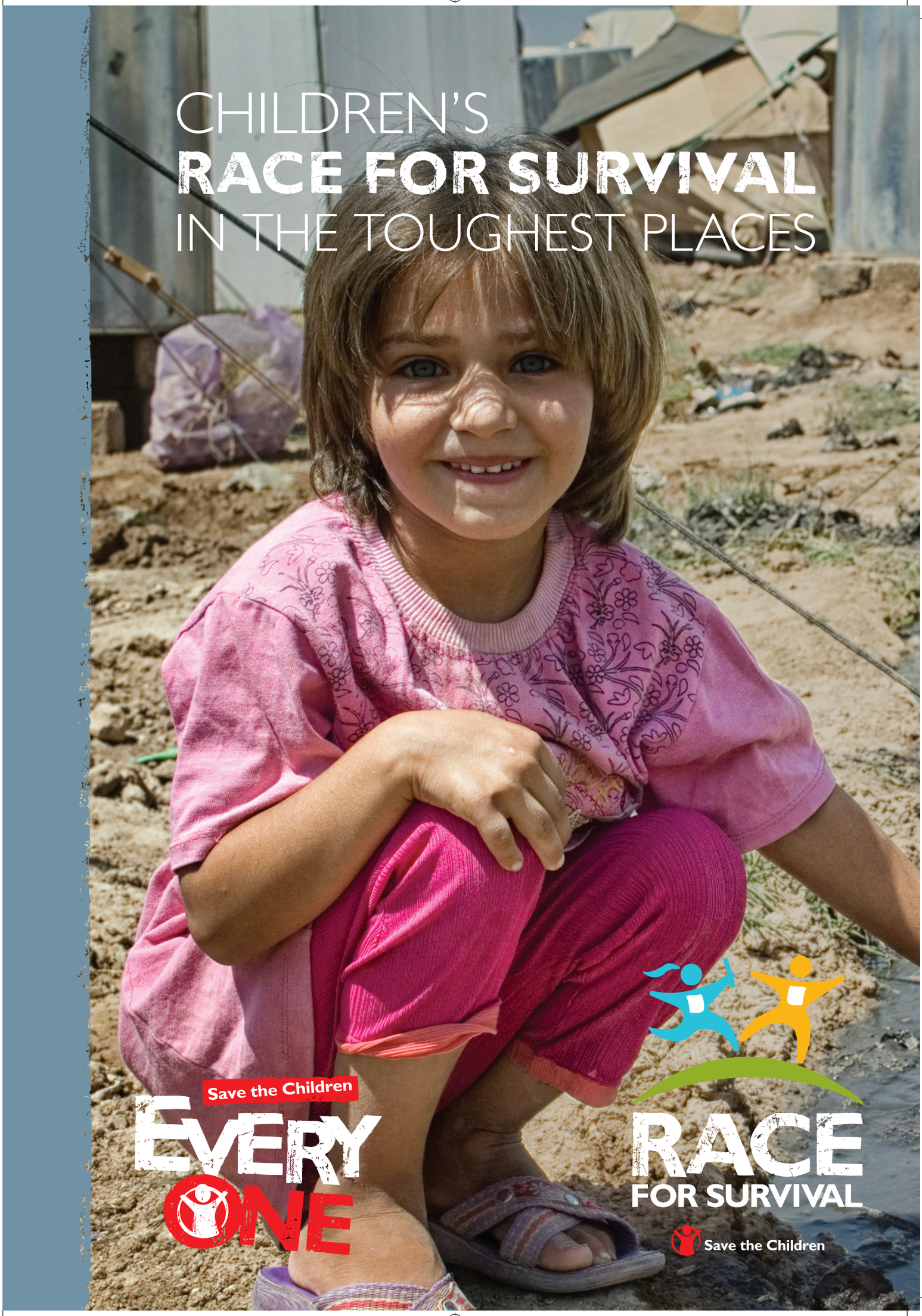
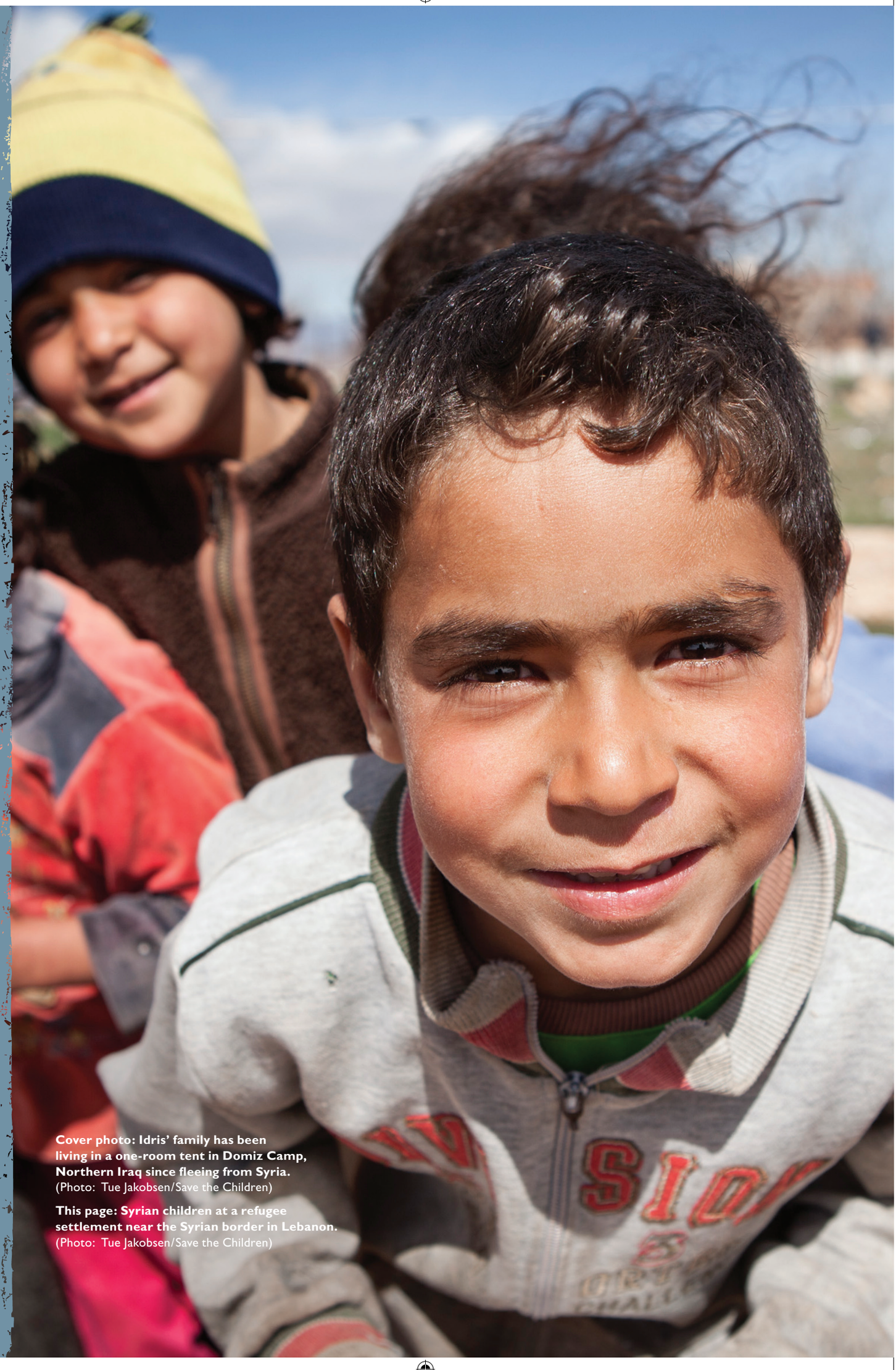

