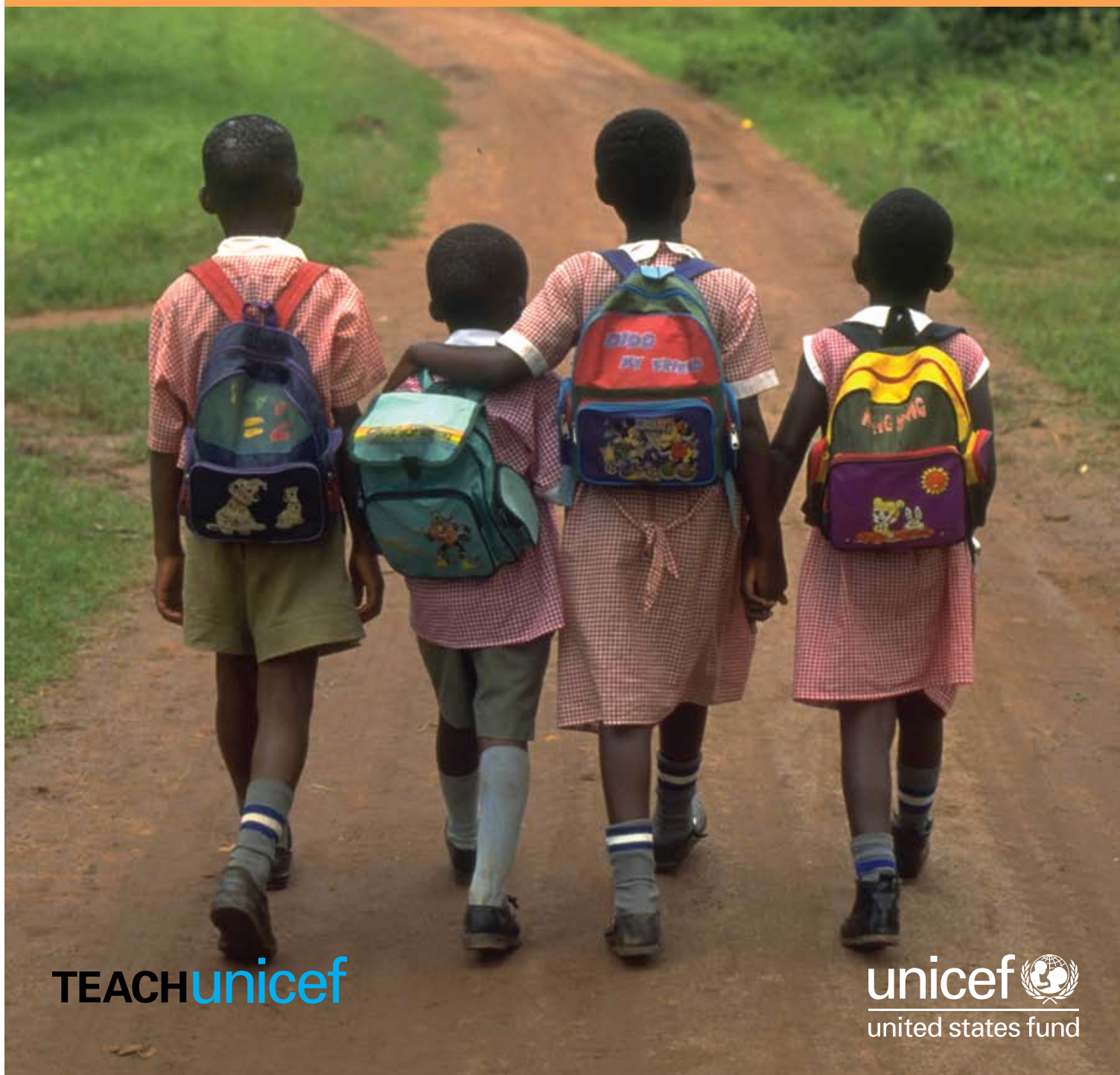


Educator's Guide
Middle School

Child Survival: A Global Challenge

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



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The State of the World's Children 2008

Educator's Guide Middle School

Cassie Landers, Ed.D, MPH
Susan Moger

U.S. Fund for UNICEF
125 Maiden Lane
New York, NY 10038

www.teachunicef.org
teachunicef@unicefusa.org

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Welcome!

Welcome to TeachUNICEF's *Educator's Guide to CHILD SURVIVAL: A GLOBAL CHALLENGE*. This Guide has been designed for middle 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 the worldwide conditions for 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 *U.S. Fund for UNICEF Youth Report* can be downloaded from 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 is still there. 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.

The *Child Survival: A Global Challenge's* chapters help 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 can be found on pages 36 and 37.

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 easy-to-follow Educator’s Guide to help you bring the *Youth Report* alive for middle school students. As summarized in the chart on page 8, 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: INTRODUCTION

In this unit students will:

- Identify what every child needs to grow well during the first five years of life;
- Articulate their memories of being age five.

Lesson 1: In this introductory lesson students are asked to think about the first five years of a child's life. This activity first introduces students to the importance of a child's first five years and explains that these years lay the foundation for all later development. Some information on early brain development is provided. Secondly, students will spend some time thinking about what every child needs in order to reach his or her potential during the first five years of life. Finally, students will be asked to think about the first five years of their own lives, recalling what they liked to do and what made them feel special and important as five-year-olds.

UNIT 2: CHILD SURVIVAL — CHALLENGES AND RESPONSES

In this unit students will:

- Learn about the concept of the under-five mortality rate and why the number of deaths is higher in some regions of the world than in others;
- Read and interpret tables, graphs, and pie charts in the *Youth Report*, Chapter 2;
- Discover readily available, low-cost solutions to the main causes of child mortality.

Lesson 1: Students will learn about the calculation of under five mortality rates (U5MR) and why it is such an important indicator of a country's commitment to the well-being of children and families. Using real data, students will have opportunities to read and interpret graphs and charts as well as calculate changes in rates. This lesson will also point out where and why child survival is still a pressing issue for many children living in 60 priority countries.

Lesson 2: Students will learn about some of the challenges to child survival as well as the simple, affordable, and effective solutions available to prevent child mortality. Working in small groups, students will discover and report on simple solutions to life-threatening problems described in the *Youth Report*, including malaria, preventable diseases (such as measles), undernutrition, and lack of safe drinking water.

UNIT 3: COMMUNITY PARTICIPATION AND CHILD SURVIVAL

In this unit students will:

- Develop a definition of “community”;
- Describe a community in which the needs of children and families for health and survival are met;
- Brainstorm ways in which they can contribute to decisions about health services in their community;
- Review UNICEF programs for child survival and development;
- Understand what UNICEF has learned from past community programs.

