

# WORKING TO ACHIEVE SUSTAINABLE DEVELOPMENT

*SOS Children's Villages contribution to the  
implementation of the Millennium Development Goals*



SOS CHILDREN'S  
VILLAGES  
INTERNATIONAL

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This document outlines the actions and activities undertaken by SOS Children's Villages to help meet the United Nations Millennium Development Goals (MDGs). It provides a general overview of the organization's approach to the MDGs, offering related examples of its work with children, families, and communities.

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## LIST OF ABBREVIATIONS

MDG	Millennium Development Goal
NGO	Non-governmental organization
VSL	Village savings and loans

# ABOUT THE MILLENNIUM DEVELOPMENT GOALS

In September 2000, representatives from 189 Member States of the United Nations met at UN headquarters in New York and adopted the Millennium Declaration, a series of collective priorities on peace and security, the eradication of poverty, the environment, and human rights. Following this declaration, a set of eight goals – the Millennium Development Goals – were drawn up as the blueprint to achieve noticeable results by the target date of 2015.



The 8 MDGs include 21 specific measurable targets and more than 60 indicators and timelines for developing and donor countries, civil society organizations, and funding institutions, such as the World Bank (*UN, 2008; n.d.*).

All states agreed to undertake specific follow-up measures to ensure that these goals would be achieved in their own countries. Many non-governmental organizations (NGOs) joined the international effort to achieve the implementation of the MDGs by 2015. These NGOs can provide direct services, supply resources, build capacity of duty bearers, monitor progress, and encourage governments to keep their commitments to the MDGs.

In September 2010, a UN summit adopted a global action plan to accelerate progress towards the MDGs. As we enter the final stretch towards 2015, governments, inter-governmental bodies, UN agencies, civil society, and the business sector must join forces to ensure these goals are realized.

# THE ROLE OF SOS CHILDREN'S VILLAGES

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The MDGs are the most successful global anti-poverty push in history. They are especially important for the well-being of children. One should not forget that children comprise the majority of the estimated billion people who live below the poverty line. Even though success is not always easy to track, studies reveal that the MDGs have already played a key role in increasing the enrolment of children in primary education, many of them for the first time in their lives; in reducing children's vulnerability to preventive diseases such as HIV/AIDS; in saving the lives of mothers; and in creating the preconditions for a cleaner and safer environment.

The core programme work of SOS Children's Villages is designed to contribute significantly to the achievement of the MDGs.

In the following chapters, we examine each of the 8 MDGs, what they have meant for children and families, and how SOS Children's Villages has responded.



# GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

## TARGETS BY 2015:

- Halve the proportion of people living on less than USD 1.25 per day.
- Achieve full and productive employment and decent work for all, including women and young people.
- Halve the proportion of people who suffer from hunger.

## PREVENTING FAMILY SEPARATION BY REDUCING POVERTY

Poverty is never a sufficient reason for family separation or for alternative care. The *UN's Guidelines for the Alternative Care of Children* explicitly state:

Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family (*UNGA, 2009, para. 14*).

Nevertheless, poverty continues to be one of the highest risk factors for family separation around the world, despite the fact that:

Children who have lost contact with their birth parents for reasons stemming from extreme poverty face a greatly heightened risk of emotional insecurity, educational failure, abuse and violence (*ATD Fourth World Movement, 2004, p. 17*).

Disaggregated national data – by region, ethnicity, or marginalized groups – demonstrates that income inequality is growing. In fact, the poorest of the poor are even left out of statistics, which could otherwise help to secure access to basic services. If the needs of the most vulnerable are to be addressed, the approach to poverty reduction must be an equitable one.

## MALAWI: Economic empowerment through village savings and loans groups



Economic empowerment in the form of village savings and loans (VSL) groups has been a component of family strengthening in SOS Children's Villages Malawi since 2009. The approach exemplifies how economic support can have a positive impact on the care givers' ability to provide for their children.

VSL groups are designed to provide simple savings and loan facilities to care givers. The loans are primarily used to finance small-scale livelihoods such as selling vegetables, baking and selling bread, or bricklaying. In turn, these activities increase a family's household income, which can then be re-invested in family needs such as food or schooling. The loans are also used to meet high, one-time expenses, such as for housing improvements.