CHILDREN'S
RACE FOR SURVIVAL
IN THE TOUGHEST PLACES
Save the Children
EVERY ONE
RACE
FOR SURVIVAL
Save the Children



Cover photo: Idris' family has been living in a one-room tent in Domiz Camp, Northern Iraq since fleeing from Syria. (Photo: Tue Jakobsen/Save the Children)

This page: Syrian children at a refugee settlement near the Syrian border in Lebanon. (Photo: Tue Jakobsen/Save the Children)

CHILDREN'S **RACE FOR SURVIVAL** IN THE TOUGHEST PLACES

Hidden from the newspaper headlines, millions of children are fighting to survive on a daily basis. But this isn't a fair fight. Children born into poverty are almost twice as likely to die before their fifth birthday. 99% of the annual toll of 6.3 million child deaths happen in developing countries.[1] We are racing against the clock to change that statistic. But we need those in power to do the same.

That's where Save the Children's Race for Survival comes in. Held on the **UN International Day for the Eradication of Poverty, 17th October 2014**, it's a chance for children's voices from the toughest places in the world to be heard, loud and clear. From Bangladesh to Bolivia, from Niger to Norway thousands of children in over 60 countries will join a global race. They'll be telling their stories in their own words and speaking directly with their political representatives about the urgent need to end preventable child deaths.

In Kenya, they'll be raising awareness of malnutrition, an underlying cause of almost half of child mortality. In Guinea, they'll be calling for a bigger health budget. In Bangladesh, children will be asking officials to provide better healthcare. In Mexico, they'll draw attention to a lack of sanitation. And in Romania, they'll be shouting about the unacceptable levels of child mortality, especially for the excluded Roma population.

These calls must lead to action. In the year 2000, world leaders made a bold promise: to cut the number of child deaths for under-fives by two thirds before December 2015 (**Millennium Development Goal 4: reduce child mortality**). A lot has been done to save the lives of children and their mothers. Almost 30 developing countries will honour this commitment. But, with only 440 days left before the deadline, the world remains off-track to deliver this promise. Through the Race for Survival, we will re-focus the world's attention on the survival of the poorest and most disadvantaged children.

Save the Children was founded in 1919 on the principle that every child has the right to survive. For almost a century we have worked tirelessly to make this happen. We are now calling on those in power to speed up the pace towards the 2015 goal of reducing child deaths and give every child a fair chance at life, no matter where they live.

Governments need to do five things for children living in the toughest places:

1. Plan and budget to save EVERY child's life and implement these plans effectively.
2. Fully vaccinate EVERY child.
3. Put in place the specific measures for EVERY newborn to survive the crucial first month of life.
4. Put a health worker, properly trained, supported and equipped, in reach of EVERY child.
5. Give EVERY child access to a nutritious diet and make this an aim of social and agricultural policies and programmes.

WHERE ARE THE TOUGHEST PLACES TO SURVIVE AND WHY?

The places where children are dying in large numbers from preventable causes are increasingly concentrated – in certain regions of the world, in particular countries, in specific localities and within the poorest and most disadvantaged communities. We call these settings the "toughest places to survive".

Every region of the world has reduced child mortality rates, but some have made less progress than others. Whereas in 1990 one third of child deaths happened in Africa, the region now accounts for half of the global total. On current projections, it will account for 70% of all child deaths by mid-century. Within Africa, West and Central Africa has made least progress and the sub-region now accounts for almost one third of all child deaths globally.[2]