Lesson 1: Students will create a definition of “community.” What are the characteristics of communities? What makes them different; what makes them the same? Activities will help students identify services communities can provide to support the development of young children and their families. Finally, students will explore what UNICEF is doing to make communities strong and more supportive of children’s needs.

Lesson 2: Students will read and discuss how three community programs in Afghanistan, Niger, and Egypt are working to improve the health and nutrition of young children during their first five years. Through an analysis of these case studies, students will learn about the important roles communities play in promoting the health of young children and their families.

UNIT 4: COMBATING MALARIA — BED NETS, A SIMPLE SOLUTION

In this unit students will:

- Review basic facts about malaria and its prevalence;
- Learn about the important role of insecticide-treated bed nets in preventing the spread of malaria;
- Analyze case studies of bed-net distribution in Malawi and Congo; discuss the importance of community participation in addressing malaria;
- Write and present a role-play exploring the issues involved in a community’s distribution of insecticide-treated bed nets.

Lesson 1: Students will learn the basic facts about malaria and its prevention by viewing and discussing a short video, and reading and discussing a basic fact sheet. Students will also learn about how Malawi and Congo have distributed bed nets in order to prevent exposure to malaria-infected mosquitoes.

Lesson 2: Students will role-play a community meeting where important decisions affecting children’s health will be made. Through guided questions, students will discuss issues presented in the role-play. This lesson will conclude with a basic review of facts about malaria and its prevention.

	Time	Handout #	Youth Report Connection	Internet Access Needed	Educator's Guide Page #
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UNIT 1: Introduction

National Standards					14
Lesson 1: The First Five Years of Life	2 classes	1 and 2			15
Extension: Child Development				X	17

UNIT 2: Child Survival — Challenges and Responses

National Standards					21
Lesson 1: Child Survival — What Does It Mean?	1 class	3	Chapter 1		23
Extension: Child Survival				X	26
Lesson 2: Child Survival — Problems and Solutions	2 classes		Chapter 2	X	28
Extension: Combating Childhood Diseases			Page 36	X	29

UNIT 3: Community Participation and Child Survival

National Standards					31
Lesson 1: Building Strong Communities, Families, and Children — What Can We Do?	1 class		Pages 18-20		32
Lesson 2: A Closer Look — UNICEF's Community Programs	1 class		Chapter 3		34
Extension: Advocacy				X	35

UNIT 4: Combating Malaria — Bed Nets, A Simple Solution

National Standards					37
Lesson 1: Malaria — What Is it? How Can It Be Prevented?	1 class	4–6		X	38
Lesson 2: Role Play — A Community Makes Decisions about Bed Nets	2 classes	5–7			44
Extension: Take It on the Road					45

Interdisciplinary Connections

The units in this Educator’s Guide align with national standards for Mathematics, English/Language Arts, Social Studies and Geography, and Science. You may want to team-teach the unit with colleagues in those disciplines. Additional interdisciplinary assignments could include:

English/Language Arts and Visual Arts

- Students can write and illustrate a personal essay, story, or poem in response to one of the photographs of children in the *Youth Report*.

English/Language Arts and Geography

- Students can read two nonfiction accounts about UNICEF at work and then start a reflection journal. One nonfiction account describes a UNICEF-supported campaign to promote child survival in Tanzania: http://www.unicef.org/childsurvival/tanzania_45503.html. The other is a profile of a young leader from Canada whose dream is to bring clean water to Africa: http://www.unicef.org/people/people_16255.html. Students can start their reflection journals by responding to these prompts: where is Tanzania in relation to my home? How is my life different from the life of Mwanaisha Issa? What inspired Ryan Hreljac to take action? What can I, or my classmates, do to help child survival in faraway countries?

Mathematics

- Students can look at the graphs in Chapters 1 and 2 of *Youth Report* and suggest alternative ways of displaying the same information. For example, they should ask themselves if information presented in a pie chart can be displayed as a line graph.
- Students can pick two countries from the list of countries in the “developing world” (in the *Youth Report* Glossary, page 38). They can then look up statistics on child survival in those two countries and in the United States, using information from UNICEF at <http://www.unicef.org/infobycountry/index.html>. Then students can calculate by what percentage the under-five mortality rates (U5MR) of the three countries differ.

Science and Technology

- Students can create a PowerPoint presentation highlighting the solutions described in the graphic, “Solving Problems,” on page 12 of the *Youth Report* and further explained on pages 13-17.

- Students can prepare an oral report on the development of the polio vaccine in the United States and its impact on the disease. They can access information online from the National Museum of American History at <http://americanhistory.si.edu/polio/virusvaccine/index.htm> and the Centers for Disease Control's page commemorating the 50th anniversary of the polio vaccine (2005): <http://www.cdc.gov/vaccines/events/polio-vacc-50th/default.htm>.

Science and Health

- Students can investigate how immunizations protect against childhood diseases that threaten child survival. Students can explore how illnesses such as malaria, pneumonia, and diarrhea can be prevented and treated.
- Students can create a presentation about the types of microorganisms that contaminate water and threaten the lives of children. Where do the microorganisms come from? How can they be eliminated? What types of illnesses do they cause? What makes children vulnerable to these illnesses?

Geography

- On UNICEF's interactive online world map, <http://www.unicef.org/infobycountry/maps/index.php>, students can click on a topic (child survival, e.g.) and then on a country link to gather information specific to that country. Students can gather information about countries in a specific region and create a bulletin board display on child survival.

Technology

- Students can use technology to develop educational presentations on child survival using various media (audio, video, animation, PowerPoint, etc.).

Visual Arts

- After viewing a UNICEF slide show that summarizes the key steps in improving child survival across the globe, <http://www.unicef.org/photoessays/42627.html>, students can prepare their own visual interpretation of one or more of the slides and captions and create a persuasive poster or bulletin board display: "Child Survival: Attention Must Be Paid."

Visual Arts/Drama/Dance/Music

- Students can create a work of art interpreting child survival in one of the following formats — a poster; song lyrics, a musical piece, a rap song, a poem, a cover for a CD; a mural; or a piece of art in another format.
- When students are finished, they can brainstorm ways to share the results, such as a podcast, uploaded video on www.TeacherTube.com, or a traveling art gallery that visits other classrooms and schools.

Glossary

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

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; 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

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

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

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 were established when 189 world leaders came together at 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. These are the Millennium Development Goals (MDGs):

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: INTRODUCTION

In this unit students will:

- Identify what every child needs to grow well during the first five years of life;
- Articulate their memories of being age five.

Lesson 1: In this one-lesson introductory unit students are asked to think about the first five years of a child's life. This unit starts by introducing students to the importance of a child's first five years and explains that these years lay the foundation for all later development. Some information on early brain development is provided. Secondly, students will spend some time thinking about what every child needs in order to reach his or her potential during the first five years of life. Finally, students will be asked to think about the first five years of their own lives, recalling what they liked to do and what made them feel special and important as five-year-olds.

