, tools and technologies to acquire, process, and report information from a spatial perspective

Places and Regions

Standard 4: the physical and human characteristics of places

Human Systems

Standard 8: the characteristics, distribution, and complexity of Earth’s cultural mosaic

Standard 13: how the forces of cooperation and conflict among people influence the division and control of the Earth’s surface

Environment and Society

Standard 14: how human actions modify the physical environment

Standard 16: the changes that occur in the meaning, use, distribution, and importance of resources

SCIENCE

Science Content Standards — Grades 9–12

Content Standard F: Science in Personal and Social Perspectives

Students should develop an understanding of

Personal and community health

Science and technology in local, national, and global challenges

HEALTH

Health Education Standards — Grades 9–12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

UNIT 1:

Lesson 1: Understanding Child Survival

Suggested Class Time: 50 minutes

Objectives:

- Determine why the first five years of life are so critical;
- Define *child survival* and *under-five mortality rate (U5MR)*;
- Be able to define how the U5MR is calculated;
- Appreciate the U5MR as an indicator of a country's well-being.

Session Plan:

- Opening Activity: The First Five Years of Life — 20 minutes
- Class Discussion Activity: Understanding the Under-Five Mortality Rate (U5MR) — 10 minutes
- Group Activity: Regional Variations in Child Survival — 20 minutes

Vocabulary:

60 priority countries, donor, mortality, sub-Saharan Africa

Materials Needed:

- Copies of the *Youth Report*, Chapter 1 and Glossary
- Copies of Handouts 1 and 2 for the whole class

Opening Activity: The First Five Years of Life

Directions

1. Explain to students that during the first five years a child grows and changes faster than at any other time of life. Ask students to recall their first day of kindergarten. Ask: What skills had you developed by the time you were ready for school?
2. Facilitate a general discussion by encouraging students to recall developmental skills learned in the first five years: physical (*walk, get dressed, brush teeth*) emotional (*trust, attachment, empathy*), social (*self-confidence, eagerness to learn, creativity, friendships*), language and thinking skills (*speaking complex sentences, recognizing letters, basic understanding of numbers, problem solving, asking questions*).

3. Distribute Handout 1. Review the list of essential skills with students. Ask: Are there any skills you would like to add? Were there any skills you were surprised to see listed? How did your family contribute to the development of these skills?
4. Direct students' attention to the front cover of the *Youth Report*. Ask:
 - How do families help children get ready for school?
 - How do communities help children get ready for school?
 - Why do many families and communities have trouble meeting the essential needs of young children?

Class Discussion Activity: Understanding the Under-Five Mortality Rate (U5MR)

Background for Teachers

The under-five mortality rate (U5MR) is a useful tool for measuring the health of children. The U5MR is known to be the result of a wide variety of factors: nutritional status and health knowledge of mothers; the level of immunization and oral rehydration therapy; the availability of mother and child health services; income and food availability; the availability of safe drinking water; and the overall safety of the child's environment, among other factors.

Another strength of the U5MR is that it tells us whether children under age five are actually benefiting from available nutritional and health resources. (If children are dying, they are not benefiting.) Often, health or nutritional status of a country is measured by the availability of resources such as food, doctors, or medicine. But just because resources are available doesn't mean that they are used.

The U5MR presents a more accurate, if far from perfect, picture of the health status of the majority of children.

Directions

1. Prepare by having students read pages 2, 3, and 5 of the *Youth Report* before class. This will help familiarize them with UNICEF and the *Youth Report*.
2. Ask: What is the focus of the *Youth Report*? Remind students of the four bullet points on page 3 describing its content related to challenges and successes in child survival:
 - *What has been achieved*
 - *What has been learned*
 - *What actions must be taken*
 - *What you can do*
3. Review the concept of the "Child Survival Revolution" (page 5, paragraphs 2 through 4).

4. Introduce the under-five mortality rate (U5MR) as one of the ways in which UNICEF attempts to measure the progress of child survival in countries around the world. Define the under-five mortality rate (U5MR): The U5MR indicates the probability of dying between birth and exactly five years of age, expressed per 1,000 live births. It is a measure of child well-being in general and child health in particular.

 **Tip: Present this U5MR calculation problem to students: In a town of 5,261 people with a mortality rate of 5 per 1,000, how many children under the age of five will not survive? (26.31)**

Group Activity: Regional Variations

Background for Teachers:¹

Far fewer children are dying today than in 1960. Over the past 46 years the annual number of child deaths has halved from roughly 20 million in 1960 to under 10 million in 2006. In a number of regions child mortality rates have declined since 1990. Child mortality rates have been cut roughly in half in East Asia and the Pacific, Central and Eastern Europe and the Commonwealth of Independent States, and Latin American and the Caribbean — bringing the under-five mortality rate for each of these regions below 30 per 1,000 live births in 2006.

Other regions are falling behind. The Middle East and North Africa region has seen steady progress in reducing rates but still had an under-five mortality rate of 46 per 1,000 live births in 2006. This is equivalent to 1 in every 22 children dying before age five. South Asia is making progress. Sub-Saharan Africa remains the most troubling area. In 2006, 49 percent of all deaths of children under age five occurred in sub-Saharan Africa, despite the fact that only 22 percent of the world's children are born there. In this region, on average, 1 in every 6 children dies before age five. The region as a whole has shown the least progress since 1990, managing to reduce child mortality by only 14 percent between 1990 and 2006.

Directions

1. Divide the class into six groups, one for each of the regions defined in the chart on page 6 of the *Youth Report*. The groups represent: sub-Saharan Africa; Middle East/North Africa; South Asia; East Asia/Pacific; Latin America/Caribbean; and the Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS).
2. Ask each group to identify how many under-five deaths occurred in their region in 2006. Then ask them to calculate what percentage of the global under-five deaths in 2006 (9.7 million) that figure represents?
(Example: sub-Saharan Africa: $4.8/9.7 \times 100 = 49.48\%$)

¹ *The State of the World's Children 2008*. UNICEF, 2007. pp. 6-7

3. Ask students to review the graph on page 7 of the *Youth Report*, “Trends in Child Mortality.” Have students in each group describe the trend for their region since 1960. Ask: How do child mortality trends in your region compare to those in industrialized countries?
4. Distribute Handout 2. Ask each group to calculate the percentage decrease in the U5MR for their region between 1990 and 2006, using the information on Handout 2.
5. Group presentations: Ask a member of each group to briefly describe the main trend and percentage decrease found in the group’s assigned region. Students should fill in the chart on Handout 2 and answer the questions based on each group’s presentations.

Extension Activity 1: Experience Early Childhood Education

Directions

1. Explain that helping children get ready for school is an important job of early childhood teachers. For over 40 years, the Head Start program has helped prepare millions of children in the U.S. for kindergarten.
2. Encourage students to learn more about early childhood education by observing a classroom, interviewing an educator, or volunteering in a classroom.
3. In each case, students should be prepared to discuss their findings.

Extension Activity 2: Alternative Presentations

Ask students to generate alternative presentations for the data on pages 6 and 7 of the *Youth Report*. Encourage them to consider PowerPoint presentations; graphs made out of three-dimensional materials; and short videos. Students can compare and contrast the effectiveness of the different visual representations.

Off to School: Five Categories of School Readiness

A wealth of research has shown that a child's readiness for school includes the following five separate but connected categories of development.²



Physical Well-Being and Motor Development

This category covers factors such as health, growth; physical abilities including the skills for using both large motor (walking) and small (hands) motor development.



Social and Emotional Development

This category combines social development (children's ability to interact with others and their capacity for self control) with emotional development (children's perceptions of themselves, their abilities to understand the feelings of other people, and their ability to interpret and express their own feelings).



Approaches to Learning

This category refers to children's inclination to use skills and knowledge. Key components include enthusiasm, curiosity and persistence in tackling tasks.



Language Development

This category includes communication and early literacy. Communication includes listening, speaking, and vocabulary. Early literacy includes awareness of print stories, early writing and the connection of letters to sounds.



Thinking and General Knowledge

This category refers to thinking and problem-solving as well as knowledge about objects and the way the world works. Mathematical knowledge, abstract thought, and imagination are included.

¹ Getting Ready. Findings from The National School Readiness Indicators Initiative: A 17 State Partnership. Prepared by Rhode Island Kids Count. February 2005.

HANDOUT 2

Understanding the U5MR

The table below shows the under-five mortality rate (U5MR) per 1,000 births in various regions and among industrialized countries in 1990 and 2006. By 2006, for the first time since these records were kept, the total number of children in the world who died before their fifth birthday fell below 10 million — to 9.7 million.