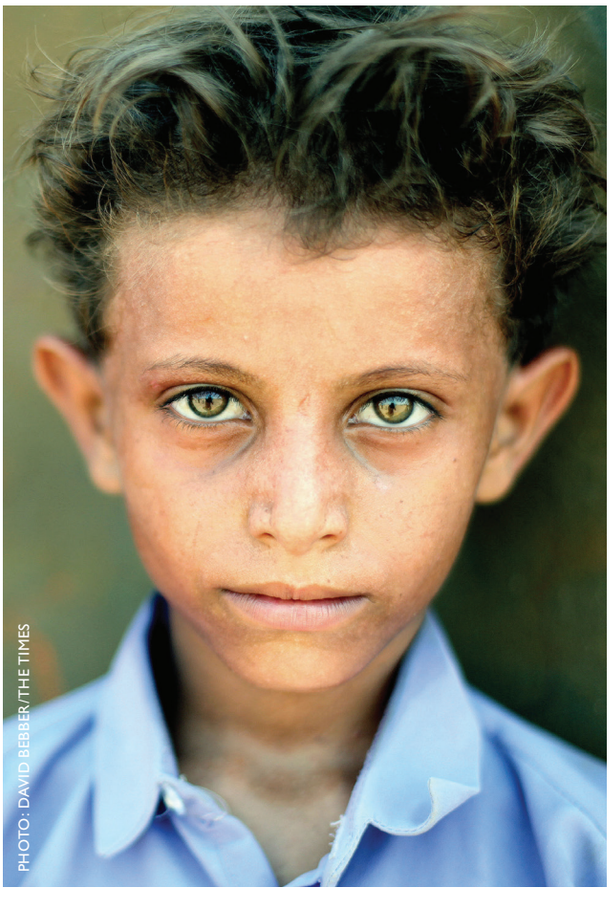


PHOTO: DAVID BEBBER/THE TIMES

South Asia accounts for another third of all child deaths, with mortality concentrated in Pakistan and the high-population states of Northern India. Over one quarter of India's child deaths – more than 400,000 – happen just in Uttar Pradesh, more than in the Democratic Republic of Congo.[3]

There are also significant disparities in child survival between countries. While many middle-income countries, from Brazil to China, have already reduced child mortality to below 2% or 20 births per 1,000, in other countries such as Sierra Leone over 15% of children die before their fifth birthday.[4]

But these disparities are not inevitable. They reflect deep inequalities in access to essential healthcare, nutritious diets and other factors. For example, one key way to stop newborn deaths, which account for 44% of under-5 deaths globally, is to ensure that essential care is provided around labour, delivery and immediately afterwards, when the risks to mothers and babies are greatest. That means having a skilled, well-equipped birth attendant available to assist women and newborns during delivery.

Yet, in Sub-Saharan Africa, only half of all women receive skilled care during birth, meaning that newborns and mothers face a much greater chance of complications and infections. Universal access to essential health services in 47 key countries could prevent the deaths of 950,000 newborns each year.[5]

Below is a snapshot of just some of the toughest places for children.

Left: A boy who fled fighting between Houthi militants and government forces outside a tent in a refugee camp near the town of Hadja in north-west Yemen.

SIERRA LEONE: URBAN POVERTY

In Sierra Leone's capital, Freetown, most residents live in one of over 25 officially recognized slums. Many of the city's poorest people struggle to get access to healthcare because of a lack of skilled health workers and facilities. Many children suffer from malnutrition, making them particularly vulnerable to endemic diseases like malaria, pneumonia and cholera. In urban slums, children like Yenkain are especially vulnerable to fatal diseases (see box).

A lack of resources and the crowded spaces in which people live often mean that structures like latrines, water points and health clinics are missing, and there is little space for these to be built. In the face of the current Ebola crisis, which threatens to render an already weak health system even more fragile, there needs to be a sustained commitment to rebuilding and strengthening health care.

In the past 3 years there have been significant improvements in access to health care in Sierra Leone. For example 97% of women now reportedly receive antenatal care from a skilled provider.[6] The Free Health Care Initiative (FHCI), launched in April 2010, commits the Government to removing user fees for pregnant and breastfeeding women, and children under five.

To sustain the FHCI, Save the Children is campaigning for free health care to be enshrined in the constitution, and for increases in the health budget to help deliver it. And we are calling for fulfilling children's rights, including the right to survival, to be included in urban planning by local governments.

TACKLING URBAN POVERTY

Caloocan City in Metro Manila, the Philippines, faces rapid population growth, much of it due to migration from other parts of the country. Almost half of all births in Caloocan City occur at home, and the area lacks skilled health professionals.

An innovative approach of mobilizing female relatives and close friends of pregnant women as confidantes and buddies called *"kumares"* is changing this situation for the better. The *"kumares"* voluntarily assist community-based health workers, encouraging pregnant and lactating mothers to undergo regular prenatal and postnatal check-ups, deliver in a health facility and use their national health insurance coverage. After three years, the maternal and infant mortality rates in the city decreased.

YENKAIN'S STORY: KROO BAY, FREETOWN, SIERRA LEONE

12-year-old Yenkain's family is very poor and they are often dangerously sick.

Kroo Bay is a sprawling slum, built on piles of rubbish washed down from the capital. The river is an open sewer. It's no wonder cholera and diarrhoea are rife.

In Yenkain's words: "Sometimes I get a cold and fever. Last year I had malaria and had to go to the clinic. They kept me there overnight and put me on a drip. I was very sick and spent two weeks in bed. Kroo Bay is not a clean place… Last month my little brother got sick with malaria too. He had fever, convulsions and vomiting."

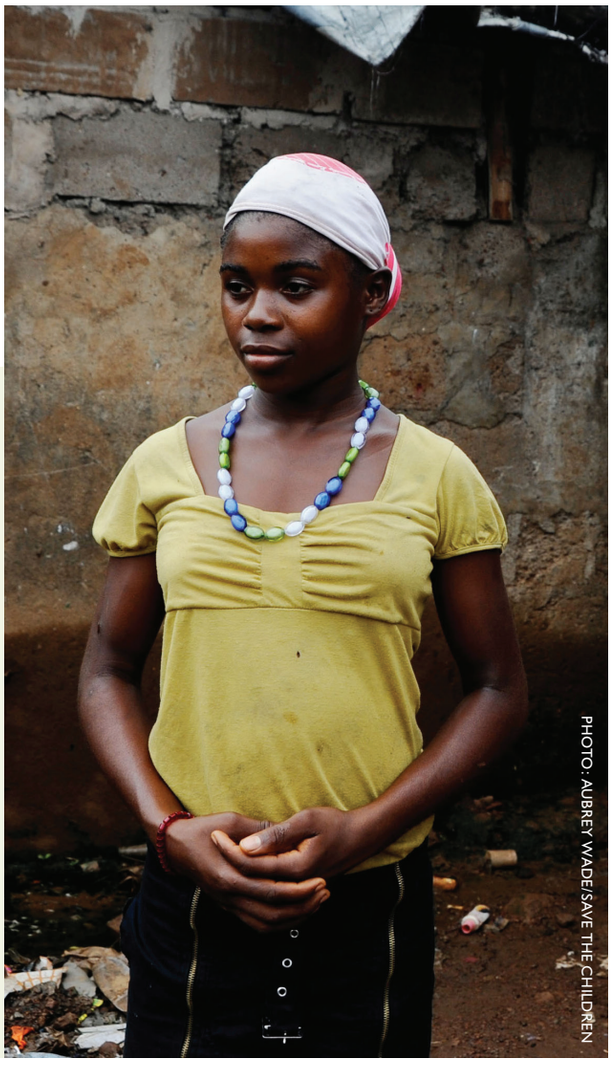


PHOTO: AUBREY WADE/SAVE THE CHILDREN

NIGERIA: RURAL POVERTY

In rural Nigeria, children from the poorest fifth of the population have to travel seven times as far to reach a health facility than children from the wealthiest fifth.[7] The situation of families like Saima's, who live in a remote village and have to walk far to get vital medical help, is common (see box).