 **Tip:** While this unit was designed to be taught over two to three consecutive days, feel free to customize it to fit your specific curriculum schedule.

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 5: Students employ a wide range of strategies as they write and use different writing process elements appropriately to communicate with different audiences for a variety of purposes.

SCIENCE

Science Content Standards — Grades 5-8

Content Standard C: Life Science

As a result of activities in grades 5-8, all students should develop understanding of structure and function, as well as regulations and behavior of living systems.

HEALTH

Health Education Standards — Grades 6-8

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

UNIT 1:

Lesson 1: The First Five Years of Life

Suggested Class Time: 60 Minutes

Objectives:

- Inform students about child development in the crucial years — birth to age five;
- Help students to understand how the brain develops during these critical periods;
- Connect students with other five-year-olds by having them describe their personal experiences at age five.

Session Plan:

- Why Are the First Five Years So Important? 15 minutes
- What Every Child Needs: 20 minutes
- Looking Back: When I Was Five: 15 minutes
- Wrapping Up: 10 minutes

Materials Needed:

- Handout 1: Ten Things Children Need Before Age Five
- Handout 2: Off to a Good Start

Background:

The first five years of life are a period of incredible growth in all areas of a baby's development. A newborn's brain is about 25 percent of its approximate adult weight. But by age three, it has grown dramatically. The brain grows by making hundreds of trillions of connections, or synapses, between brain cells. As the brain continues to grow during childhood, parents and caregivers can do a lot to help children establish healthy patterns for life-long learning.¹

Think of what an amazing process early development is. Between birth and age five, babies learn to sit, crawl, stand, walk, and run. They learn to talk, rhyme, sing, and communicate their feelings. They are fascinated by the world around them and try to discover how things work. They make friends and show concern for others' emotions.²

But development doesn't happen in the same way, at the same time, for all children. Some children will develop certain skills (like walking or talking) faster or slower than others. These differences are normal.

¹Zero to Three: http://www.zerotothree.org/site/PageServer?pagename=key_brain

²Zero to Three: http://www.zerotothree.org/site/PageServer?pagename=key_childdevt; and http://www.advocatesforyouth.org/parents/4_5.htm

Why Are the First Five Years So Important?


Directions

1. Review the background information on brain development in the first five years of life.
2. Before students come into the classroom, draw three stick figures (small, medium, and large) on the chalk board and label them "birth to five years old; six to twelve years old, and thirteen to nineteen years old." Below the figures write the following question: At which of these stages of life is the brain most flexible and ready to learn?
3. Invite students to answer the question orally, and then reveal that the correct answer is birth to five: "The first five years see the most rapid changes of all of life due to the connections being made between brain cells. These connections are dependent on the quality and quantity of the child's interaction with people and things. The more work the brain does, the more work it is capable of doing. At this time, the brain is most flexible and prepared to learn."³
4. Ask students: What are some of the skills most children have learned by the time they are five? *(Answers should include crawl, stand, walk, run, talk, rhyme, sing, recognize and relate to other people, make friends; tie shoelaces, button shirts, use scissors, and draw recognizable figures.)*

What Every Child Needs

Directions

1. Distribute Handout 1 and read aloud the "Ten Things Children Need Before Age Five," discussing any unfamiliar words or concepts.
2. Ask for students' reactions to this list of essentials. Ask: What surprised you about this list? What else would you add to the list?

 **Tip: You can also introduce the items in Handout 1 by dividing the class into five groups and making each group responsible for presenting two of the items on Handout 1. Allow 10 minutes for the groups to discuss their assigned items and prepare to present them to the class and 5 minutes for the presentation. Students could remain in the same groups to complete Handout 2.**

3. Distribute Handout 2. Have students work in small groups to list items to include in the backpack on Handout 2. Explain that items can be tangible, such as toys and books; or intangible, such as "loving parents" or "health and safety."
4. Have groups write or draw pictures completing Handout 2 and then explain the contents of their backpacks to the class.

³ Early Brain Development, <http://www.educarer.com/brain.htm>.

Looking Back: When I Was Five

Directions

1. Invite students to imagine that they are five years old about to start kindergarten.
2. Now ask students to write their answers to these questions:
 - What did you like to do when you were five?
 - What do you remember about your first day at school?
 - What made you special?
3. Ask student volunteers to share their written responses.

Wrapping Up

1. Ask students to think about some of the factors that prevent children from getting what they need to grow and thrive during the first five years of life.
2. Inform students that the next unit will focus on the survival challenges that face young children and their families around the world.

Extension Activities: Child Development

1. The Amazing Brain — Internet Research. Assign a group of students to research the development of a child's brain and report to the class. A recommended website for information on Early Brain Development is <http://www.educarer.com/brain.htm>.
2. Hold a class Essay/Poster Contest: "The First Five Years of Life." Challenge students to write an essay or create a poster informing families about the growth and development of children during the first five years.
3. Creative Writing. "Child Survival has a Face." Choose a picture of a child from *Child Survival: A Global Challenge* and focus on that child. Imagine you are writing a letter to her or him. What knowledge would you share? What would you want her or him to know about you? What would you say about your childhood? What would you say about the things you love to do now? Now write the letter and include a paragraph describing what you wish for her or him and for other children.

Ask student volunteers to read their letters to the class. Alternatively, have students work in pairs and read and comment on each other's letters.

Ten Things Children Need Before Age Five

- 1. Interaction:** Interactions with people and objects are vital nutrients for the growing and developing brain. They are as necessary to a baby from birth as protein, fat, and vitamins are. Different experiences cause the brain to develop in different ways.
- 2. Touch:** Touch is critical to development. Touch sends signals to the brain telling it to grow (make connections). Of all the sensory experiences, touch is how the infant first knows he or she is loved. It is the source of comfort. Holding reassures children.
- 3. Stable relationship:** Studies have found that infants need a loving, nurturing adult to act as the interpreter of life experiences, otherwise they have no meaning. An early secure relationship can prevent difficulties in handling stress later in childhood.
- 4. Safe, healthy environment:** Keeping children safe includes preventing exposure to lead. Lead poisoning directly affects the brain. Children can be exposed to lead through products containing lead paint. Learning difficulties are symptoms of lead poisoning. Children can be tested for lead poisoning. If caught early enough, this condition is treatable.
- 5. Self control:** The root of all emotional feeling is in the brain stem. It takes nearly one-and-a-half years for a child to learn how to control feelings. How well a child does this depends solely on the parents or other adult caregivers. Children mirror what is around them.
- 6. Communication:** A child's ability to communicate begins at birth. By six months of age a child can duplicate the sounds he or she hears. The child's brain is ready to learn language. All the circuits are in place. They just need to be connected. The more words the infant hears, the more connections are made.
- 7. Play:** Play is essential to a child's development. Play is linked to mental development. Everything is learned through play. The experience of playing, not any particular toy, helps the brain to grow.
- 8. Music:** From birth, children are attracted to music. Parents and children should make music together, not just listen to it. Infancy is not too early for a child to experience music as a form of recreation.
- 9. Sleep:** There is a strong connection between the amount of sleep a child gets and normal brain development. It is necessary for the brain to have deep, uninterrupted rest in order to process all of the day's experiences.
- 10. Being Read To:** When a child is read to, connections are made in the brain. The more a child is read to, the more connections are made. Hearing the same book read over and over helps a child make connections between the written page and the spoken word.