Directions

Using **sub-Saharan Africa** as an example, compute the “decrease” and “approximate percentage decrease” for the other regions listed.

| Region | U5MR 1990 | U5MR 2006 | Decrease | Approximate % Decrease |
|--------------------------------------|-----------|-----------|--------------|--------------------------|
| Sub-Saharan Africa | 187 | 160 | $187-160=27$ | $27/187 \times 100=14\%$ |
| Middle East/ North Africa | 79 | 46 | | |
| South Asia | 123 | 83 | | |
| East Asia/ Pacific | 55 | 29 | | |
| Latin America/ Caribbean | 55 | 27 | | |
| CEE/CIS* | 53 | 27 | | |
| Industrialized Countries | 10 | 6 | | |
| World | 93 | 72 | | |

Source: United Nations Children’s Fund, *Progress for Children: A World Fit for Children Statistical Review*, UNICEF, New York, December 2007, p. 18.

Answer these questions, based on the information on the chart:

1. Which region had the lowest U5MR in 1990? 2006?
2. Which region had the highest U5MR in 1990 and 2006?
3. Which two regions had the highest percentage decrease in U5MR between 1990 and 2006?
4. Where do you think additional intervention by UNICEF is most needed? Why?
5. What are some conclusions you can make from looking at this chart?
6. Why is this information important?

UNIT 1:

Lesson 2: A Look at the Data

Suggested Class Time: 60 minutes

Objectives:

- Compare and contrast rates of under-five child mortality by geographic regions in order to understand the reasons for the differences;
- Read and interpret tables, graphs, pie charts, and maps.

Session Plan:

- Opening Activity: Causes of High Child Mortality Rates — 10 minutes
- Group Activity: Factors Affecting Child Mortality in Selected Countries — 50 minutes

Vocabulary:

60 priority countries, demographics, mortality, sub-Saharan Africa

Materials Needed:

- Copies of the *Youth Report*, Chapter 1 and Glossary
- Copies of Handout 4 for the whole class
- Internet Access UNICEF, Information by Country—<http://www.unicef.org/infobycountry>

Opening Activity: Causes of high child mortality rates

Directions

1. Write the question: “Why do many children under age five die in developing countries?” on the board for students to see when they enter the classroom. Ask students to brainstorm some of the reasons. Encourage students to think about specific causes often related to poverty such as “poor nutrition” or “lack of access to medical care.”
2. Refer students to the bulleted list on page 9 of the *Youth Report* that includes some of the reasons why child mortality rates are still so high in many developing countries. Ask students if they can think of any other factors that might contribute to high child mortality rates in a given region or country.

Group Activity: Factors Affecting Child Mortality in Selected Countries

Directions

1. Present the following information to students:

In 2005, UNICEF and its partners identified 60 countries as priorities for child survival programs. The selection was based on two criteria: countries with more than 50,000 deaths of children under five and countries with an annual under-five mortality rate of at least 90 per 1,000 live births.

More than 90 percent of the world's children live in these 60 countries. Sub-Saharan Africa, encompasses 38 countries out of the 60 priority countries, is of greatest concern. Although only 22 percent of all children are born in sub-Saharan Africa, the region accounts for 49 percent of all the under-five deaths in the world.

2. Divide the class into seven groups, one for each of the regions identified on page 8 of the *Youth Report* (Latin American/Caribbean; Eastern and Southern Africa; West and Central Africa; Middle East and North Africa; CEE/CIS; South Asia; East Asia/Pacific).
3. Ask students in each group to select one priority country from their region. (The 60 countries are listed by region on page 8.). Distribute Handout 4. Using the "information by country" section of UNICEF's website: <http://www.unicef.org/infobycountry>, students can review the background information and highlight main issues facing children in that country. Students should focus their information-gathering on factors contributing to the high number of deaths for children under five in their country. Students can select relevant indicators from each of the following categories: Nutrition, Health, HIV/AIDS, Education, Demographics, Economics, Women, and Child Protection.
4. Ask each small group to make a brief presentation on the major factors that threaten the survival of children in their selected country.
5. Encourage students to be creative in their presentations. For example, suggest they use charts, tables, and figures to highlight the main issues affecting child mortality in their country.

Extension Activity: Geography of Regions

Directions

1. Divide the class into seven groups and have each group choose one of the seven regions listed on page 8.
2. Have the groups investigate the general geographic features of their regions and discuss the following questions:
 - What do the countries in this region have in common?
 - How do they differ?
 - Is there a correlation between a country's geographic features and its rate of child mortality?

Call to Action: Create a Child Survival Bulletin Board

Create a child survival bulletin board. Use tables, charts, and maps to highlight the global trends in U5MR and successful child survival efforts designed to reach children living in the most difficult circumstances. Where has there been success, and where should greater effort be focused?

The bulletin board can be virtual or actual — on a website or on the wall of a school, library, or youth center. The information can be updated periodically. For child survival facts to include on your bulletin board, use the *Youth Report* and visit UNICEF's child info website at: http://www.childinfo.org/survival_health.html for the latest data on child survival and health.

UNIT 2: SIMPLE, AFFORDABLE, EFFECTIVE SOLUTIONS

Unit Overview:

In this Unit students will:

- Learn about the main causes of preventable deaths for children under five;
- Become familiar with readily available and low cost lifesaving solutions;
- Investigate the science behind some lifesaving measures;
- Examine some successful interventions in child survival efforts;
- Read and interpret tables, graphs, pie charts, and maps.

Lesson 1: In the opening activity, students are introduced to one of the major threats to child survival — malaria. From a UNICEF video, students learn about a low-cost effective solution, insecticide-treated bed nets. This is followed by a group activity that explores a number of low-cost effective solutions for a variety of threats to child survival. Students work together in groups of three to review a particular cause of child mortality and the available low-cost solution.

Lesson 2: This lesson continues to reinforce the solutions to child survival threats by focusing student attention on innovative programs in three countries: Kenya, Angola, and Turkmenistan. All three countries have made progress in child survival using low-cost solutions. Students will also have an opportunity to investigate and report on global immunization trends.

National Standards Unit 2

ENGLISH LANGUAGE ARTS — Grades K-12

Standard 1: Students read a wide range of print and non-print texts to build an understanding of texts, of themselves, and of the cultures of the United States and the world; to acquire new information; to respond to the needs and demands of society and the workplace; and for personal fulfillment.

Standard 7: Students conduct research on issues and interests by generating ideas and questions, and by posing problems. They gather, evaluate, and synthesize data from a variety of sources (e.g., print and non-print texts, artifacts, people) to communicate their discoveries in ways that suit their purpose and audience.

Standard 8: Students use a variety of technological and information resources (e.g., libraries, databases, computer networks, video) to gather and synthesize information and to create and communicate knowledge.

MATHEMATICS

Mathematics Standards — Grades 9-12

Standard 9: Connections

In Grades 9-12 all students should recognize and apply mathematics in contexts outside of mathematics.

Standard 10: Representation

In Grades 9-12 all students should formulate, create and use representations to organize, record, and communicate mathematical ideas.

HISTORY/SOCIAL STUDIES/GEOGRAPHY

World History Standards — Grades 5-12

Era 9: The 20th Century Since 1945 — Promises and Paradoxes:

Students will understand the search for community, stability, and peace in an interdependent world.

Social Studies Standards — Grades K-12

Strand III: People, Places, and Environments

Strand IX: Global Connections

Geography Standards — Grades K–12

The Geographically Informed person knows and understands

The World in Spatial Terms

Standard 1: how to use maps and other geographic representations, tools, and technologies to acquire, process, and report information from a spatial perspective

Places and Regions

Standard 4: the physical and human characteristics of places

Human Systems

Standard 8: the characteristics, distribution, and complexity of Earth’s cultural mosaic

Standard 13: how the forces of cooperation and conflict among people influence the division and control of the Earth’s surface

Environment and Society

Standard 14: how human actions modify the physical environment

Standard 16: the changes that occur in the meaning, use, distribution, and importance of resources

SCIENCE

Science Content Standards — Grades 9–12

Content Standard E: Science and Technology

Students should develop an understanding of the potential of technological design.

HEALTH

Health Education Standards — Grades 9–12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

UNIT 2:

Lesson 1: Risks and Solutions

Suggested Class Time: 65 minutes

Objectives:

- Become familiar with the main causes of preventable deaths of children under five;
- Become aware of readily available and low-cost solutions;
- Understand how knowledge is translated into programs;
- Read and interpret tables, graphs, pie charts, and maps.