74% of Nigerian mothers in urban areas will have a skilled health worker in attendance, while 37% of those living in rural areas will.[8] In some of the northern regions of the country, where poverty is most widespread and deepest, the acute malnutrition rate between six months and five years is between 20% and 27%, well above the internationally recognised emergency threshold of 15%.[9]

The President of Nigeria made a commitment in March 2014 to achieve 30% Universal Health Coverage in Nigeria by the end of 2015 – an achievable goal if Nigeria takes the right steps and deploys resources appropriately.

Save the Children is calling on the Government of Nigeria to put in place the necessary framework to achieve this before the end of 2014 and to address the huge regional gaps in coverage.

TACKLING RURAL POVERTY

In Peru both the Lima region (around the capital city) and Huancavelica (a remote region in the Andean mountains) have made strong progress in tackling malnutrition. The differences between the two were stark before 2006: stunting in Huancavelica was three times higher than the national average, while in Lima it was three times lower.

Since 2006, the government has increased the coverage and quality of health services and new nutrition interventions have been created to address high stunting rates. Children in Huancavelica still have higher chances of dying than those in Lima, but they are slowly catching up.

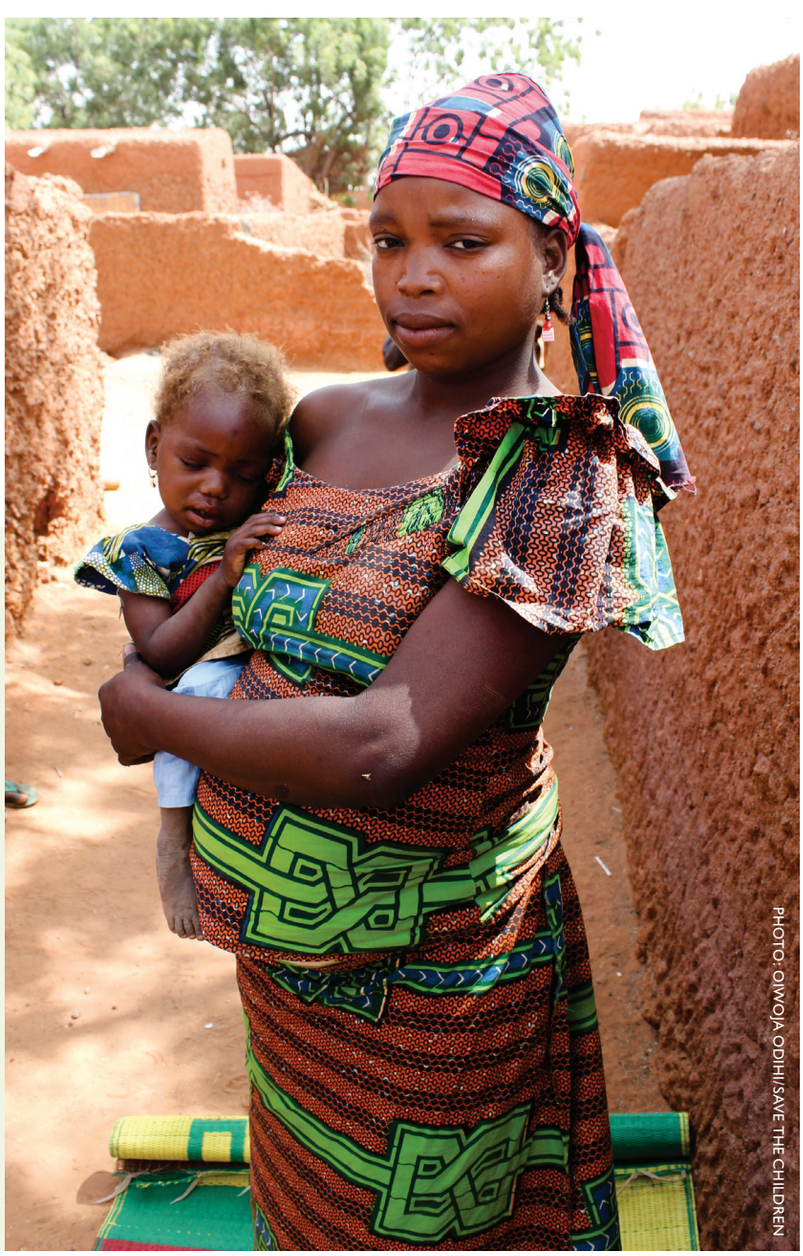


PHOTO: OIWOJA ODIHI/SAVE THE CHILDREN

SAIMA'S STORY: SAHEL, NORTHERN NIGERIA

Safiya has three children and she's pregnant again. If her children get sick, she has to trek for a few hours to reach the nearest clinic. Recently her 22-month-old daughter Saima had sores in her mouth and could barely open her eyes. She was suffering from malnutrition and was admitted to a hospital where Save the Children provides support. She's well now and back at home, but there are many more children like Saima in this area.

BANGLADESH: INCOME INEQUALITY

In Bangladesh, despite dramatic progress in reducing child mortality, a child born into a family in the poorest 40% of the population is still twice as likely to die as a child born into the wealthiest 10%.[10] The disparity in life chances reflects the fact that only 10% of the poorest mothers give birth in a health facility, whereas 60% of the wealthiest 10% have a safer birth with a skilled birth attendant in a health clinic.[11]

The Government of Bangladesh has announced an ambitious plan to bring all citizens under national health insurance coverage by 2032. Save the Children is calling on the Government to target its health resources on lower performing regions. We are also working with partners to strengthen coordination and coverage of basic health services in urban areas.