Source: Adapted from "Early Brain Development" (<http://www.educarer.com/brain.htm>)

HANDOUT 2

Off to a Good Start



Directions: Imagine you can fill a backpack with 10 things every child needs to grow in mind and body before age five. What would you include? Write a description of each "item" on the lines below. (Not every item must actually fit in the backpack.)

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

UNIT 2: CHILD SURVIVAL — CHALLENGES AND RESPONSES


Unit Overview:

In this unit students will:

- Learn about the concept of the under-five mortality rate and why the number of deaths is higher in some regions of the world than in others;
- Read and interpret tables, graphs, and pie charts in the *Youth Report*, Chapter 2;
- Discover readily available, low-cost solutions to the main causes of child mortality.

Lesson 1: Students will learn about the calculation of the under-five mortality rate (U5MR) and why it is an important indicator of a country's commitment to the well-being of children and families. Using real data, students will have opportunities to read and interpret graphs and charts as well as calculate percentage changes in U5MR rates. This lesson will also point out that child survival is a pressing issue for many children living in what UNICEF has designated as "60 priority countries."

Lesson 2: Students will learn about some of the challenges to child survival as well as simple, affordable, and effective solutions to those challenges. Working in small groups, students will report on simple solutions to life-threatening problems described in the *Youth Report*, including malaria and measles, undernutrition, and lack of safe drinking water.

 **Tip:** While this unit was designed to be taught over two to three consecutive days, feel free to customize it to fit your specific curriculum schedule.

National Standards Unit 2

MATHEMATICS

Mathematics Standards — Grades 6-8

Standard 1: Number and Operations

In grades 6–8 all students should work flexibly with fractions, decimals, and percents to solve problems.

Standard 10: Representation

In grades 6–8 all students should use representations to model and interpret physical, social, and mathematical phenomena.

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 4: Students adjust their use of spoken, written, and visual language (e.g., conventions, style, vocabulary) to communicate effectively with a variety of audiences and for different purposes.

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.

SCIENCE

Science Content Standards — Grades 5-8

Content Standard F: Science in Personal and Social Perspectives

Students should develop an understanding of:

- Populations, resources, and environments
- Science and technology in society

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 VIII: Science, Technology, and Society

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.

UNIT 2:

Lesson 1: Child Survival — What Does It Mean?

Suggested Class Time: 45 Minutes

Objectives:

- Understand what is meant by child survival;
- Discover reasons why young children are dying in some parts of the world.

Session Plan:

- Introduction: *Child Survival: A Global Challenge*: 10 minutes
- Defining Child Survival: 10 minutes
- What Do the Numbers Tell Us? 20 minutes
- Wrapping Up: 5 minutes

Vocabulary:

child survival, developing world, immunization, industrialized world, iodine deficiency disorders (IDD), neonatal, under-five mortality rate (U5MR)

 **Tip:** Definitions for many of these vocabulary items are in the Glossary on page 38 of the *Youth Report*.

Materials Needed:


- *Child Survival: A Global Challenge*: Welcome, Chapters 1 and 2
- World map or globe
- Handout 3: Understanding the U5MR (Under-Five Mortality Rate)

Introduction: Child Survival: A Global Challenge

Directions

1. Begin by reminding students of their memories of being age five. Point out that in parts of the world living to age five is not always possible for many children.

2. Introduce UNICEF and the *Youth Report* by reviewing with students the information on pages 2 and 3 of the *Youth Report*.

 **Tip: Distribute copies of pages 2 and 3 before starting Unit 2 so students are familiar with the content before class. In class, make sure students understand that the four bullet points at the end of page 3 describe what they will take away from the *Youth Report* and these units.**

Defining Child Survival

Directions

1. Define *child survival* as the survival of any child to age five.
2. Introduce the subject of child mortality (deaths of children under five years of age) by reading in pairs pages 5 and 6 of the *Youth Report*.
3. Discuss student responses to the following questions after they have finished reading pages 5 and 6:
 - What is the child survival revolution? (*UNICEF's effort to reduce the number of children dying before age five from preventable causes.*)
 - In 2006, 9.7 million children under the age of five died. Why is this something to celebrate? (*This was the first time the annual number of deaths dropped to less than 10 million.*)
4. Point out that data on deaths of children under age five is collected from all over the world; every country has some child deaths. Explain that students will now learn more about differences in child survival in different regions of the world.

What Do the Numbers Tell Us?

Directions

1. Define the under-five mortality rate, U5MR, as the number of deaths of children under five years of age out of 1,000 live births in a given period of time.
2. Distribute Handout 3 and explain that the students' task is to use real data to calculate changes in the U5MR in different regions, and in the world, between 1990 and 2006.
3. Ask students to work in pairs to complete the table and answer questions on Handout 3.
4. Facilitate a class discussion and review students' responses to Handout 3.

Tip: Have students identify the location of these regions on a world map or globe. For a map showing the countries included in CEE/CIS, go to www.unicef.org/ceecis/where.html. UNICEF's list of industrialized countries can be found at www.unicef.org/progressforchildren/2004v1/industrialized.php.

Handout 3 (page 40): Answer Key

Sub-Saharan Africa [Example]	187	160	$187-160=27$	$27/187 \times 100=14\%$
Middle East/North Africa	79	46	$79-46=33$	$33/79 \times 100=42\%$
South Asia	123	83	$123-83=40$	$40/123 \times 100=32\%$
East Asia/Pacific	55	29	$55-29=26$	$26/55 \times 100=47\%$
Latin America/Caribbean	55	27	$55-27=28$	$28/55 \times 100=51\%$
CEE/CIS*	53	27	$53-27=26$	$26/53 \times 100=49\%$
Industrialized Countries	10	6	$10-6=4$	$4/10 \times 100=40\%$
World	93	72	$93-72=21$	$21/93 \times 100=23\%$

* Central and Eastern Europe/the Commonwealth of Independent States

1. For every 1,000 children born alive in Industrialized Countries in 2006, how many died before they were five years old? [6]
2. Which region had the lowest U5MR in 1990? 2006? [*Industrialized Countries*]
3. Which region had the highest percentage decrease in U5MR between 1990 and 2006? [CEE/CIS 49%]
4. Which region had the highest U5MR in 1990 and 2006? [*Sub-Saharan Africa*]
5. Which region had the lowest percentage decrease in U5MR between 1990 and 2006? [*Sub-Saharan Africa*]

Wrapping Up

Directions

1. Ask students to think about some of the reasons for a high U5MR. (*Answers may include: poverty, war, natural disasters, lack of food and clean water, lack of health care.*)
2. Read with students the section, “Why Do Children Die Before Age Five?” on page 11 of the *Youth Report*, and interpret the graph. Use this factual information to correct any misconceptions students may have expressed as reasons for a high U5MR in different regions of the world.