Session Plan:

- Opening Activity: Saving Lives with Bed Nets -15 minutes
- Group Activity: Problems, Explanations, Solutions - 50 minutes

Vocabulary:

Oral Rehydration Salts (ORS), Ready-to-Use Therapeutic Food

Materials Needed:

- Copies of the *Youth Report*, Chapter 2 and Glossary
- World map or globe (optional)
- Copies of Handouts 4 and 6 for the whole class.
- Copies of Handout 5 for students doing Extension Activity
- Equipment for showing video: computer with Internet connection or TV and DVD player
- Internet Access: Lesson Activities
UNICEF video:
Kenya http://www.unicef.org/sowc08/profiles/7_kenya.php
UNICEF: Voices of Youth, Be In the Know: Fact Sheet
http://www.unicef.org/voy/explore/sowc/explore_4107.html
- Internet Access: Extension Activities
UNICEF, *The State of the World's Children*, 1996; "ORS: the medical advance of the century"
<http://www.unicef.org/sowc96/joral.htm>
UNICEF "News Note: Improved formula for oral rehydration salts to save children's lives"
http://www.unicef.org/media/media_31825.html

UNICEF Nutrition Newsline, May 28, 2008. "UNICEF readies for food crisis with unique basket of solutions for children at risk," Elizabeth Kiem, UNICEF Nutrition Newsline, May 28, 2008 (see p. 21)

http://www.unicef.org/nutrition/index_44186.html

"UNICEF Executive Director inaugurates Ethiopia's first Plumpy'nut factory"

http://www.unicef.org/infobycountry/ethiopia_38423.html

Background for Teachers

Malaria

Malaria is a serious disease spread through mosquito bites. Each year, there are 300 million to 500 million cases of malaria throughout the world resulting in about 1 million child deaths. In areas where malaria is common, it can be the leading cause of death and poor growth among young children.

Sleeping under a mosquito net treated with a recommended insecticide is the best way to prevent mosquito bites. All members of the community should be protected against mosquito bites, particularly young children and pregnant women, and especially between sunset and sunrise when mosquitoes are most active.

Mosquito nets, curtains, or mats dipped in a recommended insecticide kill mosquitoes that land on them. Special, permanently treated mats should be used, or nets, curtains, or mats that are dipped in insecticide regularly. Trained health workers can advise on safe insecticides and re-treatment schedules.

Babies and other small children should sleep under an insecticide treated mosquito net. If the nets are expensive, the family should buy at least one big net, which the small children can sleep under. Breastfed babies should sleep with their mothers under a net. Treated mosquito nets should be used throughout the year, even during times when there are fewer mosquitoes.

Opening Activity: Saving Lives with Bed Nets

Directions

1. Have the following questions on the board when students enter the classroom:
 - What is the biggest killer of children under five in Kenya?
 - What are two effective ways of controlling this disease?
 - How do these free or inexpensive methods affect a child's chances of surviving the disease?
2. Have someone locate Kenya on the world map.
3. Introduce the UNICEF video about malaria prevention in Kenya. Explain that students will find answers to the questions in the video.

4. Show the video and have volunteers answer the questions written on the board. What is the biggest killer of children under five in Kenya? (*malaria*) What are the two most effective ways of controlling malaria? (*insecticide treated bed nets and spraying*) How do free or inexpensive bed nets affect a child's chances of surviving malaria? (*Free bed nets give children protection from malaria.*)

Group Activity: Problems, Explanations, and Solutions

Directions

1. Have students turn to page 11 of the *Youth Report*, "Why Do Children Die Before Age Five." Use the following questions to facilitate a discussion of the graph:
 - Besides malaria, can any of the other causes of child mortality be prevented? (*Students may know that measles can be prevented by vaccination and undernutrition by a healthy diet.*) Point out that the measles vaccine and adequate diets are not always available. Explain that treatments for diarrhea and pneumonia can prevent these illnesses from being fatal, but that such treatment is not always available.
 - Why do you think undernutrition is an underlying cause in so many under-five deaths? (*Without proper nutrition the body is vulnerable to disease.*)
2. Reproduce Handout 4, which consists of three sets of seven "cards" (based on the three-column chart on page 12 of the *Youth Report*). Make extra cards as needed so every student has one.
3. Divide the class into three groups and distribute cards to form three groups: the "Problem" group; the "Explanation" group; and the "Solution" group.
4. Students in each group locate their two counterparts; each "Problem" is then matched with the appropriate Explanation and Solution.
5. Once the new groups of three form, have students learn more about their "Problem" by reading relevant sections of the *Youth Report*, Chapter 2, "Lifesaving Solutions," (beginning on page 13) and "Voices of Youth, Be in the Know: Fact Sheet" at http://www.unicef.org/voy/explore/sowc/explore_4107.html
6. Each small group will select one person to make a presentation explaining the group's problem and solution to the class. In the presentation, ask students to include an answer to this question: Why is this a more serious problem in developing countries than in industrialized countries?

 **Tip:** Instead of using the following activity as an Extension Activity, assign some students to work on it at the same time as others engage in the Group Activity.

Science Extension Activity: Two Low-Cost Solutions — How Do They Work?

Directions

1. Invite interested students to investigate and report on the science involved in two low-cost solutions to child survival threats: Oral Rehydration Therapy and Ready-to-Use Therapeutic Foods.
2. Distribute Handout 5. As students answer the questions on Handout 5, they will need Internet access to locate information.

Resources: Oral Rehydration Therapy

“ORS: the medical advance of the century” UNICEF, *The State of the World’s Children*, 1996:

<http://www.unicef.org/sowc96/joral.htm>

“News Note: Improved formula for oral rehydration salts to save children’s lives,”

http://www.unicef.org/media/media_31825.html

Resources: Ready-to-Use Therapeutic Foods

“UNICEF readies for food crisis with unique basket of solutions for children at risk,

” Elizabeth Kiem, UNICEF Nutrition Newslines, May 28, 2008

http://www.unicef.org/nutrition/index_44186.html

“UNICEF Executive Director inaugurates Ethiopia’s first Plumpy’nut factory”

http://www.unicef.org/infobycountry/ethiopia_38423.html

3. Students can then present information about their topic to the class. In their presentations, students should answer the questions on Handout 6.

Problem, Explanation and Solution Cards

1 PROBLEM: Undernutrition

Undernutrition is caused by a lack of nutritious food to maintain health and growth. Many children get enough food but are underweight or stunted because their diet is not nutritious. Undernutrition is linked to nearly half of all deaths of children under the age of five.

2 PROBLEM: Major preventable diseases

Polio, measles, diphtheria, pertussis (whooping cough), and tetanus are the major preventable diseases. Millions of children die every year from these diseases, which can be prevented by vaccines.

3 PROBLEM: Diarrhea

Diarrhea kills over 1 million children every year through dehydration and malnutrition. Children are more likely than adults to die from diarrhea because they become dehydrated more quickly. About 1 in every 200 children who contract diarrhea will die from the illness.

4 PROBLEM: Malaria

Malaria is a serious disease spread through mosquito bites. Each year, there are 300 million to 500 million cases of malaria throughout the world and about 1 million child deaths. The death toll is higher in tropical and subtropical regions.

5 PROBLEM: Lack of micronutrients

Many children are missing vitamins and minerals, such as vitamin A and iodine, in their diets. Vitamin A helps children resist illness and prevents night blindness. Iodine is needed to promote growth and prevent learning disabilities.

6 PROBLEM: Pneumonia

Pneumonia, a serious disease of the lungs, causes the most child deaths around the world—about 2 million children each year.

7 PROBLEM: Lack of Safe Drinking Water and Sanitation

Unsafe drinking water, lack of sanitation, and poor hygiene contribute to diarrhea, pneumonia, newborn disorders, and undernutrition — four of the major causes of child deaths.

Problem, Explanation and Solution Cards

1 EXPLANATION: Undernutrition

Undernutrition weakens the body's resistance to illness and deprives a young child's body and mind of the nutrients needed for growth and development. Children who receive good nutrition are less vulnerable to many illnesses.

2 EXPLANATION: Major preventable diseases

Measles and pertussis (whooping cough), both preventable diseases, can lead to other serious illnesses such as pneumonia and tuberculosis. Half of all deaths from whooping cough, a third of all cases of polio, and a quarter of all deaths from measles occur in children under one year old.

3 EXPLANATION: Diarrhea

Poor sanitation and hygiene practices and a lack of clean water are sources of the germs that cause diarrhea. Diarrhea kills children by draining vital fluids from the body. Children with diarrhea often have other diseases.

4 EXPLANATION: Malaria

Spread by the bite of an infected mosquito, malaria causes fever and the loss of body fluids through sweating. Malnutrition and dehydration can result when malaria is untreated. Frequent malarial infection can slow children's growth and brain development and is likely to cause anemia.

5 EXPLANATION: Lack of micronutrients

Micronutrients are essential to keeping children healthy; without this type of nourishment, children are vulnerable to diseases such as diarrhea, measles, and malaria.

6 EXPLANATION: Pneumonia

Undernourished children are at a high risk of developing pneumonia. Many children die of pneumonia at home because their families do not recognize the symptoms of the illness and delay getting medical care.

7 EXPLANATION: Lack of Safe Drinking Water and Sanitation

More than half of all illnesses and deaths among young children are caused by germs that get into their mouths through food, or water, or dirty hands.

Problem, Explanation and Solution Cards

1 SOLUTION: Undernutrition

Breastfeeding during the first six months of life and ready-to-use therapeutic foods provide lifesaving nutrition to children who are undernourished.