For mothers like Rina, if a child survives birth, there's a strong chance they'll get sick soon after (see box).

TACKLING INCOME INEQUALITY

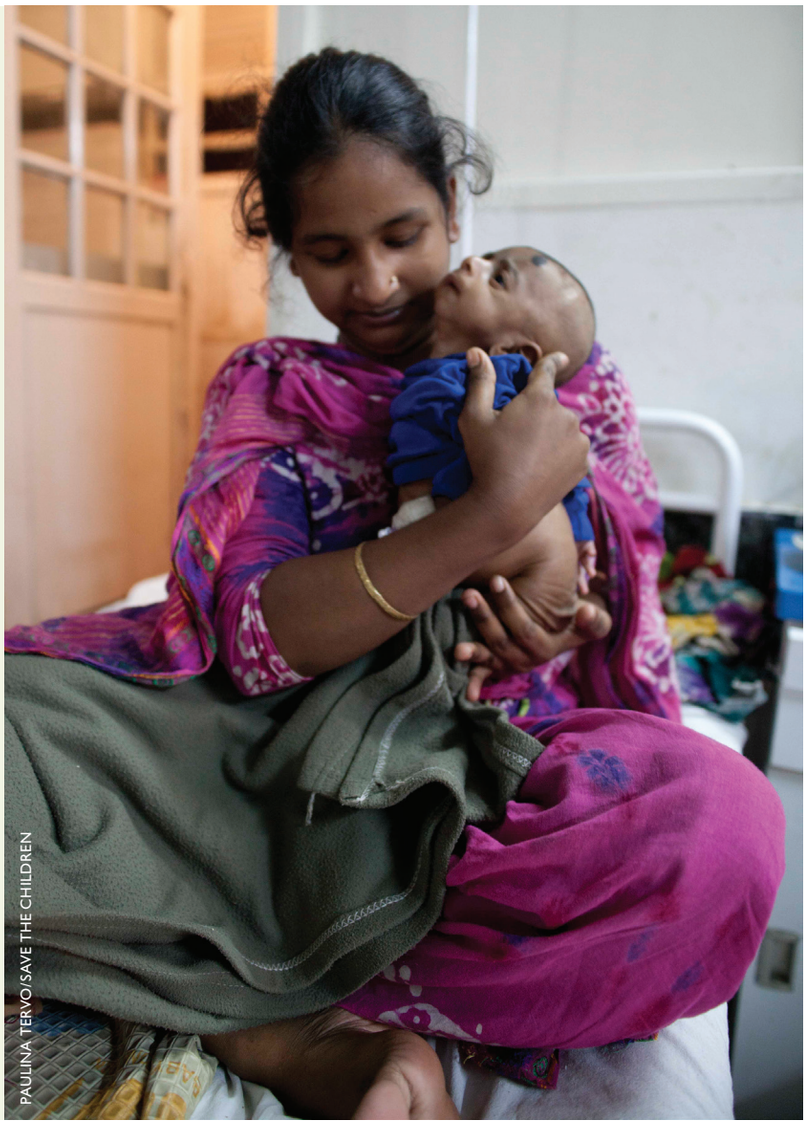
In Indonesia in the 1990s, in the historically disadvantaged region of West Nusa Tenggara, child mortality was 1.5 times higher than in the better off Lampung region. Twenty years later, due to government's commitment to tackle these inequalities, the gap has been significantly reduced.

Child health and protection were integrated within national development plans, initiatives were supported to reach disadvantaged regions and groups, and budget and decision-making was devolved to local actors. More recently, universal health insurance has been promoted. Although children in West Nusa Tenggara are still less likely to survive than those born in Lampung, there has been a substantial decrease in inequality.

RINA'S STORY: MODHUBAG SLUM, DHAKA, BANGLADESH

Rina is just 15-years-old and yet she's been married for two years already and has a baby called Tuhin. Tuhin is lucky to be alive. Just a few months-old, he's dangerously small. He's only alive because he's been treated in hospital for malnutrition. When Rina leaves the clinic, she doesn't know how she'll feed him when they return to the slum.

In Rina's words: "I live with eight people. I didn't have any food while I was pregnant and I'm always hungry… My mother taught me how to look after the baby when he was born, but she's never had any food either so she didn't know what to give him to eat."



PAULINA TERVO/SAVE THE CHILDREN

DEMOCRATIC REPUBLIC OF CONGO: CONFLICT-AFFECTED AND FRAGILE STATES

Progress has been made on reducing maternal and child mortality rates in the Democratic Republic of Congo (DRC) but the country still has a long way to go. In 2001 the rate was 213 deaths per 1000 live births and in the recent preliminary Demographic and Health Survey for 2013–2014, the rate was still 104 deaths per 1000 live births.[12] Children in conflict regions of the DRC have a 22% higher chance of dying before their fifth birthday than in the rest of the country.[13]

The health system is poorly equipped and underfinanced and clinics have no capacity to deal with the child survival crisis. Health workers are few, often underpaid, and fearful of attacks. Many people can't afford healthcare – such as Glody's family (see box) – and children often do not receive adequate treatment for preventable illnesses.[14]

SYRIA: CONFLICT

Before the current conflict, Syria was on track to achieve MDG4. It had high vaccination coverage and skilled attendance at births was universal. But the conflict has led to the collapse of the health system and hospitals have no equipment to deal with childhood illness. Power cuts see many babies die in incubators. Syrian children today are victims of epidemics, such as polio and measles, which have not been seen in the country in decades. They also suffer from life-threatening malnutrition and acute diarrhoea.

An estimated two-thirds of doctors have left Syria. In Aleppo alone, the number of doctors has declined sharply from 5,000 to just 36. Attacks on clinics and health professionals are frequent, making it even more difficult to operate.[15]

Many families like Bsher's have been displaced by the conflict (see box opposite).