Extension Activities: Child Survival

1. 60 Priority Countries: Have each student report to the class on one or more of the 60 Priority Countries shown on the map in the *Youth Report*, page 8. Students can investigate the country’s U5MR in more detail using UNICEF’s information-by-country reports at: **<http://www.unicef.org/infobycountry/index.html>**.

(Students can choose a country and click on Statistics. The “basic indicators” section includes the country’s U5MR.)

2. “Child Survival has a Face”: Have students imagine they can write a letter to one of the very young children pictured in the *Youth Report*. Have them compose a letter responding to these prompts: What knowledge do you want to share with this young child? What can you say about your own early years? What do you love to do now? What do you wish for this child and for other children of the world?

HANDOUT 3

Understanding the U5MR (Under-Five Mortality Rate)

In 2006, for the first time since 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. One way to measure progress in child health is by looking at changes in the rate of deaths (mortality) in children under age five. This is called the under-five mortality rate, U5MR. The U5MR indicates the probability of 1 child out of 1,000 dying between birth and exactly five years of age. In comparing the U5MR for two different years, a decrease means that children are getting healthier. The table below shows the U5MR in various regions for two years, 1990 and 2006.

Directions: First look at the Sub-Saharan Africa example below, and then compute the “decrease” and “approximate percentage decrease” in the U5MR for the other regions listed.

Region	U5MR 1990	U5MR 2006	Decrease	Approximate % Decrease
EXAMPLE: 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.

* Central and Eastern Europe/the Commonwealth of Independent States

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

- For every 1,000 children born alive in Industrialized Countries in 2006, how many died before they were five years old?
- Which region had the lowest U5MR in 1990? 2006?
- Which two regions had the highest percentage decrease in U5MR between 1990 and 2006?
- Which region had the highest U5MR in 1990 and 2006?
- Which region had the lowest percentage decrease in U5MR between 1990 and 2006?

UNIT 2:

Lesson 2: Child Survival — Problems and Solutions

Suggested Class Time: 90 Minutes

Objectives:

- To consider some of the challenges to child survival;
- To explore several of the simple effective and affordable solutions to these challenges.

Session Plan:

- Learning about Solutions: 45 Minutes
- Group Presentations: 35 Minutes
- Wrapping Up: 10 Minutes

Vocabulary:

dehydration, immunization, insecticide-treated bed nets (ITNs), malaria, micronutrient, nutrients, oral rehydration salts (ORS), oral rehydration therapy (ORT), pneumonia, under-five mortality rate (U5MR), undernutrition

Tip: Definitions for these Vocabulary items are in the Glossary on page 38 of the *Youth Report*.

Materials Needed:

- *Child Survival: A Global Challenge*: Chapter 2
- Newsprint/Chalkboard/Whiteboard
- Markers

Learning About Solutions

Directions

1. Have students read page 12 of the *Youth Report*. Facilitate a general discussion about the information in the chart.


Tip: If time permits, create an overhead of page 12 and cover columns 2 and 3, showing only column 1. Ask students to speculate about why each item in column 1 is a problem. Then reveal and discuss the information in columns 2 and 3.

2. Divide students into four groups to report on inexpensive, simple solutions to life-threatening problems described in the *Youth Report*, Chapter 2. Assign malaria to Group 1; preventable diseases (such as measles) to Group 2; undernutrition to Group 3; and lack of safe drinking water to Group 4. Groups can find information in the Solving Problems chart in the *Youth Report*.

Group Presentations

Directions

Ask the groups to report their findings. Encourage students to use creative presentations methods including a skit or a panel discussion.

 **Tip: If possible, extend the preparation time so students can develop presentation formats, such as a song, a series of drawings, or a large mural.**

Wrapping Up

Directions

1. Facilitate a group discussion on these three questions (from page 20 of the *Youth Report*):
 - What are three major causes of under-five child deaths around the world?
 - Which intervention [solution] did you find most interesting?
 - Why do you think it has been so successful?

Extension Activities: Combating Childhood Diseases

1. **Looking Back:** Many of the diseases currently affecting young children in some developing countries were once problems in this country. Refer small groups of students to page 36 of the *Youth Report* and encourage them to investigate a disease that is no longer a major cause of death for children in the United States. The disease could be polio, smallpox, or another infectious disease.

For each disease, students should answer these questions: What steps were taken to solve the problem? For polio, students can access information from the Smithsonian Institution's website at <http://americanhistory.si.edu/polio/americanepi/index.htm>.

2. **What Was It Like?** Invite students to interview older family members or friends about their memories of polio or other contagious childhood diseases in the early to mid-20th century and report their findings to the class.

UNIT 3: COMMUNITY PARTICIPATION AND CHILD SURVIVAL


Unit Overview:

Using the lessons in this unit students will:

- Develop a definition of “community”;
- Describe a community in which the health needs of children and families are met;
- Brainstorm ways in which they can contribute to decisions about health services in their community;
- Review UNICEF programs for child survival and development;
- Understand what UNICEF has learned from past community-based programs.

Lesson 1: Students will create a definition of “community.” Activities will help students to think about services communities can ideally provide to support the development of young children and their families. Finally, students will explore what UNICEF is doing to make communities stronger and more supportive of children’s needs.

Lesson 2: Students will read and discuss how three community programs in Afghanistan, Niger, and Egypt are working to improve the health and nutrition of young children during the first five years. Through an analysis of these case studies, students will draw conclusions about the important role of communities in maintaining the health of young children and families.

 **Tip:** While this unit was designed to be taught over two to three consecutive days, feel free to customize it to fit your specific curriculum schedule.

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 4: Students adjust their use of spoken, written, and visual language (e.g., conventions, style, vocabulary) to communicate effectively with a variety of audiences and for different purposes.

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.

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 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.

UNIT 3:

Lesson 1: Building Strong Communities, Families, and Children — What Can We Do?

Suggested Class Time: 45 minutes

Objectives:

- Discuss how communities are defined;
- Envision a community that meets children’s and families’ needs for health and survival;
- Create a community map indicating what services for families and children should be made available and where they should be located;
- Explore three community-based child development programs supported by UNICEF.

Session Plan:

- What Is a Community? 10 minutes
- Building Strong Communities for Children: 35 minutes

Materials Needed:

- Chalkboard/Newsprint/Whiteboard
- Markers

What Is a Community?

