

SOS Children's Villages Working Toward the Millennium Development Goals (MDGs)

Let's make 2015 happen!

In 2000, the member states of the United Nations agreed upon an 8 pillar framework to end poverty. These 8 pillars are the 8 Millennium Development Goals (MDGs) that touch on a wide range of social, economic, and environmental determinants of poverty. All of these goals are important to the well-being and healthy development of children.

The deadline to meet the requirements of the MDGs is 2015. Today, the world is more than halfway through the time allotted to meet the MDGs and yet the progress remains mixed: while some countries are on track to fulfillment, others still entrenched in devastating poverty and deprivation will not meet the 2015 target. SOS Villages is part of the solution that will help countries meet the MDGs, hopefully by 2015, through its extensive work with some of the world's most vulnerable children and families.

The Millennium Development Goals



1 MDG #1: Eradicate Extreme Poverty and Hunger

Targets: Halve, between 1990 and 2015

- the number of people living on less than \$1/day;
- the number of people suffering from hunger.

Progress to Date

According to UNICEF, "reducing poverty begins with children." Unfortunately, 600 million children still live on less than \$1/day – that's 30% of the developing world's children. And when adults are included, that figure rises to 1.3 billion (about 1/5 of the world population)! And, every 3.6 seconds, a person usually under the age of 5, dies from hunger and malnutrition-related diseases that have been eliminated in the First World. While there have been improvements in all regions, neither sub-Saharan Africa nor Southeast Asia will meet the provision to eliminate child hunger by 2015. Estimates show that at least 1 billion children are deprived of their rights to survival, health and nutrition, education, participation, and freedom from harm or exploitation.

What SOS is Doing to Help Achieve Goal #1



SOS helps children overcome poverty and hunger by providing them with a home and a loving, family environment. We also support surrounding communities through Family Strengthening Programs that assist families become financially self-sufficient through the provision of loans, foodstuffs, seeds, or money for parents' skills training. In addition to these basic social services, SOS maintains emergency feeding programs to meet short-term food needs of the community.

70 000 children currently live in SOS Villages – such as this one in Rutana, Burundi which is home to 170 children. The Village was opened in order to support victims of civil conflict and dire poverty. Here, they receive regular meals, clothing, support, and security. The children have access to an SOS

Children play outside a family home in SOS Children's Village – Rutana

Photo: Mr. Thomas Schytz Larsen

Kindergarten, Social Centre and Medical Center, as well as a Hermann Gmeiner Primary School (named in honour of the founder of SOS).



2

MDG #2: Achieve Universal Primary Education

Target: Ensure that by 2015 all boys and girls will be able to complete a full course of primary schooling.

Progress to Date

Today, most regions have primary school completion rates nearing, at, or above 90%. Currently, only 70% of sub-Saharan African children finish primary school and only 78% of children who live in Oceania. 93 million primary school-aged children are estimated to be out of school, as of 2005. Roughly 57% of these children are girls. Girls' education is especially important because educated mothers are more likely to send their own children to school. School benefits children's self esteem, expands employment opportunities, and improves their understanding of politics and society, the environment, health, nutrition, HIV/AIDS, and family planning. Free primary education a right under the 1989 Convention on the Rights of the Child, and is important for ending the poverty cycle and developing a strong, democratic civil society.

What SOS is Doing to Help Achieve Goal #2



A boy does math in Herman Gmeiner Primary School in Bethlehem.

Photo: Mr. Robert Fleischanderl

The construction and staffing of schools to accommodate as many children as possible from both the villages and the surrounding communities is a cornerstone of an SOS Village. SOS runs 228 Kindergartens that host 23,574 children. We also run 179 Hermann Gmeiner Schools that reach 101,274 students of varying ages. SOS further ensures equal opportunity to education for girls, children orphaned by HIV/AIDS, special needs and disabled children. And, in the event of an emergency, SOS will safeguard the right to education.

The child pictured above attends primary school in SOS Children's Village Bethlehem, in the Palestinian Territories.

Together with the SOS Kindergarten, about 260 children from the Village and surrounding community of mostly Arab descent are able to obtain a primary education. The welfare of these children, who have been put at risk by the violent conflict and social unrest in the region, is protected by SOS's commitment to their social development.