2 SOLUTION: Major preventable diseases

Immunization is one of the most important and cost-effective ways of protecting children from these diseases. A child is immunized by vaccines, which build up defenses against disease. Immunization only works if given before the child has the disease.

3 SOLUTION: Diarrhea

Breastfeeding can reduce the severity and frequency of diarrhea. Another low-cost treatment is Oral Rehydration Salts (ORS).

4 SOLUTION: Malaria

Prevention and early treatment of malaria saves lives. Sleeping under bed nets treated with insecticide can reduce deaths of children from malaria by 20 percent. Treated bed nets protect sleeping children from infected mosquitoes that swarm at night.

5 SOLUTION: Lack of micronutrients

Supplementing children's diets with micronutrients (vitamins and minerals) is essential for growth and development. Iodized salt used in food prevents brain damage; vitamin A capsules can boost the immune system and prevent blindness.

6 SOLUTION: Pneumonia

Good nutrition, clean air, and immunization protect children from pneumonia. Antibiotics (medicines that kill disease-causing bacteria) are used in cases of severe pneumonia. With the help of community health workers, parents can be taught to recognize symptoms and treat pneumonia at home.

7 SOLUTION: Lack of Safe Drinking Water and Sanitation

Community awareness, political action, and international commitment are crucial to providing safe drinking water and proper sanitation for all people. Community health workers teach the importance of hand washing and safe water for drinking and cooking. Families with clean water, free of germs, have fewer illnesses.

HANDOUT 5

Oral Rehydration Salts and Ready-to-Use Therapeutic Foods

Directions: Answer the following questions about Oral Rehydration Salts and Ready-to-Use Therapeutic Foods on a separate sheet of paper. Your teacher will suggest online resources for you to use.

ORAL REHYDRATION

1. What do “hydration” and “rehydration” mean?
2. How much of the human body is water?
3. How much clean water is required for human health each day?
4. Why is diarrhea such a deadly disease for young children?
5. How do oral rehydration salts save lives?

READY-TO-USE THERAPEUTIC FOODS

1. What are Ready-to-Use Therapeutic Foods?
2. What problem do Ready-to-Use Therapeutic Foods solve?
3. What are some of the ingredients in Ready-to-Use Therapeutic Foods?
4. Why are Ready-to-Use Therapeutic Foods such a practical solution?
5. Explain why the use of Ready-to-Use Therapeutic Foods is or is not a good long-term solution to the problem of undernutrition?

UNIT 2:

Lesson 2: Low-Cost Solutions in Action

Suggested Class Time: 60 minutes

Objectives:

- Become aware of successful child survival efforts against measles, iodine deficiency disorders (IDD), and malaria;
- Explain how the global trend in immunization saves children's lives;
- Read and interpret tables, graphs, pie charts, and maps.

Session Plan:

Opening Activity: Salt Plus — 10 minutes

Group Activity: Lifesaving Interventions — 50 minutes

Vocabulary:

Metabolism, polio, sub-tropical, tropical

Materials Needed:

- Copies of the *Youth Report*, Chapter 2 and Glossary
- World map or globe
- Copies of Handout 6 (3 pages) for the three groups of students
- Internet Access: Lesson Activities
UNICEF *The State of the World's Children 2008*
<http://www.unicef.org/sowc08/docs/sowc08.pdf>
- Internet Access: Extension Activities
UNICEF: Immunization
The challenge: **http://www.childinfo.org/immunization_challenge.html**
Current status: **http://www.childinfo.org/immunization_status.html**
Trends: **http://www.childinfo.org/immunization_trends.html**
World Health Organization: Global Immunization Data
http://www.who.int/immunization/newsroom/global_immunization_data_december2008.pdf
Smithsonian Institution, "Whatever Happened to Polio? The Virus and the vaccine"
<http://americanhistory.si.edu/polio/>

Background for Teachers

Small amounts of iodine are essential for a child's growth and development. If a child does not receive enough iodine, or if his or her mother is iodine-deficient during pregnancy, the child is likely to be born with a mental, hearing, or speech disability, or may have delayed physical or mental development. Goiter, an enlargement of the thyroid gland, is one sign of a shortage of iodine in the diet. A pregnant woman with goiter is at high risk of miscarriage or stillbirth, or of giving birth to a child with brain damage.

Using iodized salt instead of ordinary salt provides pregnant women and children with as much iodine as they need. If iodized salt is not available, women and children should receive iodine supplements from a health worker or health care facility.

(Find out more at Facts for Life, <http://www.unicef.org/ffl/pdf/factsforlife-en-part6.pdf>)

Opening Activity: Salt Plus

Directions

1. On the board write: "Iodized Salt: This salt supplies iodide, a necessary nutrient."
2. Elicit or provide a definition of *nutrient*, an ingredient in food that promotes growth in humans, animals, and plants. (*Youth Report*, page 39) Point out that iodide is a compound of iodine.
3. Ask: What are the health benefits of iodized salt? (*Some students may know iodized salt prevents goiter but may not know its beneficial effects on child development.*)
4. Read aloud the following information from UNICEF, Facts for Life: "Iodized salt is essential to prevent iodine deficiency disorders (IDD), which lead to brain damage, learning disabilities, and delayed development in children." Point out that salt iodization is an inexpensive solution to a problem that threatens children in many parts of the world. Explain that students will now explore other similar lifesaving interventions.

Group Activity: Lifesaving Interventions

Directions

1. Assign students to one of three groups to investigate and report on lifesaving interventions against malaria (example: Kenya), IDD (example: Turkmenistan), and measles (example: Angola).

 **Tip:** Because members of the Kenya group will have previously watched and discussed a video, you may want to ask this group to investigate additional sources of new information about malaria.

2. Invite all students to locate Kenya, Turkmenistan, and Angola on a world map or globe.

3. Distribute the appropriate page of Handout 6 to each group. Explain that they will complete the Handout using information in the *Youth Report* and online.
4. Invite each of the three groups to present information about the lifesaving intervention they investigated.

Extension Activity 1: Global Trends in Immunization Rates

Directions

1. Provide students with the following questions:
 - What diseases are children immunized against?
 - How do experts explain the rapid increase in global immunization during the 1980s (as shown on the graph on page 16 of the *Youth Report*)?
 - What are some of the current challenges in global immunization efforts?
2. Challenge students to find and report on answers to the questions using these resources:
Youth Report, Chapter 2, pages 16 (graph) and 17; Timeline, page 18 (1974, 1982)

UNICEF: Immunization

The challenge: http://www.childinfo.org/Immunization_challenge.html

Current status: http://www.childinfo.org/Immunization_status.html

Trends: http://www.childinfo.org/Immunization_trends.html

World Health Organization: Global Immunization Data

http://www.who.int/immunization/newsroom/global_immunization_data_december2008.pdf

Extension Activity 2: Investigate Polio in the United States

Directions

1. Assign four or more students to research the history of polio in the U.S..” Direct students to the information at the Smithsonian Institution’s web site, “Whatever Happened to Polio? The virus and the vaccine” <http://americanhistory.si.edu/polio/> and *Polio: An American Story* by David M. Oshinsky.
2. If feasible, students can also interview older family members and friends about their memories of polio in early to mid-twentieth century. Questions might include: Did you or anyone you knew have polio? How did it affect you or them? Did you receive a polio vaccine and, if so, how old were you?
3. The group can report its findings to the class, answering the question — Whatever happened to polio in the U.S.?— through a poster, PowerPoint presentation, or other means.

Call to Action:

Create a public service announcement for radio or TV

Create a video or a public service announcement using UNICEF's reports from and about children around the world (www.unicef.org). Focus on the Child Survival Revolution: what has been achieved and what is left to do. You might also use online social networking tools to inform others about child survival and community-based programs.

MALARIA: KENYA

Directions: Find answers to the following questions using the *Youth Report* and the online resources listed below. Then follow your teacher's directions.

- What is malaria?
- How is malaria transmitted?
- Describe UNICEF's campaign against malaria in Kenya.
- Why is malaria especially harmful to children under five years of age?
- How do insecticide treated bed nets prevent malaria deaths?

Resources:

UNICEF Video: Kenya — A campaign against malaria
http://www.unicef.org/sowc08/profiles/7_kenya.php

UNICEF: Health, Malaria
http://www.unicef.org/health/index_malaria.html

UNICEF, *Malaria and Children Report*, "Background on Malaria" (scroll down to page 9, and then scroll down to "Insecticide-treated nets")
[http://www.unicef.org/health/files/Malaria_Oct6_for_web\(1\).pdf](http://www.unicef.org/health/files/Malaria_Oct6_for_web(1).pdf)

IDD (Iodine Deficiency Disorders): TURKMENISTAN

Directions: Find answers to the following questions using the resources listed below. Then follow your teacher's directions.

- What is IDD?
- Why is IDD especially harmful in children?
- How is IDD prevented?
- Why is Turkmenistan's effort against IDD considered a "success story"?
- What are the some of the strategies UNICEF has used/advocated for preventing IDD?