Directions

1. Begin the discussion by asking students if they consider this class a community. To help them decide, offer these definitions of community (1) “People who live in a particular area and share a similar language and/or religion”; (2) “People engaged in a similar work or dedicated to a particular cause.”

Ask: Why are strangers communicating over the Internet sometimes called an “online community”?

2. Brainstorm other definitions of “community.” Ask: How do people living in cities or rural areas define “community” differently?

Building Strong Communities for Children

Directions

1. Divide the class into small groups and distribute poster paper and markers to each group.
2. Ask students to brainstorm a list of services for an urban community that would benefit children (birth to five years old) and their families.
3. Now ask the groups to create a map of an ideal community, urban or rural. On their maps, groups should show the location of community services for families and young children (based on their brainstormed list), and locate services near public transportation, shopping and residential areas, and schools.
4. Circulate and suggest any services students may have overlooked — health care, welfare, legal services, adult education, parenting classes, child care, or pre-schools.
5. Have groups report the results of their brainstorming to the class and display their maps.

Students' suggestions for community services may include: public transportation; at least one hospital; schools; after-school programs; day care centers; services for children with disabilities; community centers; libraries; local health clinics; classes for parents of young children; free recreational opportunities — parks where children can explore safely; swimming pools, playgrounds.

 **Tip: Consider allowing more time for this activity so that groups can create a more detailed map of an ideal community.**

UNIT 3:

Lesson 2: A Closer Look — UNICEF's Community Programs

Suggested Class Time: 45 Minutes

Objectives:

- Learn about ways UNICEF is helping to build strong communities in Egypt, Niger, and Afghanistan;
- Review the lessons learned about creating strong communities for children.

Session Plan:

- Case Studies — Let's Take a Look: 25 Minutes
- What Have We Learned? 20 Minutes


Materials Needed:

Child Survival: A Global Challenge

- Chapter 3, pages 24-26
- Lessons Learned, page 27

Vocabulary

antibiotics, community health workers, community partnership, dehydration, health system, immunization, insecticide-treated bed nets (ITNs), micronutrients, Millennium Development Goals, oral rehydration salts (ORS)

 **Tip:** Definitions for these Vocabulary items are in the Glossary on page 38 of the *Youth Report*.

Case Studies: Let's Take a Look

Directions

1. Assign students to small groups.
2. Ask students in each group to select and discuss one of the Case Studies in Chapter 3 of the *Youth Report*, pages 24–26. Make sure each of the countries is chosen by at least one group.
3. After they locate the country they chose (Egypt, Niger, or Afghanistan) on a world map or globe, students should consider these questions:

- In what ways do local community members contribute to the success of the health program in the country you chose?
 - What did you find most interesting about the community health program you read about?
4. Ask each group to make a brief presentation to the class explaining how its case study shows successful community participation.

 **Tip: Arrange for students to view brief videos featuring the community action programs highlighted in this unit:**

Egypt: www.unicef.org/sowc08/profiles/5_egypt.php; **Niger:** www.unicef.org/sowc08/profiles/3_niger.php; **Afghanistan:** www.unicef.org/sowc08/profiles/6_afghanistan.php.

What Have We Learned?

Directions

1. Ask students to read the bulleted list of lessons learned (*Youth Report*, page 27. The list is also provided below.)
2. Facilitate a discussion about why, in the students' opinion, these lessons learned are important?
3. Then ask the groups to respond to one or more of the Reflection Questions on page 27 of the *Youth Report* and discuss their responses with the whole class.

Lessons Learned: (from *Youth Report*, page 27)

- 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.

Extension Activity: Advocacy

Making a Difference: Students can advocate for more services for children in their community by taking the following actions: writing letters advocating more services for children to local representatives, the mayor, and the editors of local newspapers; posting comments on online newspaper blogs; making posters or murals; creating and performing a skit; making a video to show on a community cable channel or to upload to **www.TeacherTube.com**.

For guidelines on taking steps to make a difference, students can visit UNICEF's Voices of Youth website: http://www.unicef.org/voy/takeaction/takeaction_97.html.

UNIT 4: COMBATING MALARIA — BED NETS, A SIMPLE SOLUTION

Unit Overview

In this unit students will:

- Review the basic facts on malaria and its prevalence;
- Learn about the important role of insecticide-treated bed nets in preventing the spread of malaria;
- Consider bed-net distribution in Malawi and Congo as examples of community decisions about preventing malaria;
- Role-play a community meeting discussing the distribution of bed nets.

Lesson 1: Students will learn the basic facts about malaria and its prevention by viewing and discussing a short video, and reading and discussing a basic fact sheet. Students will also learn about how Malawi and Congo have distributed bed nets in order to prevent exposure to malaria-infected mosquitoes.

Lesson 2: Students will role-play a community meeting where important decisions affecting children’s health will be made. Through guided questions, students will discuss issues presented in the role-play. This lesson will conclude with a basic review of facts about malaria and its prevention.

 **Tip:** While this unit was designed to be taught over two to three consecutive days, feel free to customize it to fit your specific curriculum schedule.

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 4: Students adjust their use of spoken, written, and visual language (e.g., conventions, style, vocabulary) to communicate effectively with a variety of audiences and for different purposes.

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.

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 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.

SCIENCE

Science Content Standards — Grades 5-8

Content Standard F: Science in Personal and Social Perspectives

Students should develop understanding of

Populations, resources, and environments

Science and technology in society

UNIT 4:

Lesson 1: Malaria — What Is It? How Can It Be Prevented?

Suggested Class Time: 45 Minutes

Objectives:

- Learn the basic facts about malaria and the preventive role of bed nets in halting its spread;
- Learn about UNICEF and its partners' role in malaria prevention;
- Explore ways in which communities make decisions affecting children's health, specifically decisions about the distribution of malaria-preventing bed nets;
- Develop strategies for teaching the proper use of bed nets.

Session Plan:

- Learning by Viewing: "The Gift of Growing Up" (Malaria No More): 15 minutes
- Malaria Facts: 10 Minutes
- Case Studies: Combating Malaria in Malawi and Congo: 20 minutes

Materials Needed:

- Computer with Internet access, connected to projector if possible
- Handout 4: Malaria Fact Sheet
- Handout 5: Malaria Prevention For Sale: Malawi
- Handout 6: Free Malaria Prevention: Congo
- *Child Survival: A Global Challenge* Chapter 2, page 13

Tip: To save time, distribute Handouts 5 and 6 to be read and summarized for a homework assignment prior to class discussion in the Case Studies segment of this unit.

Vocabulary:

community health worker, community partnership, health system, insecticide-treated bed nets (ITNs), malaria

Tip: Definitions for these Vocabulary items are in the Glossary on page 38 of the *Youth Report*.