3

MDG #3: Promote Gender Equality and Empower Women

Target: Eliminate the gender disparity in primary and secondary education by no later than 2015.

Progress to Date

60% of the world's 799 million illiterate adults are women and girls because they remain disadvantaged in attending both primary and secondary school. This reality limits income-earning opportunities for girls. Women are responsible for most domestic tasks and thus have less time to work and attend school. Less income means that parents cannot afford to pay the fees to send their daughters to school – especially in societies where boys' education is favoured over girls'. Without women's access to education, food and health resources, their ability to care for their children is severely diminished. For instance, educated mothers are

more likely to immunize their children, who tend to have a 40% higher chance of survival than the children of uneducated mothers.

What SOS is Doing to Help Achieve Goal #3



School girls in uniform in SOS Children's Village – Isolo.

Photo: Mr. Patrick Whittmann

SOS consistently supports girls and women outside traditional family structures and, through its Family Strengthening and various schools, encourages them to develop their education and exercise their rights. Girls have full access to SOS Kindergartens, Primary, Secondary, Vocational and International Schools. Young girls and teenagers receive parental support from their SOS Mother and from Youth Counsellors. SOS maintains equal promotion opportunities for women to advance within its organizational hierarchy too. SOS helps women avoid acquiring HIV/AIDS by facilitating youth-friendly, gender-sensitive health services in addition to voluntary, confidential testing and counselling. Women may also access SOS Social Centres where they may take workshops to boost their self-esteem and participate in income generating activities or literacy programs.

inheriting and equal political representation. SOS works to reverse this injustice by ensuring that "girls receive quality education, just as boys do." Indeed, girls have access to the kindergarten, primary school, vocational school and Youth Community facility in the Village. A Youth community facility is where children over 14 years of age may live as they pursue secondary or higher education.

Caroline Aiyejoto, an SOS Mother at the SOS Children's Village Isolo, Nigeria, says that the situation of women in Nigeria must change. In Nigeria, women are viewed as being inferior. Domestic duties prevent them from being educated and they are often at the total command of their husbands or fathers. Women are denied decision-making power,



MDG #4: Reduce Child Mortality

Target: Reduce by 2/3, between 1990 and 2015, the under-five mortality rate.

Progress to Date

The progress toward MDG #4 is very mixed. North Africa, South and East Asia, and Latin America have all made substantial reductions in child mortality. However, many western and central Asian states have made very slow progress. Meanwhile, sub-Saharan Africa still has a rate of 166 under-five deaths per 1000. Canada's by comparison is 6.5 per 1000. Malaria, tuberculosis, diarrheal and poverty-related diseases are the main culprits in early childhood mortality. Measles vaccinations have been a key treatment in all regions, especially in Africa where measles death dropped 75%. Other successful interventions such as vitamin A supplements, oral rehydration therapies, de-worming medicines, and insecticide treated mosquito nets (ITNs) are relatively low-cost life-saving techniques with hugely positive effects.

What SOS is Doing to Help Achieve Goal #4



A doctor in the Lilongwe SOS Medical Centre gives this little girl a check-up.

Photo: Mr. Dominic Sansoni

12, 000 people each year since it opened – more than half of which were children. It prioritizes the rehabilitation of children with physical, speech or learning disabilities, so that they may become healthy and active members of the community. It also has a tuberculosis treatment centre.

By establishing Mother and Child Centers, SOS has been able to decrease the number of neonatal and infant deaths. SOS employs health care workers and social workers that help promote disease prevention and manage childhood illness. Medical Centres and Social Centres help to maintain the health and emotional well-being of children. To vulnerable and poverty-ridden families, SOS provides a diverse range of short- and long-term support through its Family Strengthening Program.

The SOS Children's Village Lilongwe, Malawi (the capital city), operates a full range of support services. Because the government cannot provide health care to all of its citizens, the SOS Medical Centre in Lilongwe has served well over



MDG #5: Improve Maternal Health

Target: Reduce by 3/4, between 1990 and 2015, the maternal mortality ratio.