## SOS CHILDREN'S VILLAGES RESPONDS BY:

- providing protective environments for children without parental care in SOS Children's Villages families, as well as children in vulnerable families, through family strengthening programmes;
- supporting families by developing their capacity to become materially and financially self-sufficient, with a focus on providing skills for income-generating activities;
- establishing and strengthening local safety nets for children and their families, such as community childcare centres, schools, and basic social services to help them overcome poverty; and
- maintaining feeding programmes in emergency situations.

# GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

## SENEGAL: Mobilizing resources to establish community schools



No school was available in Diamwelly, Senegal. Children were not in school and almost the entire population was illiterate.

In 2008 SOS Children's Villages mobilized the community to build a temporary classroom constructed from basic materials, such as baobab wood. The Departmental Inspection of National Education supplied material and human resources while SOS Children's Villages provided equipment. Fifty children were soon able to attend school free of charge.

The following year, another classroom was built. At the same time, awareness raising activities were organized to encourage local parents to send their children to school and, in particular, to explain the importance of education for girls. Parents responded enthusiastically, creating a parents' association that was coordinated by a participant of the SOS Children's Villages family strengthening programme.

Four years later, the number of students had increased from 50 to 350, with children attending classes in 5 classrooms. The enrolment of girls had exceeded that of boys. Since then, funds have been provided to replace the temporary structures with a permanent school.

### TARGET BY 2015:

- Ensure that children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

## EDUCATING CHILDREN: A TOOL FOR ACHIEVING ALL MDGS

Education – specifically, free primary school for all children – is a fundamental right to which governments committed themselves under the Convention on the Rights of the Child. Moreover, quality education is essential to achieving each of the other MDGs, not least by promoting literacy and numeracy skills, employment, a healthier life, human development, and equality.

A host of factors – from poverty, marginalization, and geographic isolation to the lack of parental care – hinder access to education for many children around the world. For families that cannot afford school uniforms, books, meals, or other school expenses, education vouchers have proven extremely useful.

## SOS CHILDREN'S VILLAGES RESPONDS BY:

- providing early, primary, and secondary education and vocational training for more than 130,000 children in 186 SOS Hermann Gmeiner Schools and 58 vocational training centres worldwide;
- facilitating and supporting access to education for children and young people in educational facilities provided by other service providers;
- investing early in quality child care and development programmes in 230 kindergartens run by SOS Children's Villages;
- supporting the elimination of corporal punishment in public schools;
- supporting local governments and school management to raise the quality of education in public schools and vocational training centres;
- providing educational opportunities for vulnerable children with special needs, such as disabled children and children orphaned by HIV/AIDS;
- ensuring equal access to primary and secondary education for girls; and
- safeguarding the right to education in emergencies.



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## SWAZILAND: The Non-formal Upper Primary Education programme

The Non-formal Upper Primary Education programme was born out of a partnership between SOS Children's Villages Swaziland and the Swaziland Ministry of Education and Training.

In 2002, the SOS Children's Village Family Strengthening Programme in Mbabane started this initiative to address the educational challenges faced by children who had dropped out of school. Children were found to be out of school for various reasons, such as a lack of interest in education, an inability to pay school fees or buy required uniforms or learning materials, and calls on children to take care of chronically ill parents or younger siblings. Younger children who participated in the SOS programme experienced grade repetition and had gaps of one to two years in their education.

SOS Children's Villages Swaziland turned to the Sebenta National Institute, a department within the Ministry of Education and Training with experience as an adult basic education and training provider focused on eradicating adult illiteracy. Given this expertise, the Sebenta National Institute proved to be an ideal partner in the design of a basic literacy programme for children and young people, the use of age-appropriate

teaching and learning methodologies, and the development of learning resources.

Two care givers from families participating in the SOS Children's Villages family strengthening programme – one mother and one young adult from a sibling-headed household – volunteered to teach the first group of children. The Sebenta National Institute trained the volunteers to deliver the newly designed curriculum and the first literacy programme was established in the community room of SOS Children's Village Mbabane. Twenty children aged 11 - 17 were admitted to the class for this non-formal programme.