Resources:

Youth Report: Chapter 2

UNICEF Video: National salt iodization gives children a head start

http://www.unicef.org/sowc08/profiles/1_turkmenistan.php

UNICEF: Press release, "UNICEF issues major report on Iodine Deficiency highlighting principles for success"

http://www.unicef.org/media/media_44632.html

UNICEF: *Progress for Children*, No. 6, 2007, p.8

http://www.unicef.org/publications/files/Progress_for_Children_No_6_revised.pdf

MEASLES: ANGOLA

Directions: Find answers to the following questions using the resources listed below. Then follow your teacher's directions.

- **What is measles?**

- **How is measles transmitted?**

- **Why is measles especially harmful to children under five years of age?**

- **How was the measles vaccine administered in Angola in 2006?**

- **What are some of the strategies UNICEF proposed for eradicating measles?**

- **What is the status of the fight against measles in 2008?**

Resources:

Youth Report: Chapter 2

SOWC 2008: "The Measles Initiative," page 28

<http://www.unicef.org/sowc08/docs/sowc08.pdf>

U.S. Fund for UNICEF: "The Measles Initiative"

http://fieldnotes.unicefusa.org/2008/12/the_measles_initiative.html

UNICEF: *Measles Reduction and Elimination: Strategic Plan 2001-2005*, Executive Summary, page vi.

http://www.unicef.org/spanish/health/files/measles_strategy_2001_2005.pdf

UNIT 3: MOVING FORWARD THROUGH COMMUNITY ACTION

Unit Overview:

In this Unit students will:

- Examine the characteristics of “communities”;
- Consider how community services can be designed to address the health needs of families with children under five;
- Become familiar with the concept of community partnerships and recognize the importance of community participation in solving problems and sustaining health;
- Investigate what can be achieved by community partnerships — especially in countries with extremely limited resources.

Lesson 1: In Lesson 1 students first consider what a community is, and then propose a spectrum of health services for families and young children in an ideal community. Finally, they create a map of their ideal community, showing the location of the services.

Lesson 2: In this lesson students investigate successful community health programs in Afghanistan, Niger, and Egypt and become aware of the ways these three very different countries have improved the health of mothers, infants, and young children.

National Standards Unit 3

ENGLISH LANGUAGE ARTS — Grades K-12

Standard 1: Students read a wide range of print and non-print texts to build an understanding of texts, of themselves, and of the cultures of the United States and the world; to acquire new information; to respond to the needs and demands of society and the workplace; and for personal fulfillment.

Standard 7: Students conduct research on issues and interests by generating ideas and questions, and by posing problems. They gather, evaluate, and synthesize data from a variety of sources (e.g., print and non-print texts, artifacts, people) to communicate their discoveries in ways that suit their purpose and audience.

Standard 8: Students use a variety of technological and information resources (e.g., libraries, databases, computer networks, video) to gather and synthesize information and to create and communicate knowledge.

MATHEMATICS

Mathematics Standards — Grades 9-12

Standard 9: Connections

In Grades 9-12 all students should recognize and apply mathematics in contexts outside of mathematics.

HISTORY/SOCIAL STUDIES/GEOGRAPHY

World History Standards — Grades 5-12

Era 9: The 20th Century Since 1945 — Promises and Paradoxes:

Students understand the search for community, stability, and peace in an interdependent world.

Social Studies Standards — Grades K-12

Strand III: People, Places, and Environments

Strand IX: Global Connections

Strand X: Civic Practices and Ideals

Geography Standards — Grades K–12

The Geographically Informed person knows and understands

The World in Spatial Terms

Standard 1: how to use maps and other geographic representations, tools and technologies to acquire, process, and report information from a spatial perspective

Places and Regions

Standard 4: the physical and human characteristics of places

Human Systems

Standard 8: the characteristics, distribution, and complexity of Earth’s cultural mosaic

Standard 11: the patterns and networks of economic interdependence on the Earth’s surface

Standard 13: how the forces of cooperation and conflict among people influence the division and control of the Earth’s surface

Environment and Society

Standard 14: how human actions modify the physical environment

Standard 16: the changes that occur in the meaning, use, distribution, and importance of resources

SCIENCE

Science Content Standards — Grades 9–12

Content Standard F: Science in Personal and Social Perspectives

Students should develop an understanding of

Personal and community health

Science and technology in local, national, and global challenges

HEALTH

Health Education Standards — Grades 9–12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

UNIT 3:

Lesson 1: Communities Meet the Health Needs of Children and Families

Suggested Class Time: 45 Minutes

Objectives:

- Define community;
- Design health services for families and young children in an ideal community.

Session Plan:

- Opening Activity: 10 minutes
- Group Activity: 35 minutes

Vocabulary:

Community

Materials Needed:

- Copies of Handout 7 for the entire class
- Newsprint and colored markers

Opening Activity: What Is a Community?

Directions

1. Have the following written on the board when students enter the classroom: Which of the following fits the definition of a community?
 - a. this class?
 - b. chess club or athletic team?
 - c. our school?
 - d. your neighborhood?
 - e. athletic team?
 - f. social networking website?
 - g. a political organization?

2. From the preceding discussion, derive the following definitions of “community”:
 - a group of people with a common interest, background, or purpose. (*a, b, e, f, g*)
 - a group of people living in the same locality and under the same government. (*c, d* and *f*— if a social networking web site is considered a “locality” and “government” extends to rules of conduct on the site.)
3. Point out that individuals may belong to several communities at the same time; some are temporary (*people evacuated to a shelter during a natural disaster*) and some are lifelong (*a faith-based organization*).
4. Expand the definitions to include this one from UNICEF’s *The State of the World’s Children 2008* (<http://www.unicef.org/sowc08/youth/informed.php#answer8>): “A ‘community’ often refers to a group of people who share the same geographical area, language and heritage. As far as health is concerned, members of a community may also experience the same deprivations in their rights to quality health care, nutrition, safe water and sanitation.”
5. Briefly discuss what responsibilities members of a community have for the children in that community.

Group Activity: Mapping an Ideal Community for Families and Children Under Five

Directions

1. Divide the class into small groups and distribute Handout 7, poster paper, and markers to each group.
2. Ask each group to create a rough map of either an urban community or a rural community. Following the directions on Handout 8, students will block out areas on their maps for the following (as applicable): residential housing, business district, schools, parks, and farms (for the rural areas).
3. Then have students brainstorm a list of community health services that would make this community ideal for young children and families. Students can then locate and label these services on their maps. Finally, they should draw public transportation routes that connect families with health services.
4. As students create their maps, suggest any services they may have overlooked — hospitals, clinics, locations for parenting classes, day care, pre-schools, etc.
5. Display the groups’ maps and have students circulate and comment on how their community design is ideal for families and children under five.

HANDOUT 7

Mapping an Ideal Community

Directions: Follow your teacher's directions for designing an ideal community for families and young children. Choose an urban community or a rural community.

1. Start with an outline of the community (a circle, square, or other shape).
2. Now identify areas for the following:
 - housing
 - faithbased organizations and congregations
 - businesses
 - government offices — community center, post office, police station, early childhood education center, library
 - schools
 - parks
 - farms (for rural areas).
3. Brainstorm and create a list of community health services for families and young children under the age of five.
4. Locate these health services on your maps. As you make decisions, consider the following questions: Do the health services belong in the business district? Should they be located near schools? In residential areas? Should there be one large health center or several smaller ones?
5. Finally, add public transportation routes that would help connect families with these services.

UNIT 3:

Lesson 2: Community Health Programs in Action for Child Survival

Suggested Class Time: 60 minutes

Objectives:

- Recognize the role families play in providing health care for young children;
- Become aware of how community health workers can improve child survival;
- Investigate community programs in Egypt, Afghanistan, and Niger.

Session Plan:

- Opening Activity: 10 minutes
- Group Activity: 50 minutes

Materials Needed:

- Copies of the *Youth Report*, Chapter 3 and Glossary
- World map or globe
- Equipment for showing videos: computer with Internet connection or TV and DVD player
- Internet Access
UNICEF Videos:
Egypt, http://www.unicef.org/sowc08/profiles/5_egypt.php
Niger, http://www.unicef.org/sowc08/profiles/3_niger.php
Afghanistan, http://www.unicef.org/sowc08/profiles/6_afghanistan.php
- Copies of Handouts 8 and 9 for the whole class.

Opening Activity: Health Care Starts at Home

Directions

1. Have the following written on the board when students enter the classroom: "Cures for the Common Cold." Elicit from students some of their home remedies for treating colds. Suggestions might include, *bed rest, lots of liquids, chicken soup, gargling with salt water, vitamin C, honey and lemon in hot liquid, a doctor visit*. Ask: How did you learn about these remedies? (Students will probably say *from family members*.)
2. Point out that in most families, parents and other primary caregivers usually make the initial diagnosis of illness, assess its severity, identify different treatment and care options, and decide whether or not to seek formal health care. In many parts of the world, community health workers save lives by assisting and educating families in health care for children.