Progress to Date

An excess of 500,000 women die each year during pregnancy or childbirth, mostly in Asia and sub-Saharan Africa. Asia and Africa face a real dearth of skilled health professionals attending births, whereas Europe and Latin America have made substantial progress. Not only are the lives of mothers put at risk, but every year 8 million babies die during or shortly after delivery. UNICEF estimates that "at least 20% of the burden of disease in children below the age of 5 is related to poor maternal health and nutrition." It also increases the incidence of birth-related disabilities to both women and their children. The reduction of maternal mortality is essential for it creates orphans and vulnerable children, who are 10 times more likely to die within two years of their mother's death.

What SOS is Doing to Help Achieve Goal #5



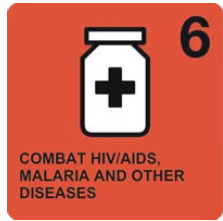
A woman recuperates after the birth of her twins in Togo.

Photo: Mr. Alexander Gabriel

Through its Family Strengthening Program, SOS is able to operate mobile medical services and provide skilled health professionals to attend births. The Mother and Child Clinics also provide antenatal care (pre-birth) and support; the UN identifies antenatal care as a core component for maternal health medicine. SOS also provides post-natal care to ensure the survival of the baby and child. Afterward, mothers may put their children into SOS-operated child care centres while they go to work.

The Kara SOS Medical Centre in Togo concentrates on mother and child care. It treats 30,000 patients a year and operates a maternity ward. The Centre also offers courses in nutrition

as well a nutrition clinic. Many new mothers with malnourished children or expecting mothers go there to obtain information on how to keep themselves and their children properly nourished.



MDG #6: Combat HIV/AIDS, Malaria and Other Diseases

Targets: Halt, by 2015, and begin to reverse

- the spread of HIV/AIDS;
- the incidence of malaria and other major diseases.

Progress to Date

There are 15.2 million AIDS orphans, 80% of them in sub-Saharan Africa. While HIV prevalence has levelled off or is declining, AIDS-related deaths in Africa continue to rise – and the number of AIDS orphans is expected to rise to 20 million in the next two years. The number of married women, girls and young women being infected has increased. This is especially dangerous to the health and security of children, as HIV infection becomes a danger in birth and infancy. Only 11% of HIV-positive mothers are receiving medication to prevent viral transmission to their children. Throughout their lives, HIV-positive children may face stigma and neglect because of their infection.

With regards to Malaria, developing countries have reached only 60% use of ITNs; the target for 2010 is 80% use. Only 5% of sub-Saharan African children have bed nets, most of them concentrated in urban areas. Equitable distribution is needed to ensure the protection of rural children. Next, tuberculosis (TB) remains a killer in many African and Asian countries, affecting a quarter of a million children. Though occurring less frequently, polio and cholera outbreaks spread more easily in rural areas, as they require swift intervention that may not be available away from urban centres and trained health professionals.

What SOS is Doing to Help Achieve Goal #6



Girls in Faridabad take an awareness course on drug use and HIV prevention.

Photo: Chetna Sharma

and healthy lifestyles. Workshops such as the one pictured above are carried out in co-operation with the Indian Red Cross. With information they learn here, girls are more likely to make healthy decisions and reduce their risk of contracting or spreading HIV/AIDS. Through Family Strengthening Programs, families receive additional help on matters of health and hygiene.

SOS is committed to the provision of health and education programmes for HIV positive children and their families. At SOS Social Centres, children and adults have access to testing, counselling, and antiretroviral treatments. SOS carries out information campaigns on the risks of HIV/AIDS, prevention, as well as anti-discrimination. We also empower children to make healthy and educated decisions about sex and to practice safe sex. Through its positive living and welfare management programmes SOS helps chronically ill patients enjoy an improved quality of life.

Girls from the SOS Village, Youth Community and surrounding communities as well as their families may take part in information sessions where they learn about HIV/AIDS



MDG #7: Ensure Environmental Sustainability

Targets:

- Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources;
- Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation;
- Improve the lives of at least 100 million slum dwellers by 2020.

Progress to Date

Today's unprecedented environmental damage has resulted in climate poverty that affects the poorest of the poor. Rising temperatures and deforestation (occurs at a rate of just over 22,000 soccer fields per day!) reduce soil fertility and agricultural yields, resulting in food insecurity and malnourishment. This will have detrimental effects on both maternal health and infant mortality.