GLODY'S STORY: DEMOCRATIC REPUBLIC OF CONGO

Glody is just two-years-old. His mother, Tantine, carried him for half an hour to a clinic after he became seriously unwell with vomiting, diarrhoea and a high fever. She had to ask neighbours for the money to buy medicine. It wasn't enough to pay for everything he needed to get better. And when she reached the clinic, it had run out of some of the medication Glody so desperately needed.

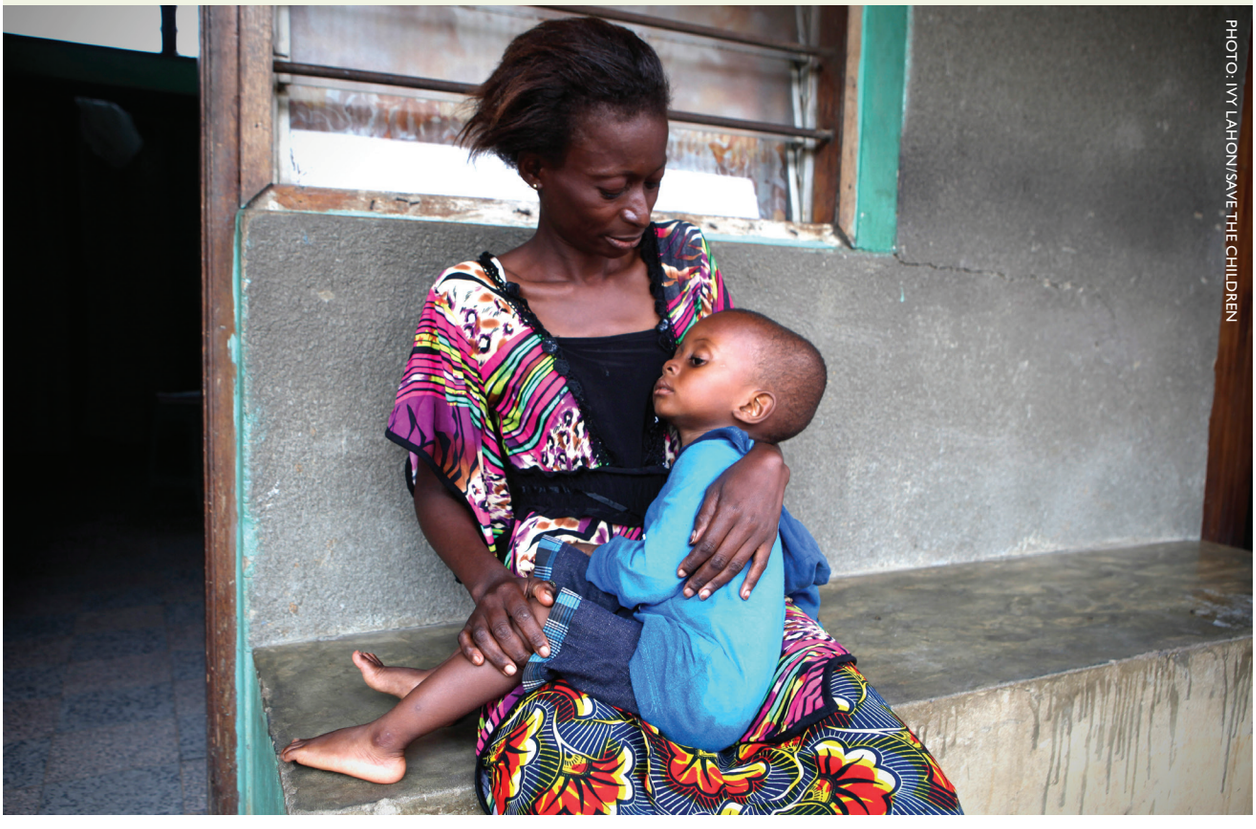


PHOTO: IVY LAHON/SAVE THE CHILDREN

BSHER'S STORY: SYRIA

The fighting has forced three-year-old Bsher and his family to live in tents with thousands of other internally displaced people. The tents are often flooded by heavy rain or snow, meaning they become soaked and water-logged. The fighting means health facilities are few and far between and because of that, Bsher has missed out on vaccinations. He's now suffering from meningitis and his foot and hand are partially paralysed.

In Bsher's father's words: "I feel like I did nothing to help him, even though I tried all the possible ways to get him the medicine. How do I feel? I feel like my lovely child can't grow up and play like other children."

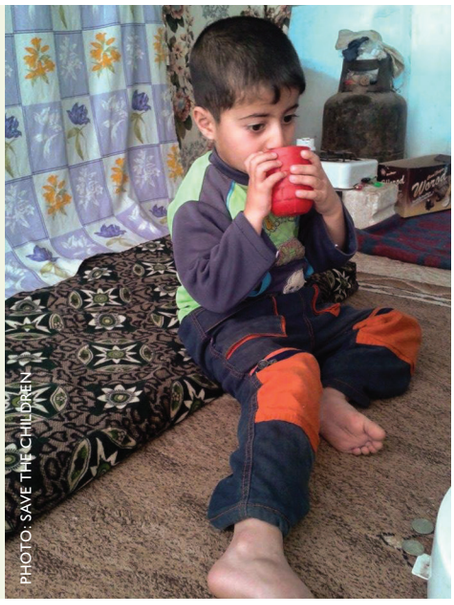


PHOTO: SAVE THE CHILDREN

TACKLING THE EFFECTS OF CONFLICT

Afghanistan has significantly improved child survival rates in the past decade, more than halving the rate of under 5 child mortality from 257 deaths per thousand live births in 2005, to 99 per thousand in 2012.[16] These dramatic improvements have in part been driven by the substantial investments of donor governments in the Government coordinated Basic Package of Health Services (BPHS). Since it was set up in 2003, investment in the BPHS has increased the percentage of births attended by a skilled health worker from 14% to 39% in 2010–11,[17] although disparities in access still exist between the richest and the poorest mothers.