With the support of SOS Children's Villages, the programme was soon replicated to reach children living in similar circumstances in other communities, including in Mpolonjeni (2005), Mahwalala (2006), and Msunduza (2010). In Sidwashini, with funding from UNICEF, SOS Children's Villages was able to support their main partner – a community-based organization – to construct a child care centre, including two purpose-built classrooms for the literacy programme and a kitchen area to provide breakfast and lunch for children attending classes.

In 2012, the Non-formal Upper Primary Education programme was formally accredited through the Swaziland Ministry of Education and Training.

# GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

## COLOMBIA: Educating and empowering women



SOS Children's Villages runs social programmes in vulnerable and densely populated areas in the city of Soacha and in Bogotá's neighbourhoods of Santa Fe and La Candelaria. Parts of all three areas exhibit high rates of violence, malnutrition, school dropouts, and unemployment, with most people subsisting on informal jobs and around 70 per cent of the population living below the median income (*SOS Children's Villages Colombia, 2007*). A main component of SOS's family strengthening and community development programme is the empowerment of women. In all three areas, women were given the opportunity to attend literacy and other education classes, participate in professional development workshops, and take up microcredit to start small businesses. While they attended school, training, or work, these women were able to place their children in local, self-organized day care with trained, remunerated mothers.

In just two years, the programme had a significant impact on the communities. In La Candelaria, for example, the rate of women in paid employment increased from 15 per cent to 82 per cent, with 137 women engaged predominately as vendors in shops, micro-entrepreneurs, and community carers (*SOS Children's Villages Colombia, 2007*).

Through personal development workshops and training sessions, physical violence against women was reduced. In addition, families learned to deal with their conflicts in a more constructive manner, with the use of dialogue to resolve disputes increasing from 25 per cent to 65 per cent in all three communities after two years.

### TARGET BY 2015:

→ Eliminate gender disparity in primary and secondary education.

### EDUCATING GIRLS AND WOMEN: A KEY TO COMMUNITY DEVELOPMENT

While great steps have been taken globally to reduce gender disparity among children, particularly in the areas of birth registration and primary education, gaps between the education outcomes of girls and boys have actually increased among older children and youths, especially in developing countries (*UNICEF, 2011*). Indeed, data disaggregated by sex continues to show lower educational attainment levels among girls.

Poverty remains a major barrier to education, especially among older girls (*UNDP, 2010*). Girls' enrolment and attendance in education is especially affected by concerns related to safety, sanitation, and affordability. Half of the world's girls who are not in school reside in sub-Saharan Africa, while another quarter live in South Asia (*World Bank, n.d.a*). Meanwhile, research shows that girls who have received an education are more likely to secure employment, vote, and enjoy maternal health later in life (*Tembon and Fort, 2008; World Bank, n.d.b*). Educating mothers also greatly cuts the mortality rate of children under the age of five, and an educated mother is more likely to send her children to school (*World Bank, n.d.b*).

Such gender disparities mean that girls and women are at greater risk of suffering from poverty, experiencing discrimination and violence, missing out on higher education, facing unemployment, and forgoing support services such as maternal health care.





### SOS CHILDREN'S VILLAGES RESPONDS BY:

- building the capacities of women and girls, for example through skills training, education on women's rights and domestic violence, personal development, and non-formal education; and
- recognizing the increased vulnerability of women and girls to HIV/AIDS and providing them with access to youth-friendly, gender-sensitive health services, including voluntary, confidential HIV testing and counselling.



# GOAL 4: REDUCE CHILD MORTALITY

## TARGET BY 2015:

- Reduce by two-thirds the mortality rate among children under five.

## MOST CHILD DEATHS CAN BE PREVENTED

As noted by Andris Piebalgs, the European Commissioner for Development, ‘maternal health and child mortality is where we still have the furthest to go’ (*SOS Children’s Villages International, 2010*). Indeed, approximately 19,000 children under the age of five still die every day, mainly from preventable infectious diseases such as diarrhoea, malaria, or pneumonia (*UNICEF, n.d.*). An ever-growing threat is HIV infection, raising the need to prevent mother-to-child transmission of HIV. Many lives can be saved through adequate health care services, such as vaccines, proper nutrition and hygiene, newborn care, and other preventive practices.