Explain that students are going to examine the work of community health workers in three countries — Egypt, Niger, and Afghanistan.

3. Define community health workers using this information from UNICEF's *The State of the World's Children 2008*:

Community health workers are a bridge between the health-care system (hospitals and clinics) and the communities to which they belong. They have been trained in basic health care and provide their communities with information about health issues that affect them, offer preventive measures and supply simple treatments.

Community health workers advise members of their community on when they need to see a medical doctor in the health center, and they help during immunization and other public health campaigns. They are found in many countries of the world and are known by different names, including health promoters, health volunteers or village health workers. Their work is especially important in more remote and poorly connected parts of a country.

Source: UNICEF, *The State of the World's Children 2008*: <http://www.unicef.org/sowc08/youth/informed.php>

Group Activity: Investigating Community Health Initiatives in Egypt, Niger, and Afghanistan

Directions

- 1.** Divide the class into three groups: one for each country covered in Chapter 3 of the *Youth Report* — Egypt, Niger, and Afghanistan. Have students locate these countries on a world map or globe.
- 2.** Distribute Handouts 8 and 9 and review the directions. Have groups investigate answers to the questions on Handout 9 using the *Youth Report*, pages 24–26 and the videos and text at these websites:
Egypt, http://www.unicef.org/sowc08/profiles/5_egypt.php
Niger, http://www.unicef.org/sowc08/profiles/3_niger.php
Afghanistan, http://www.unicef.org/sowc08/profiles/6_afghanistan.php
- 3.** Have each group make a brief presentation about their community health projects. In preparing the presentation, groups should look at the criteria listed on Handout 9 as well as answers to the questions on Handout 8. Presentations should include information in the videos, the *Youth Report*, and web resources. Groups can present information through oral reports or PowerPoint presentations.
- 4.** Distribute additional copies of Handout 9. Ask students to take notes on each presentation. Use these reflections to stimulate a class discussion following the three group presentations.

Call to Action: Volunteer to help young children in your community.

Your time and friendship could be important in the life of a young child.

- Look for opportunities to volunteer with organizations for young children in your community.
- Check programs such as Head Start or other child-care centers; Reading is Fundamental, and other literacy programs; Big Brothers/Big Sisters; or day-care programs run by local organizations, or faith-based organizations in your community.
- Contact these organizations with your parents' and teachers' consent to find out how to volunteer.
- Then do it!

For more information about local volunteer opportunities, visit your community library or search online at: **<http://servenet.org> and www.unicefusa.org/volunteer.**

Investigating Community Health Services in Egypt, Niger, and Afghanistan

Directions: Follow your teacher's directions for using the definition below and answering the questions. Before answering the questions, fill in the name of the country assigned to your group: Egypt, Niger, or Afghanistan.

What is a community health worker?

Community health workers are a bridge between the health-care system (hospitals and clinics) and the communities to which they belong. They have been trained in basic health care and provide their communities with information about health issues that affect them, offer preventive measures and supply simple treatments.

Community health workers advise members of their community on when they need to see a medical doctor in the health center, and they help during immunization and other public health campaigns. They are found in many countries of the world and are known by different names, including health promoters, health volunteers or village health workers. Their work is especially important in more remote and poorly connected parts of a country.

Source: UNICEF, *The State of the World's Children 2008*: <http://www.unicef.org/sowc08/youth/informed.php>

Country:

1. Why are community health workers important in the country you are investigating?
2. What did you find most inspiring about their work, as described on the UNICEF website?
3. What are some specific ways community health workers are reaching out to young children and parents in the country you were assigned?
4. Could this program reach more young children and families in other communities? What might be some of the challenges?

HANDOUT 9

How Community Health Initiatives Measure Up

Directions: For group reports about community health services in Egypt, Niger, and Afghanistan, determine if the services described meet the criteria for successful community-based initiatives. Fill in the chart below with either “Yes”, “No”, or “?” in the country columns. “Yes” indicates the criterion is met; “No” means it is not met; and “?” means you need more information before answering.

| Criteria for Successful Community Health Initiatives | Egypt | Niger | Afghanistan |
|---|--------------|--------------|--------------------|
| Strong community organization and participation | | | |
| Families involved at every step | | | |
| Cooperation and coordination between local health care providers and the national health system | | | |
| Support for community health workers | | | |
| Effective ways to refer patients to hospitals and clinics | | | |
| Clearly defined government policies, with steady financial support | | | |
| Careful monitoring, supervision, and evaluation | | | |

UNIT 4: UNITING FOR CHILD SURVIVAL

Unit Overview:

In this Unit students will:

- Become familiar with four key strategies for a united global child survival effort;
- Reinforce the idea expressed in UNICEF's *The State of the World's Children 2008* report that the opportunity to increase the number of children surviving to age five is here;
- Develop a proposal for community health services in one of the 60 priority countries.

Lesson 1: In Lesson 1 students discuss the definition of “strategy” and become familiar with the four key strategies in the effort to unite for child survival. In groups or in class discussion, students investigate and present details about the four strategies — community partnerships, continuum of care, moving to scale, and global partnerships.

Lesson 2: In this lesson students respond to a “Request for Proposals” from a hypothetical foundation by envisioning a community health service initiative in one of the 60 priority countries.

National Standards Unit 4

ENGLISH LANGUAGE ARTS — Grades K-12

Standard 1: Students read a wide range of print and non-print texts to build an understanding of texts, of themselves, and of the cultures of the United States and the world; to acquire new information; to respond to the needs and demands of society and the workplace; and for personal fulfillment.

Standard 7: Students conduct research on issues and interests by generating ideas and questions, and by posing problems. They gather, evaluate, and synthesize data from a variety of sources (e.g., print and non-print texts, artifacts, people) to communicate their discoveries in ways that suit their purpose and audience.

Standard 8: Students use a variety of technological and information resources (e.g., libraries, databases, computer networks, video) to gather and synthesize information and to create and communicate knowledge.

MATHEMATICS

Mathematics Standards — Grades 9-12

Standard 9: Connections

In Grades 9-12 all students should recognize and apply mathematics in contexts outside of mathematics.

HISTORY/SOCIAL STUDIES/GEOGRAPHY

World History Standards — Grades 5-12

Era 9: The 20th Century Since 1945 — Promises and Paradoxes:

Students understand the search for community, stability, and peace in an interdependent world.

Social Studies Standards — Grades K-12

Strand IX: Global Connections

Geography Standards — Grades K-12

The Geographically Informed person knows and understands

The World in Spatial Terms

Standard 1: how to use maps and other geographic representations, tools and technologies to acquire, process, and report information from a spatial perspective

Places and Regions

Standard 4: the physical and human characteristics of places

Human Systems

Standard 8: the characteristics, distribution, and complexity of Earth’s cultural mosaic

Standard 13: the patterns and networks of economic interdependence on the Earth’s surface; How the forces of cooperation and conflict among people influence the division and control of the Earth’s surface

Environment and Society

Standard 14: how human actions modify the physical environment; the changes that occur in the meaning, use, distribution, and importance of resources

SCIENCE

Science Content Standards—Grades 9–12

Content Standard F: Science in Personal and Social Perspectives

Students should develop an understanding of

Personal and community health

Science and technology in local, national, and global challenges

HEALTH

Health Education Standards — Grades 9–12

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

UNIT 4:

Lesson 1: Strategies for Uniting for Child Survival

Suggested Class Time: 45 minutes

Objectives:

- Become aware of the four key strategies and the goals they address;
- Report on one strategy in detail and consider how it contributes to an increase in child survival rates.

Session Plan:

Opening Activity: What is a Strategy? — 10 minutes

Class Activity: The Four Key Strategies — 35 minutes

Vocabulary:

Continuum of care, packaged interventions, primary health care, moving to scale strategy

Materials Needed:

- Copies of the *Youth Report*, Chapter 4 and Glossary
- Copies of Handout 10 (2 pages) for the whole class
- Internet Access
UNICEF, *The State of the World's Children 2008*
<http://www.unicef.org/sowc08/profiles/profiles.php>

Background for Teachers

The following information on four key strategies for child survival supplements the *Youth Report*, pages 30 and 31, and Handout 10, page 2.

Four Key Strategies

- 1. Promote Community Partnerships** — Families, especially parents and other primary caregivers, form the first line of care when young children fall sick. They make the initial diagnosis of illness, assess its severity, select treatment and care options, procure and administer drugs and other remedies, and decide whether or not to seek formal health care. Moreover, many of the preventive measures that can preserve the health and save the lives of young children and pregnant women require behavior changes that begin in the household and are reinforced in the community.

A common set of features of the most successful community-based approaches to health include:

- Strong community organization and participation;
- Families involved at every step;
- Cooperation and coordination between local health care providers and the national health system;
- Support for community health workers;
- Effective ways to refer patients to hospitals and clinics;
- Clearly defined government policies with steady financial support;
- Careful monitoring, supervision, and evaluation.