Learning by Viewing

Directions

1. Start by showing “The Gift of Growing Up,” a 10-minute video about malaria and its prevention, available online at Malaria No More:
<http://www.malarianomore.org/film/index.php>.
2. Ask students to discuss their immediate reactions to the film.
 - What did you find most interesting?
 - What surprised you the most?
 - What further questions do you have about malaria’s cause and prevention?

Malaria Facts

Directions

1. Distribute Handout 4 and review more facts about malaria and its prevention.
2. Ask students to read page 13 in the *Youth Report* to further familiarize themselves with the use of anti-malaria bed nets.

Case Studies: Combating Malaria in Malawi and Congo

1. Divide the class into two groups.
2. Distribute Handout 5 to one group and Handout 6 to the other group.
3. Invite one student from each group to locate Malawi and Congo on a world map or globe.
4. Ask students in each group to read the case study or, if it was assigned as homework, to review it. Facilitate group discussions by posing the following questions to each group:

Malawi Group

- Why is there always a charge for bed nets in Malawi? (*It is believed that people will value the nets more if they have to pay for them.*)
- How do the poorest people in Malawi afford bed nets? (*Donations of nets from organizations like UNICEF make low prices possible; low-cost bed nets are also subsidized by sales at full price.*)

Congo Group

- How did Congo obtain the bed nets that are distributed free of charge? (*In part from UNICEF, the United Nations Foundation, and the Government of Japan.*)
 - How did Congo's national "Mother and Child Week" promote bed-net use? (*As part of a nationwide distribution of free vaccines and bed nets as well as treatment for pregnant women.*)
6. After each group responds, ask: In your opinion, which is the better distribution strategy: selling bed nets (for a token amount) or distributing them free of charge? Why? (*Many students may think distributing free bed nets is the better strategy because it protects more people; others may argue that people value what they have to pay for, so selling bed nets ensures people will value them.*)
7. Explain that students will be using Handouts 5 and 6 as resources in the role-play activity that follows.

Malaria Fact Sheet

What is Malaria?

Malaria is a serious disease spread through the bite of a malaria-infected mosquito. Each year, there are 300 million to 500 million cases of malaria throughout the world and 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. Malaria is also particularly dangerous for pregnant women.

Where in the World is Malaria a Problem?

- Sub-Saharan Africa is the region hardest hit by malaria. Approximately 90 percent of all malaria-related deaths occur there.
- Malaria is also a threat to people in other tropical and subtropical regions of the world. More than 40 percent of the world's population is at risk.
- Malaria has been eliminated from many developed countries with temperate climates.

How Does Malaria Affect Children?

- Every 30 seconds a child dies of malaria; 3,000 children die daily from the disease. Malaria ranks as the leading cause of death in children under five in Africa.
- Even children who survive are at risk. Malaria can slow a child's growth and brain development and is likely to cause anemia, a blood disease.
- Early treatment with anti-malaria medicine can protect infected children.

How Can Malaria be Prevented?

Sleeping under a mosquito net treated with insecticide is the best prevention against the mosquitoes whose bites transmit malaria. Protection is especially important at night, when mosquitoes are most active. Insecticide-treated bed nets (ITNs) kill the mosquitoes that land on them.

- Insecticide-treated bed nets (ITNs) provide a protective barrier against mosquitoes for up to five years.
- Widespread use of insecticide-treated nets could prevent almost 500,000 deaths a year in Sub-Saharan Africa.

Source: UNICEF Facts for Life <http://www.unicef.org/ffl/10/> and Malaria No More, www.malarianomore.org; UNICEF in Action: Malaria http://www.unicef.org/health/index_malaria.html

Malaria Prevention For Sale: Malawi

In a small district hospital of Kasungu, central Malawi, Kate is wrapping her three-day-old son in a yellow blanket. She smiles at her baby, not noticing the green mosquito net that hangs above her bed, a colorful detail in the white room. This detail could save her son's life.

Malaria kills an African child every 30 seconds....

"I have had malaria and everybody I know has had malaria," says Kate. "During my pregnancy I came several times to the hospital for...checkups and the staff told me about mosquito nets. I will buy a net from the hospital when I go home. I want to protect my baby." Kate is one of the 2,500 women who delivered their infants at the Kasungu hospital in 2002 and bought a mosquito net for 50 kwacha (less than 20 US cents). (The price of the mosquito net, which is sold with an insecticide treatment kit, is heavily subsidized by UNICEF.) Kate lives in Malawi, one of the poorest countries in the world. During the rainy season, when the risk of malaria is the highest, the Kasungu Hospital sells up to 450 nets a day.

UNICEF supports anti-malaria programs.

UNICEF and its partners focus on children under the age of five and pregnant women in all Sub-Saharan countries. In 2002 alone, UNICEF provided over 4.4 million mosquito nets to 25 African countries, for a total value of \$9.5 million, making it the largest mosquito net buyer in the world. This represents a 175 per cent increase since 2001. In addition, UNICEF purchased \$3 million worth of insecticide used to treat the mosquito nets.

In Malawi, nets are not given away for free.

Even the poorest families have to pay to ensure that they consider the net a valuable item. Communities themselves were consulted on the cost of the mosquito nets and agreed on the price of 50 kwacha. However small, this money contributes to the recovery of cost.

Village health committees sell mosquito nets and receive 20 percent of the price to use for health-related activities in the village.

In a village near Kasungu, the community sold enough nets to be able to afford electricity for the local health facility. "We bought 120 mosquito nets.... We sold all of them, and tomorrow I'll buy another 70 nets," says the chairman of the Kanin'ga village health committee in Kasungu district. "People have already paid for them. Some of our committee members were trained on the use and treatment of nets with insecticide, so that they can inform families who buy them."

Source: UNICEF: Malawi, Real Lives http://www.unicef.org/infobycountry/malawi_2430.html

Free Malaria Prevention: Congo

Free treatment to save lives

In the Republic of Congo, 21,000 children die from malaria every year. It is the main cause of death among children under five. To improve this situation, the Government of the Republic of Congo is now funding a new policy authorizing free malaria treatment for children under the age of 15 and women who are pregnant.

In 2007, 545,000 children here received free mosquito nets produced by UNICEF and financed by the Government of Japan and the United Nations Foundation. Pregnant women also received free intermittent preventive treatment of malaria.

“Mother and Child Week”

To promote awareness of the new policy, a “Mother and Child Week” was held across the country, providing children with free vaccines and mosquito nets. Malaria treatment for pregnant women was available as well. “[This new policy] has the potential to save the lives of 14,000 Congolese children under five every year,” said Dr. Koenraad Vanormelingen, the UNICEF Representative in Congo-Brazzaville.

UNICEF and Malaria Prevention

How Does UNICEF Help Prevent Malaria?