The use of unclean energy, sanitation inadequacy and industrial pollution has led to a shortage of fresh drinkable water. Four in five children must use surface water at high risk of contamination or walk upwards of 15 minutes to a clean water source. Especially in sub-Saharan Africa and Asia more than 30% of the population is using inadequate sanitation. Intestinal worms (affecting 400 million children) from open defecation impair cognition and physical development, while increasing anaemia and childbirth complications in girls. The consequences of open defecation, lack of safe drinking water and unhygienic conditions are evident 1.5 million child deaths that occur each year.

Most slum dwellers are concentrated in Asia and Africa. While the number of slum dweller has decreased in roughly half of the developing regions identified under the MDGs, the projected influx of rural to urban migrants in the coming years will make it difficult for water supply, sanitation and affordable housing to keep up with the rising urban population. This could increase the number of slum dwellers in urban areas above the current 30%.

What SOS is Doing to Help Achieve Goal #7



An SOS social work explains how to use water purification tablets to a Zimbabwe community.

Photo: SOS Archives

As part of the Family Strengthening Programme, SOS prioritizes the importance of investments in infrastructure that support reliable access to safe drinking water and water treatment programs, especially in times of emergency. Where needed, SOS may provide seeds and fertilizers to support local agriculture; we also sometimes create tree orchards within the villages. Importantly, SOS mothers teach the children about basic everyday hygiene, sanitation, why water must be boiled, and safe food preparation.

To address cholera outbreaks arising from unsanitary conditions and unclean water in Zimbabwe, SOS has provided families with water purification tablets, soap, sanitation tools and educational resources to families in Harare, Bulawayo and Bindura. To date, these interventions have effectively quelled 50% of cases in Zimbabwe and no cases have been reported in any of the SOS Villages.

MDG #8: Develop a Global Partnership for Development



Targets:

- Address the least developed countries' (LDCs) special needs and those of landlocked countries and small islands;
- Develop further an open, rule-based, predictable, non-discriminatory trading and financial system;
- Deal comprehensively with developing countries' debt;
- In cooperation with developing countries, develop and implement strategies for decent and productive work for youth;
- In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Progress to Date

Just as the MDGs are interrelated, so are the people of each country in the world. Everyone must work together to fulfill their commitments to achieving the MDGs. But today, only 3 countries have met the target of giving 0.7% of GDP to developing countries as foreign aid. In fact, aid to Africa (home to most of the LDCs) has increased by only 2% though donors had pledged to double it! Yet, individual states, regional financial institutions, The World Bank and The IMF have been helpful in orchestrating debt relief programs that reduce developing countries' fiscal strain. Countries with reduced debt service obligations can afford to spend more money on social safety nets for children. In order to scale-up efforts to meet the MDGs governments, corporations, NGOs, international/regional institutions, micro-level village committees, communities and families must work together co-operatively.

What SOS is Doing to Help Achieve Goal #8



Here, members of the Canadian soccer team visit the children of SOS Children's Village-Pietermaritzburg in South Africa

Photo: SOS Archives

Sometimes, SOS lobbies for increases in governments' foreign aid budgets. Primarily though, SOS works in partnership with UN agencies, governments, NGOs, the corporate sector, and private sector donors in order to mobilize funds and undertake capacity building in its projects.

For example, SOS Children's Villages is the official charity of FIFA (the umbrella organisation for the national football associations). In 2006, the FIFA World Cup supported 6 villages constructed for 800 orphans. In addition, the U-20 World Cup that took place in Canada in 2007 raised a total of \$2.12 million through the "Let's Play, Let's Build" campaign; the proceeds went to fighting HIV/AIDS in southern Africa.

And while SOS continues to rely heavily on individual sponsorship, in 2007 philanthropists Don and Shirley Green donated \$2 million to finance the construction of an SOS Village, Family Strengthening Program and Kindergarten in Ondangwa, Namibia which became operational in 2008.

SOS might also coordinate humanitarian relief efforts with organizations such as Oxfam, Médecins sans Frontières and UNICEF.