2. Develop and Strengthen the Continuum of Care — More than half of all maternal and newborn deaths occur during childbirth and the first few days of a baby's life; this is also the period when health care is lowest. An effective continuum of care connects essential maternal, newborn, and child health care packages through pregnancy, childbirth, and postnatal and newborn periods, and into childhood and adolescence. The advantage of a continuum is that each stage builds on the success of the previous stage. This strategy consists of two primary elements including:

- Time, or recognizing the need to ensure essential services for mothers and children during pregnancy, childbirth, the after child birth time period, infancy, and early childhood;
- Place, or linking the delivery of essential services in a primary health care system that integrates home, community, outreach, and facility-based care.

3. Expand Services and Strategies — It has been shown that when governments take the lead and are committed to expanding successful pilot and small-scale projects, nationwide coverage can be achieved. Country ownership and public sector leadership can increase the prospects for successful scaling up. There are several characteristics of projects that have moved from a small-scale program to one that has national coverage.

These include:

- Increasing the availability of professional health workers;
- Developing an accessible network of community-based, primary, and referral-level services;
- Improving the quality of care, as well as the living conditions and status of women;
- Ensuring equal access to health and nutrition services.

Packaging interventions helps strengthen the continuum of care and expand services. In the past, safe motherhood and child survival programs often operated separately, leaving disconnections in care that affected both mothers and newborns. Now it is being recognized that delivering specific interventions at critical points in the continuum of care has multiple benefits. If, for instance, insecticide-treated mosquito nets are distributed in a community on one day, nutrition supplementation for pregnant women is provided on another day, and immunizations take place on yet a different day, children and mothers are less likely to benefit from all three

interventions than they would if these were made available on a single day. The “packaged approach” — by combining low-cost interventions such as vaccines, antibiotics, insecticide-treated mosquito nets, and micronutrient supplementation for mothers and children, and adding the promotion of improved feeding and hygiene practices — can markedly increase their efficiency and cost-effectiveness.

4. Develop Unity in Global Health Partnerships — Since the early years of the Child Survival Revolution, global partnerships for health, often financed through private sources, have proliferated and reinvigorated the field. (See *Youth Report*, pages 18–19, for a summary of some of the most important.) It is estimated that there are over 100 global health partnerships.

A number of these partnerships have proved remarkably effective in offering communities free or reduced-cost medicines whose quality is assured, along with vaccines. Yet, in their single-mindedness to produce results, it has been argued that global partnerships are often donor- and product-driven rather than country- and people-centered.

There are many challenges facing developing countries as they seek to coordinate and manage these efforts. What is clear however is that developing countries must take the lead and “own” the solutions to their health problems. Global partnerships for child health and survival are beginning to move toward greater coordination and integration with the priorities, systems, and procedures of non-industrialized countries themselves.

To learn more about each of these strategies:

<http://www.unicef.org/sowc08/profiles/profiles.phpwwwl>

Opening Activity: What is a Strategy?

Directions

1. Write “Problem → Solution” on the board when students enter the class. Discuss what the arrow stands for—the process or strategy for solving a problem. For example, if the problem is *feeling tired all day*, the solution could be *get more sleep* and a strategy might be *go to bed earlier*.
2. Have students offer other examples for simple strategies for solving common problems.
3. Reveal the following; the word strategy comes from the Greek *strategia* meaning generalship. A useful definition is “the art of devising or employing plans to reach a goal.”

Class Activity: The Four Key Strategies

Directions

1. Ask students to read the Four Key Strategies on pages 30–31 of the *Youth Report*. Define any unfamiliar terms in the Vocabulary list at the beginning of this lesson and refer to the Glossary on page 38 of the *Youth Report* for additional definitions.

2. Distribute Handout 10 (2 pages). Create four groups and assign one strategy for each group. Ask students to answer questions about the Strategy that corresponds to their number. (Note that there is some overlap among the four strategies.)
3. Provide time for students to research and discuss their topics and prepare their presentations.
4. As a follow-up, discuss how the four strategies interconnect and what the role of industrialized nations should be.

 **Tip: Alternatively this activity can be structured as a class discussion without breaking into small groups.**

5. Allow time for students to answer the questions, using information from the *Youth Report*, Handout 10, page 2, and UNICEF's *The State of the World's Children 2008* website, <http://www.unicef.org/sowc08/profiles/profiles.php>.
6. Then discuss students' responses as a class.

Extension Activity

Directions

Invite students to reflect in writing on the following statement from page 31 of the *Youth Report*, "There is no enterprise more worthy, nor reward more precious, than saving the life of a child. The means are at hand. It is now a question of will and action."

The Four Key Strategies for Child Survival

Directions: Follow your teacher’s directions and answer the questions related to your assigned strategy on a separate sheet of paper.

Strategy 1 — Promote Community Partnerships

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. What are some of the obstacles to creating community partnerships in the 60 priority countries?

Strategy 2 — Develop and Strengthen the Continuum of Care

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. What is the “continuum of care”?
4. Should the continuum of care end after age five?

Strategy 3 — Expand Services and Strategies

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. What are “packaged interventions”?
4. How do they contribute to reaching more children?

Strategy 4 — Increase Unity in Global Health Partnerships

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. Provide some examples of global health partnerships and explain briefly what they have accomplished and hope to accomplish. (See bottom of page 32 of the *Youth Report*.)

Fast Facts about the Four Strategies

Strategy 1 — Promote Community Partnerships

How can a community partnership ensure child survival? Many countries of the world do not have strong health systems and face a shortage of doctors and nurses. In such countries, most child deaths occur at home before the child's family has been able to seek medical care, which is often far away. Thousands of children's lives can be saved if every community has access to a package of basic health care. This package would include a network of community health workers to provide families with simple treatments for childhood illnesses and also advise on how to recognize when a child should be taken to the health clinic or hospital for more urgent care.

Strategy 2 — Develop and Strengthen the Continuum of Care

What is a "continuum of care"? In a continuum of care, health care is provided to a mother before and during pregnancy, at the time of delivery, immediately after childbirth, and to her newborn child as she or he grows into infancy, childhood, and adolescence. In such a continuum, each stage builds on the success of the stage before. Skilled care before, during, and immediately after birth reduces the risk of complications or death for both the mother and the baby. Continued care for children supports their right to health.

Strategy 3 — Expand Services and Strategies

What does "scaling up" mean? Scaling up means taking low-cost and effective health services and strategies from the community level to district, state, and country levels. Scaling up community health initiatives is a challenge because it needs greater funding, good coordination between levels, and strong political leadership to strengthen a country's health system.

Source: *The State of the World's Children 2008*, <http://www.unicef.org/sowc08/youth/informed.php>

Strategy 4 — Develop Unity in Global Health Partnerships

What are the challenges to unity in global health partnerships? Depending on the definition used, it is estimated that there are over 100 global health partnerships. A number of these partnerships have proved remarkably effective in offering communities free or reduced-cost medicines whose quality is assured, along with vaccines. Yet, in their single-mindedness to produce results, it has been argued that global partnerships are often donor- and product-driven rather than country- and people-centered.

There are many challenges facing developing countries as they seek to coordinate and manage these efforts. What is clear however is that developing countries must take the lead and "own" the solutions to their health problems. Global partnerships for child health and survival are beginning to move toward greater coordination and integration with the priorities, systems, and procedures developing countries themselves.

UNIT 4:

Lesson 2: Proposing a Plan for Community-based Health Care

Suggested Class Time: 70 minutes

Objectives:

- Plan a community-based health center for mothers and children under five in a developing country;
- Consider the role of community leaders in a successful local health care initiative;
- Evaluate the proposals of other students on the same topic.

Session Plan:

Opening Activity: Proposal Request — 15 minutes

Group Activity: Proposing Community Health Centers — 55 minutes (presentations may need to extend into the second session)

Vocabulary:

Community, philanthropy

Materials Needed:

- Copies of the *Youth Report*, Chapter 4 and Glossary; “Highlights in Child Survival,” pages 18–19
- World map or globe
- Copies of Handouts 10 (page 2), 12, and 13 for the whole class.
- Internet Access: Lesson Activities
UNICEF websites
http://www.unicef.org/sowc08/profiles/child_health.php (Milestones in health service provision)
http://www.unicef.org/immunization/index_coverage.html and
http://www.unicef.org.uk/press/news_detail_full_story.asp?news_id=434
<http://www.unicef.org/infobycountry/index.html>
<http://www.unicef.org/sowc08/youth/informed.php#answer13>
<http://www.unicef.org/sowc08/youth/informed.php#answer14>
http://www.unicef.org/sowc08/profiles/community_partnerships.php

- Internet Access: Extension Activity
http://www.unicef.org/sowc08/profiles/child_health.php (Milestones in health service provision)
http://www.unicef.org/immunization/index_coverage.html and
http://www.unicef.org/immunization/index_coverage.html and
http://www.unicef.org.uk/press/news_detail_full_story.asp?news_id=434

Opening Activity: Proposal Request

Directions

1. Read aloud the heading on the Request for Proposal: “U.S. Foundation Supports Child Survival Programs in Africa” (page 61).
2. Tell students you’re giving them 30 seconds to list as many different ways to promote child survival in Africa as they can (based on their familiarity with the *Youth Report*). (Responses may include *educating families of young children; supplying nutritious food, micronutrients, and clean water; protecting children from malaria; inoculating children against preventable diseases; rehydrating children with diarrhea; providing health care to pregnant women*)
3. Review student responses and then distribute Handout 12. Read together the Request for Proposals. Explain that while this is a fictitious foundation, it is similar to many philanthropic organizations in the U.S. that support UNICEF’s child survival initiatives around the world.
4. Tell students that for the next activity they will be working in groups to respond to the proposal request. (You can also write one proposal as a class rather than in small groups.)