UNICEF is a founding partner, with the World Health Organization (WHO), the United Nations Development Program (UNDP), and the World Bank of the Roll Back Malaria (RBM) initiative, whose goal is to halve the world’s malaria burden by 2010. UNICEF has recently entered into partnership with Malaria No More, an umbrella organization with the goal of providing an insecticide-treated bed net (ITN) to every family that needs one in Sub-Saharan Africa. Together with its partners, UNICEF distributes ITNs, working with Ministries of Health and non-governmental organizations (NGOs) as well as community and village health workers.

How many bed nets has UNICEF distributed?

UNICEF is the single largest purchaser of insecticide-treated bed nets in the world, having bought more than 25 million in 2006 alone.

Does UNICEF charge for bed nets?

No, UNICEF does not charge for the bed nets it supplies to governments or partner organizations. UNICEF is a prominent and consistent advocate for free bed nets for all children under the age of five and pregnant women.

Sources:

UNICEF: Malawi, Real Lives http://www.unicef.org/infobycountry/malawi_2430.html; Spread the Net: Frequently Asked Questions cms.spreadthenet.org/cmsdocs/FinalFAQ.doc; UNICEF At a Glance: Congo http://www.unicef.org/doublepublish/congo_44876.html

UNIT 4:

Lesson 2: Role-Play — A Community Makes Decisions about Bed Nets

Suggested Class Time: 90 Minutes

Objectives:

- To understand how bed net distribution decisions are made at the community level;
- To write and present a role-play about a community meeting in which important decisions about distributing bed nets are made.

Session Plan:

- Creating a Script: 45 Minutes
- Role-play Presentation and Discussion: 30 Minutes
- Wrapping Up: 15 Minutes

Materials Needed:

- Handout 5: Malaria Prevention For Sale: Malawi (*distributed previously*)
- Handout 6: Free Malaria Prevention: Congo (*distributed previously*)
- Handout 7: Role-play — Community Health Meeting

Creating a Script:

Directions

1. Distribute Handout 7 and review it with the class. Note on a chalkboard or white board students' responses to the question: What will each member of the community listed on page 1 of Handout 7 bring to the meeting about malaria prevention?
2. Divide students into two groups to develop a role-play. Work closely with each group as students assign roles and work collaboratively on a script for the meeting. Both groups should present responses to the **Analyze** and **Assess** sections of Handout 7, but assign one group **Action 1** and the other group **Action 2**.

Role-play Presentation and Discussion:

Directions

1. Ask each group to present its role-play.

2. Use the following questions to facilitate a discussion following each group's role-play:
 - What impressed you most about this role-play?
 - How was community participation illustrated in the role-play?
 - Was the information presented about malaria correct?
 - What challenges do you think each community will have in carrying out its distribution and education plans?
 - Why is it important for each community to assess its bed-net distribution program?

Wrapping Up:

1. Ask students to summarize the value of insecticide-treated bed nets in preventing the spread of malaria.
2. Discuss how the role-plays showed the importance of involving community members in decisions that affect their lives.

Extension Activity: Take It on the Road

Have interested students combine the best aspects of the two role-play scripts and create a short play they and their classmates can present to the school and to parents. Consider adding a Narrator part to explain some of the facts about malaria in asides to the audience. Students can create fliers to hand out at the performance explaining the importance of insecticide-treated bed nets (ITNs) and how, through UNICEF's partner, Malaria No More, audience members can make contributions.

Malaria Prevention For Sale: Malawi

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HANDOUT 6

Free Malaria Prevention: Congo

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HANDOUT 7

Role-Play — Community Health Meeting: Defending Our Children Against Malaria!

Directions: Follow your teacher’s directions for role-playing the different points of view in this urgent community health meeting.

Place: Rural Village in Sub-Saharan Africa

Setting: Community Health Meeting

Situation: A community meeting is being held to discuss the increasing cases of malaria in the village. Young children and pregnant women are the most vulnerable. The rainy season is coming and there is a concern that malaria cases will increase even more. The good news is that insecticide-treated bed nets (ITNs) will now be made available to the community with support from UNICEF. However, before the bed nets can be distributed, the community has been asked to decide the best way to distribute the nets to villagers.

Participants:

Leaders	Members of the Village Health Committee
Village Leader	Women’s Group Representative
UNICEF Representative	Religious Leader
Doctor	Primary School Education Officer
Community Health Workers	Representative of Local Shopkeepers Parent/Family Representatives

Background:

The following are facts about the imaginary Sub-Saharan African country where your rural village is located. (The facts are consistent with other countries in the region.) Keep these facts in mind as you prepare for the role play.

- 86% of the population lives in areas at risk for malaria.
- 28% of households have at least one bed net.
- 12% of households have at least one insecticide treated net (ITN).
- 10% of children under five sleep under ITNs.
- 6% of pregnant women sleep under ITNs.

Meeting Agenda:

Refer to Handouts 4, 5, and 6 to help you develop responses to the Meeting Agenda questions.

- Why is malaria such a big problem in the village?
- How should a shipment of anti-malaria bed nets from national health authorities and UNICEF be distributed in the village?
- How can people be educated to use bed nets?
- How can we determine if the program is working?

Role-Play Procedure

Analyze: Why is malaria a problem in our village?

The doctor and community health workers will lead a discussion trying to help villagers understand how malaria spreads and how sleeping under treated bed nets can help to prevent its spread.

Things to consider: Villagers hold traditional beliefs about diseases such as malaria and some resist change. Poor communication can lead to misunderstanding.

Action 1: Determine the best way to distribute the bed nets.

The UNICEF Representative will raise questions about bed-net usage, such as: Who will educate villagers in bed net use? Are families that already have bed nets using them?

Other villagers will raise questions and contribute answers: Who should receive bed nets? Should people pay for them or will they be free? How should they be distributed? Who will coordinate and manage the program?

Things to consider: Possible distribution points: homes, market, health center. Poorly maintained roads and lack of transportation could make distribution of bed nets harder to accomplish. Bed-net distribution could be combined with other programs (such as immunization).

Action 2: Decide on a way to educate the community to ensure that bed nets are used.

Members of the Village Health Committee can raise and answer the following questions: Do we need to develop an educational campaign to increase our villagers' use of bed nets? What's the best way to educate people? How will we develop the materials? Who will present the educational campaign?

Things to consider: What is the level of literacy among villagers? Do villagers have access to TV? Radio? Can most villagers read?

Assess: How will we evaluate progress?

UNICEF Representative and Members of the Village Health Committee discuss: How will we assess and monitor our efforts? What data do we need to collect? Who will collect it and send it on?

Things to consider: Who will pay for the assessment? Will people be honest about bed net use? Collect data on community members who get malaria.



U.S. Fund for UNICEF

125 Maiden Lane, New York, NY 10038

1.800.4UNICEF

www.teachunicef.org