## SOS CHILDREN’S VILLAGES RESPONDS BY:

- establishing and supporting mother and child centres to promote improved neonatal health and reduce the number of infant deaths;
- employing health care workers and social workers to support better parenting, assist in disease prevention, and help families manage childhood illnesses;
- supporting community health programmes with capacity building and resources, including human resources and necessary materials; and
- providing health care in 74 SOS Children’s Villages medical centres, to serve communities that lack public medical services.

## TOGO: Developing health services with communities and the government



The village of Kpangazipio lies more than 20 km from Kara in northern Togo, and more than 15 km from the nearest health clinic. The path leading to that clinic is impassable during the rainy season. Perhaps not surprisingly, a community assessment linked the loss of life among women and children in the village to the lack of a local health clinic.

Building a primary health care clinic thus emerged as a priority in the community development plan. The mobilization of community members around this initiative initially allowed them to construct a health clinic room. SOS Children’s Villages facilitated the construction and provided financial support as well as medical materials and essential drugs.

Two community health workers were trained at the SOS Mother and Child Hospital of Kara. Supported by SOS Children’s Villages, a local health committee has been set up and linked with the District Health Directorate.

The supervision of the clinic is now the responsibility of the District Health Department, which also helps to supply drugs. The health clinic is open five days per week and offers essential health care to more than 2,000 people. Its income is managed by the health committee and is used to support the running costs.

Since September 2012, to strengthen service delivery of this health clinic, the SOS Mother and Child Hospital has provided technical support. Once a week, a nurse from the SOS Hospital assists the two community health workers in the village.



# GOAL 5: IMPROVE MATERNAL HEALTH

## TARGET BY 2015:

- Reduce by three-quarters the maternal mortality ratio.
- Achieve universal access to reproductive health.

## WOMEN'S REPRODUCTIVE HEALTH IS SERIOUSLY NEGLECTED

A lack of access to health care services means that complications in childbirth continue to claim the lives of about 800 mothers each day – more than 285,000 per year. Nearly all of these deaths (99 per cent) occur in developing countries in sub-Saharan Africa and South Asia. The world still has a long way to go to ensure safe pregnancy for women worldwide and to reach the goal of reducing maternal death by three-quarters; between 1990 and 2010, maternal mortality dropped by less than half (*WHO, 2012*).

With access to adequate care and services, the majority of maternal deaths are preventable. As part of prenatal care, health care practitioners can screen women for conditions that may require interventions and pregnant women can learn how to prepare for potential emergencies. In low-income countries, however, just over one-third of all pregnant women have the recommended four prenatal care visits and fewer than half are assisted by a skilled health worker during birth. In addition, for every reported maternal death, an estimated 20 women sustain birth-related injuries or infections that often go untreated, resulting in lifelong pain or disability (*WHO, 2012; UNICEF, 2012a*).

## SOS CHILDREN'S VILLAGES RESPONDS BY:

- providing mobile medical services and skilled birth attendants through the family strengthening programmes; and

## AFRICA: Fighting cervical cancer with the 'Save My Mother' project

The 'Save My Mother' project seeks to prevent cervical cancer by raising awareness and by screening more than 100,000 women through the See & Treat method in ten SOS Medical Centres across Gambia, Ghana, Kenya, Malawi, and Zambia.

The project also aims to inform policy-makers in the five countries' health departments regarding cervical cancer prevention programmes and to ensure the sustainability of the See & Treat method by anchoring mother and child health care into the SOS Children's Villages strategy.

Training for the Save my Mother project began in Nairobi in September 2011. Once the participants had received theoretical and practical training in the See & Treat method, the medical centres were equipped and began to offer cervical cancer screening two days per week. An expert team of gynaecologists visited the centres in all participating countries to monitor the quality of care and to provide additional training. SOS Children's Villages intends to introduce this preventive approach in other SOS medical programmes across the continent.