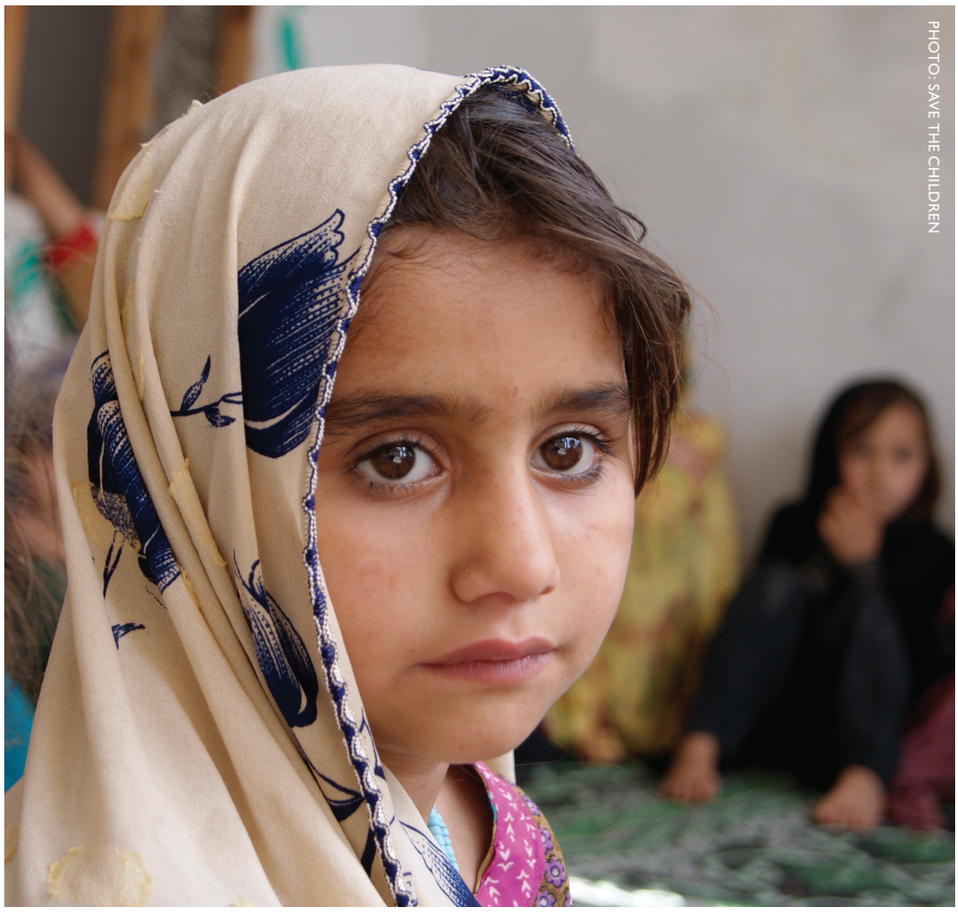


PHOTO: SAVE THE CHILDREN

Shireen, six, at Save the Children's Temporary Learning Space in Peshawar district. She never went to school due to the security situation in Khyber Agency.

WHAT ARE WE CALLING FOR?

The world has made unprecedented gains in saving children's lives, with total child deaths having almost halved since 1990. Save the Children is calling on all governments to work with partners to pick up the pace as we approach the MDG target in 2015, and achieve the maximum progress possible in the time remaining. But 2015 is also a point at which the baton needs to be passed on, with countries committing to ending preventable child deaths within a generation.

Realising every child's right to essential quality healthcare is a critical step to achieving this ambition. We are calling on governments to focus on strategies that give every child a fair chance at life. It is the responsibility of governments and institutions across the world to sit up, take notice and act… fast. Only then can children from the toughest places have a real chance at winning the race for survival.

RECOMMENDATIONS

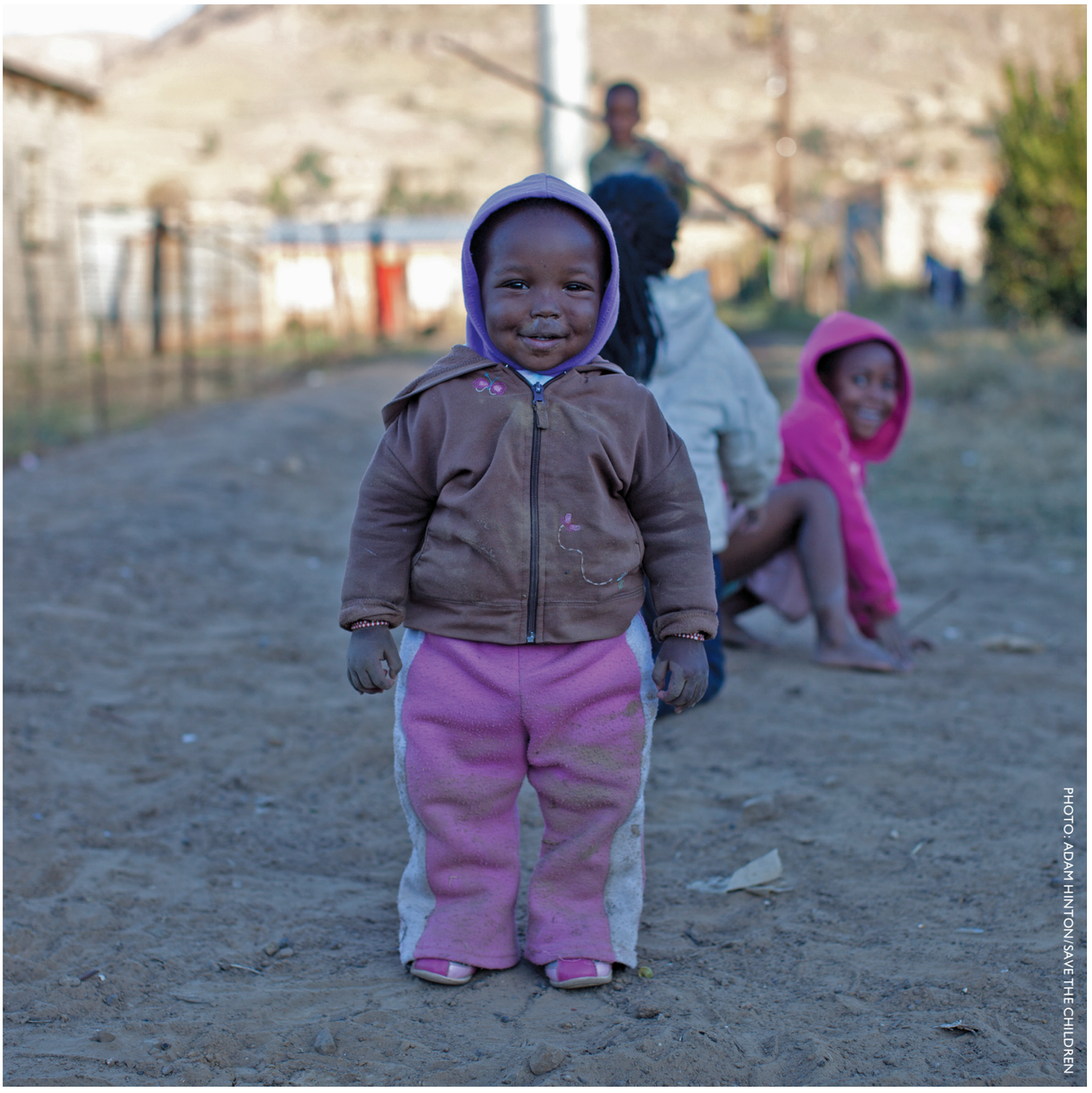
By the end of 2015, we want governments, donors and other stakeholders to take the following steps to end preventable child deaths:

Governments with high burdens of child mortality

1. Publicly commit to universal access to essential healthcare, adopting and implementing comprehensive, costed national health plans that respond to the key causes of child mortality and ensure that every child, including those in the toughest places, has a fair chance at life. The plans must include:
   - The proven interventions and care needed for newborns to survive the crucial first month of life;
   - Programmes to reach every child with routine immunization and plans to include pneumococcal and rotavirus vaccines in routine coverage;
   - A health workforce plan that puts properly trained, supported and equipped health workers in reach of every child, and ensures that every birth is attended by a skilled birth attendant;
   - Investment in direct nutritional interventions to tackle stunting and micronutrient deficiency, and extension of social protection policies and programmes that protect the poorest families.
2. Publicly commit the levels of public spending needed to guarantee equal access to essential health care for all children – linked to a transparent process so that civil society can actively track budgets and spending.
3. Remove user fees for all maternal, newborn and child health services, including emergency obstetric care; ensure that less than 20% of all national expenditure for health is from out of pocket payments; and tackle informal payments and other financial barriers.
4. Empower women and girls so that they can make the health decisions that are best for themselves and their children, invest in women's economic and income-generating activities and girls'education and take action to prevent child marriage and other harmful practices.
5. Commit to ending all preventable child deaths by 2030, as a central part of the post-2015 agenda.

Donor Governments

1. Play a leading role in mobilising political and financial support to ending preventable under-5 child deaths by 2030.
2. Invest in better data to ensure accurate tracking of child mortality across the different dimensions of equity, including wealth and income, gender, geography and ethnicity.



Children playing in South Africa

3. Promote universal coverage of quality essential healthcare at birth, including in the context of the post-2015 agenda.
4. Support fairer taxation in countries, transparency of financial flows and closing of tax avoidance and loopholes, so that developing countries are better able to mobilise the domestic resources they need to invest in healthcare.
5. Commit to increase long-term, predictable aid for health to conflict affected and fragile states. Elevate maternal, newborn and child health as a priority for humanitarian response.

The Private Sector

1. Help address unmet needs by developing innovative solutions and increasing availability for the poorest of new and existing products for maternal, newborn and child health.
2. Support, respect and comply with regulations that protect the health of newborns and children, including the Code of Marketing of Breast milk Substitutes.

ENDNOTES

[1] Committing to Child Survival: A Promise Renewed – Progress Report. 2014. New York: UNICEF.

[2] Levels and Trends in Child Mortality Report. 2013. New York: UNICEF.

[3] According to India's Sample Registration System data, in 2010 Uttar Pradesh accounted for 28.7% of all under-five deaths in India

[4] Sierra Leone Demographic and Health Survey. 2013. Freetown: Statistics Sierra Leone. pg.10

[5] Save the Children. 2014. Ending Newborn Deaths. Ensuring Every Baby Survives. London: Save the Children.

[6] Sierra Leone Demographic and Health Survey. 2013. Freetown: Statistics Sierra Leone. pg.11

[7] Save the Children 2008. Saving children's lives. Why equity matters. London: Save the Children. pg.13

[8] http://www.unicef.org/infobycountry/nigeria_statistics.html

[9] Nigeria Demographic Health Survey. 2013. Abuja: National Population Commission Federal Republic of Nigeria. pg.178

[10] Save the Children. 2013. Lives on the Line. An Agenda to End Preventable Child Deaths. London: Save the Children. pg.26

[11] Bangladesh Demographic and Health Survey. 2011. Dhaka: National Institute of Population Research and Training. pg.129

[12] Democratic Republic of Congo Preliminary Demographic and Health Survey. 2014. Rockville: Measure DHS, ICF International. pg.32

[13] People Affected by Conflict: Humanitarian Needs in Numbers. 2013. Brussels: CRED

[14] Save the Children. 2014. State of the World's Mothers. Saving Mothers and Children in Humanitarian Crises. London: Save the Children.

[15] Ibid.

[16] Countdown to 2015 – Fulfilling the Health Agenda for Women and Children. 2014. Geneva: WHO & UNICEF

[17] Ibid.

Our breakthrough – No child under the age of five dies from preventable causes, and public attitudes will not tolerate high levels of child deaths.

Our goal – Millennium Development Goal (MDG) 4 – a two-thirds reduction in child mortality rates by 2015 – is achieved. Our campaign goal is a stepping stone towards the breakthrough.

Our strategic objective – By 2015 we will have influenced changes in policy and its implementation that expand coverage of services and practices that dramatically accelerate sustainable and equitable progress towards MDG 4.

Save the Children works in more than 120 countries. We save children's lives. We fight for their rights. We help them achieve their potential.

Published by
Save the Children
St Vincent House
30 Orange Street
London WC2H 7HH
UK

Typeset by Grasshopper Design Company
Printed by Page Bros

www.savethechildren.net
www.everyone.org

Save the Children