Group Activity: Proposing Community Health Centers

Directions

1. Divide the class into groups and assign each group a name or a number. Explain that each group will complete the “Response to Request for Proposals” section on Handout 11. Distribute copies of Handout 11 and Handout 10, page 2 (used in the previous lesson), to each group to use as a reference. Groups will need Internet access to help with some of the responses.
2. Suggest that group members divide up the responsibility for finding answers to specific questions.
3. When groups have completed their Response to the Request for Proposals, have them make an oral or PowerPoint presentation to the class.
4. Distribute Handout 12 so that students can evaluate each group’s proposed ideas.

Extension Activity: Timeline

Directions

1. Interested students can compare and contrast two “Highlights in Child Survival” outlined on pages 18–19 of the *Youth Report*. Working as individuals or teams, students will consider the strengths and merits of initiatives with two very different approaches to child survival—the 1974 Extended Program on Immunization and the 2002 Accelerated Child Survival and Development.
2. Direct students to find out more about these important programs at the following websites:
http://www.unicef.org/sowc08/profiles/child_health.php (Milestones in health service provision)
http://www.unicef.org/immunization/index_coverage.html
http://www.unicef.org.uk/press/news_detail_full_story.asp?news_id=434
3. Students can then discuss or debate the two approaches or write an essay comparing and contrasting them.

Call to Action: “My hopes, my dreams, my wishes” for you

Invite students to read the letter from Melinda Gates (*Youth Report*, pages 32-33). Ask students to imagine a young child living in one of the countries reviewed in the *Youth Report*. Ask them to write a letter to a child living in this country, expressing their hopes, dreams, and wishes for that child as he or she reaches five years of age. This assignment can be expanded beyond a single classroom and become an all-school creative writing contest. A panel of teachers and students can judge the letters for content, style, and accuracy. The top five winning letters can be posted on the school website or displayed in the library.

The Four Key Strategies for Child Survival

Directions: Follow your teacher’s directions and answer the questions related to your assigned strategy on a separate sheet of paper.

Strategy 1 — Promote Community Partnerships

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. What are some of the obstacles to creating community partnerships in the 60 priority countries?

Strategy 2 — Develop and Strengthen the Continuum of Care

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. What is the “continuum of care”?
4. Should the continuum of care end after age five?

Strategy 3 — Expand Services and Strategies

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. What are “packaged interventions”?
4. How do they contribute to reaching more children?

Strategy 4 — Increase Unity in Global Health Partnerships

1. What are the key goals of this strategy?
2. Why is it an important strategy for increasing child survival rates?
3. Provide some examples of global health partnerships and explain briefly what they have accomplished and hope to accomplish. (See bottom of page 32 of the *Youth Report*.)

Fast Facts about the Four Strategies

Strategy 1 — Promote Community Partnerships

How can a community partnership ensure child survival? Many countries of the world do not have strong health systems and face a shortage of doctors and nurses. In such countries, most child deaths occur at home before the child's family has been able to seek medical care, which is often far away. Thousands of children's lives can be saved if every community has access to a package of basic health care. This package would include a network of community health workers to provide families with simple treatments for childhood illnesses and also advise on how to recognize when a child should be taken to the health clinic or hospital for more urgent care.

Strategy 2 — Develop and Strengthen the Continuum of Care

What is a "continuum of care"? In a continuum of care, health care is provided to a mother before and during pregnancy, at the time of delivery, immediately after childbirth, and to her newborn child as she or he grows into infancy, childhood, and adolescence. In such a continuum, each stage builds on the success of the stage before. Skilled care before, during, and immediately after birth reduces the risk of complications or death for both the mother and the baby. Continued care for children supports their right to health.

Strategy 3 — Expand Services and Strategies

What does "scaling up" mean? Scaling up means taking low-cost and effective health services and strategies from the community level to district, state, and country levels. Scaling up community health initiatives is a challenge because it needs greater funding, good coordination between levels, and strong political leadership to strengthen a country's health system.

Source: *The State of the World's Children 2008*, <http://www.unicef.org/sowc08/youth/informed.php>

Strategy 4 — Develop Unity in Global Health Partnerships

What are the challenges to unity in global health partnerships? Depending on the definition used, it is estimated that there are over 100 global health partnerships. A number of these partnerships have proved remarkably effective in offering communities free or reduced-cost medicines whose quality is assured, along with vaccines. Yet, in their single-mindedness to produce results, it has been argued that global partnerships are often donor- and product-driven rather than country- and people-centered.

There are many challenges facing developing countries as they seek to coordinate and manage these efforts. What is clear however is that developing countries must take the lead and "own" the solutions to their health problems. Global partnerships for child health and survival are beginning to move toward greater coordination and integration with the priorities, systems, and procedures developing countries themselves.

HANDOUT 11

Directions: Read the *Request for Proposals* below and then follow your teacher's directions for preparing a proposal that addresses the questions in the "Response to Proposal" section.

Request for Proposals: U.S. Foundation Supports Child Survival Programs in Africa

The "Healthy Children Around the World Foundation" is requesting proposals to develop community-based health centers. While there has been tremendous progress in improving child health and survival, far too many children are dying from preventable causes before they reach age five. Most of these deaths occur within sub-Saharan Africa.

The information presented in UNICEF's *The State of the World's Children 2008* report inspired us to take action. The Foundation is now seeking proposals to develop community-based child health centers to increase the survival and development of young children. There are many successful community-based programs around the world. Using this knowledge, the goal is to develop community health centers to provide essential health and development services to mothers and their young children.

Initial start-up funding is available for three years. If successful, continued support will be considered. All interested university and/or health institutions are encouraged to apply.

Preliminary Response to Request for Proposal

Directions: Write your answers on a separate sheet of paper.

1. Location

- a. In which country will you establish community-based health clinics? (Choose one of the 60 priority countries in sub-Saharan Africa) What is the most recent U5MR in that country?
- b. Will you focus on an urban or rural area? (What are the advantages and disadvantages of each?) Explain your decision.

Suggested Resources: *Youth Report*, p. 8 (60 Priority Countries); UNICEF Information by Country, <http://www.unicef.org/infobycountry/index.html> (click on country name then "statistics" to find the U5MR)

2. Health Services

- a. Where will health services be located?
- b. Who will provide the services?
- c. What type of training for health care workers will be provided?

HANDOUT 11

Suggested Resources: *Youth Report*, Chapter 3; *Youth Report* p. 30, “Key Strategies 1, 2, 3”; UNICEF, *The State of the World’s Children 2008*:

<http://www.unicef.org/sowc08/youth/informed.php#answer13>

<http://www.unicef.org/sowc08/youth/informed.php#answer14>

3. Community Involvement

- a. What community leaders will you enlist to help plan the health center?
- b. How might these community leaders be helpful?
- c. What, if any, role would families play in the management of the centers?
- d. How will you convince the local government to fund the health services after foundation funding ends in three years?

Suggested Resources: UNICEF, *The State of the World’s Children 2008*, What Can Be Done: Community Partnerships for Child Survival, scroll down to “Tenets for a successful community-based approach to health”

http://www.unicef.org/sowc08/profiles/community_partnerships.php

HANDOUT 12

Proposal Evaluation Form

Directions: Follow directions for using this form to evaluate the proposals responding to the Healthy Children Around the World Foundation's request.

Proposal group name or number

| Questions | Responses | |
|---|------------------------------------|-------------|
| In this proposal... | Y/N | Explanation |
| Are the proposed health services appropriate and adequate? | | |
| Is the strategy to deliver health services practical? | | |
| Is family/community involvement in health centers adequate? | | |
| Could this strategy for health centers be used in other countries? Why or why not? | | |
| Is the strategy realistic? Does the proposal anticipate some of the major challenges to the success of their program? | | |
| What are the strengths of the proposals? What recommendations would you make to strengthen this proposal? | Strengths: Recommendations: | |



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