- operating mother and child clinics, which offer pre- and post-natal care, as well as childbirth facilities; for example, approximately 25,000 people are being treated by SOS Children's Villages' medical staff across southern Somalia, where SOS Children's Villages is reported to be the only remaining international aid organization.

# GOAL 6: COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

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## TARGET BY 2015:

- Halt and begin to reverse the spread of HIV / AIDS.
- Achieve universal access to treatment for HIV / AIDS for all those who need it.
- Halt and begin to reverse the incidence of malaria and other major diseases.

## FIGHTING DISEASE SAVES THE LIVES OF CHILDREN AND ADULTS

HIV / AIDS, malaria, measles, polio, and tuberculosis afflict millions of children and adults who do not have access to nutritious foods, clean water and sanitation, or adequate health care. Around the world, HIV / AIDS is the leading cause of death and disease for women aged 15 - 44, while unsafe sex is the main risk factor in developing countries. Young women are especially at risk of HIV infection due to a lack of access to information and health services, economic vulnerability, and unequal power in sexual relations (*WHO, 2009*).

As more and more people that are HIV positive are living longer lives, medical and social services must prepare for long-term support to families affected by HIV / AIDS. Counselling is particularly important in supporting families to stay together, and for helping HIV-positive mothers and their children understand and cope with their situation (*UNAIDS, 2010*).

Frequently linked to HIV infection, tuberculosis is the second leading killer worldwide (*WHO, 2009; 2013*). It is the third leading cause of death among women aged 15-44 in low-income countries and ranks fifth worldwide among all women (*WHO, 2009*).

## SOS CHILDREN'S VILLAGES RESPONDS BY:

- providing support programmes (including schooling, health services, and psychosocial support) for children and families affected by HIV / AIDS;
- providing access to voluntary testing, counselling, retro-viral drugs, and treatment;
- carrying out information campaigns on the risk of infection and on discrimination against people with AIDS;
- improving the quality of life of chronically ill parents through welfare management programmes and positive living; and
- empowering children and young people to make informed decisions, especially regarding safe sex.



## ZIMBABWE: Supporting vulnerable communities



Since the late 1990s, Zimbabwe's economy has been in constant crisis, largely due to successive droughts, continuous inflation, and low foreign investment. UNICEF estimates that more than half of the population – 250,000 households – live in extreme poverty, including 3.5 million children who are chronically hungry. Many of these children were orphaned by HIV/AIDS (*Schubert, 2010, p. 23*).

Glen View and Glen Norah are two high-density, poverty-stricken suburbs of the capital, Harare, where the incidence of tuberculosis is high, such that many terminally ill parents, grandparents, and siblings must care for children.

Since 2005, the SOS Children's Villages programme has supported these communities by providing material aid, such as food packages and school fees, undertaking long-term training and capacity building, and investing in the development of schools and other local structures.

With respect to health care, the programme facilitates children's access to public health services, covering any medical expenses in partnership with pharmacies. Designated workshops focus on relationships, dealing with bereavement and children's rights and responsibilities; they also promote preventive health awareness, life skills, and HIV/AIDS counselling. Programme staff members are trained to work with children who are experiencing psychosocial distress. Moreover, children and young people themselves are trained in peer counselling to widen the support systems in the community.

In its first year, the programme was able to improve the lives of nearly 1,500 children by ensuring better nutrition, lifestyle changes, and greater emotional stability. Programme staff demystified issues surrounding HIV/AIDS and successfully encouraged open discussions regarding preventive health care. More recently, the programme has focused on securing lasting social protection mechanisms as well as on building the capacity of community-based organizations to support the families as needed.

# GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

## TARGET BY 2015:

- Integrate the principles of sustainable development into country policies and reverse the loss of environmental resources.
- Reduce biodiversity loss.
- Halve the proportion of the population without access to safe drinking water and basic sanitation.
- Achieve significant improvement in the lives of at least 100 million slum dwellers.

## NO DEVELOPMENT WITHOUT ENVIRONMENTAL PROTECTION

The world's poorest often suffer the most from environmental degradation; indeed, climate change affects the poorest regions of the planet more than others (*PIK, 2012, p. xiii*). With respect to water-borne diseases, children are among the worst affected; about 4,500 children die every day from unsafe water and a lack of basic sanitation facilities (*UNICEF, 2012c*).

A joint report by the World Health Organization and UNICEF indicates that the world is far from meeting the MDG target for sanitation – and is unlikely to do so by 2015. Only 63 per cent of the global population has improved sanitation, far short of the 75 per cent target (*UNICEF, 2012b*).

## KENYA: Harnessing solar energy



A solar panel array, installed by SOS Children's Villages, helps promote environmental stewardship and benefits the larger community by providing greater energy security for the growing local economy. At the time of its installation in 2011, the array represented the largest solar project in Kenya and the second-largest in Africa. It is connected to the public power grid, generating much-needed energy in areas where frequent power outages affected life-support systems at SOS Medical Centres. In addition to supporting the environmental and economic pillars of sustainability, this project embodies the social component of sustainable development.

## SENEGAL: Upcycling plastic bags



SOS Children's Villages initiated plastic bag recycling as part of its family strengthening programme in Tambacounda Diamwelly Community. Plastic bags account for approximately 90 per cent of the packaging used at local markets; they are generally thrown on the ground after use and can be seen strewn across the countryside. They block sewer canals, suffocate animals, and pollute the soil. As part of the recycling programme, participants recover the plastic bags, wash and dry them, and cut them into strips that can be used to crochet new products to sell at the market.





### SOS CHILDREN'S VILLAGES RESPONDS BY:

- implementing green practices in programmes and daily living routines;
- organizing educational workshops and training on green practices and leading by good practices, such as by introducing solar energy and water purification systems; and
- investing in infrastructure to provide safe drinking water and water treatment programmes, especially in times of emergency.

### TUNISIA: Cleaning water, forests, and beaches



SOS Children's Villages in Mahres hosts a desalination plant aimed at ensuring that groundwater is clean and potable. The plant comprises a solar component in the desalination system. In addition, children in the Mahres Village participate in forest and beach clean-up several times per year.

# GOAL 8: DEVELOP A GLOBAL PARTNER- SHIP FOR DEVELOPMENT

## TARGET BY 2015:

- Develop further an open trading and financial system that is rule-based, predictable, and non-discriminatory.
- Address the special needs of least developed countries, landlocked developing countries, and small island developing states.
- Deal comprehensively with the debt problems of developing countries.
- In cooperation with the pharmaceutical industry, provide access to affordable essential drugs.
- Develop and implement strategies for decent and productive work for youth.
- In cooperation with the private sector, make available the benefits of new technologies.

## REACHING THE MILLENNIUM DEVELOPMENT GOALS TOGETHER

One of the greatest achievements of the MDGs has been the bringing together of various stakeholders to support the global common effort of reducing poverty and producing development.

## SOS CHILDREN'S VILLAGES RESPONDS BY:

- advocating – alone or as a member of networks – sustainable development that considers human rights and targets the most vulnerable children and families affected by poverty;
- working in partnership with UN agencies, governments, NGOs, the corporate sector, and private donors to leverage resources and build capacity; and
- engaging and supporting the communities where SOS Children's Villages are active so that they can develop their own support services.

## SRI LANKA: Empowering mothers through information technologies



In an innovative project to empower mothers in Peraliya, SOS Children's Villages Sri Lanka, together with corporate partners, launched a programme to teach basic computer literacy skills.

Twelve women, all of whom are members of a community-based organization, were trained in view of their individual skills and abilities. Two three-hour training sessions were conducted twice per week, focusing on practical skills.

After six months of training the mothers were able to use the Internet, send e-mails, and manage accounting tasks. Data entry, which had been a time-consuming process, can now be done quickly. In addition, the minutes of the community-based organization's meetings can be stored for future reference.

After the success in Peraliya, a similar programme was launched in Gandara, Sri Lanka. There are plans to implement similar programmes in other countries across Asia.

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# A LOVING HOME FOR EVERY CHILD



SOS CHILDREN'S VILLAGES

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