

POST
2015
THINK
PIECE

EVERY CHILD DESERVES A HEALTHY LIFE

*SOS Children's Villages Post-2015
Think Piece on Health*



SOS CHILDREN'S
VILLAGES
INTERNATIONAL

September 2013



TO BE ABLE TO ENJOY THE BEST POSSIBLE HEALTH IS A FUNDAMENTAL HUMAN RIGHT¹; ONE WHICH HAS A DECISIVE IMPACT ON HUMAN DEVELOPMENT AND, IN PARTICULAR, ON THE ABILITY OF CHILDREN AND YOUNG PEOPLE TO LEARN AND GROW. HEALTH CARE ULTIMATELY DETERMINES THE POSSIBILITIES A PERSON HAS IN LIFE AND IS INTIMATELY LINKED TO POVERTY.

For children and young people without adequate parental care - who often suffer from the effects of abuse and neglect, poor living conditions, malnutrition, or of HIV/AIDS - quality health care can make the difference between a lifetime of marginalisation and poverty or the possibility to thrive.

SOS Children's Villages strongly believes that securing quality health care for all children, particularly the most vulnerable and marginalised such as children without parental care or those at risk of losing that care, is essential in eradicating poverty and achieving sustainable development and should therefore be a central element of the Post-2015 development agenda.

SOS Children's Villages believe that a new development framework must continue the important work started by the Millennium Development Goals (MDGs). The efforts to achieve the health-related MDGs have contributed to a remarkable drop in child mortality rates over the past decade, with the number



of under-five deaths worldwide falling from nearly 12 million in 1990 to 6.9 million in 2011². Nevertheless, there is still much to be done. 19 children under the age of five still die every day, mostly from preventable diseases such as pneumonia, diarrhoea, or malaria and HIV/AIDS. While rates continue to drop, it is very likely that the MDG on child mortality will not be met, particularly in sub-Saharan Africa and South Asia³. Similarly, whilst progress in reaching the goals on maternal mortality and HIV/AIDS has been notable, they too look unlikely to be met by 2015.

While we build on the successes of the MDGs in fighting child and maternal mortality, and combating

EXAMPLES OF GOOD PRACTICE

The health of the children we work with is of the utmost importance to SOS Children's Villages. Children and young people in the SOS Children's Villages programme, whether in an SOS family or in our family strengthening programmes, have access to quality health services. We

also work together with parents and communities, and local governments to improve community health services or create them where they do not exist. The outcome of these experiences clearly shows that access to quality health care for mothers and children is critical to the development of communities, helping keep families together and enabling children growing into healthy citizens.

¹ United Nations (2000). 2000 E/C.12/2000/4 General Comment No.14 "Right to Health",

² United Nations (2013). The Millennium Goals Report 2013.

³ Ibid.

the spread of infectious diseases, SOS Children's Villages believes the new framework must also take the next critical step towards providing access to quality health care services for all. This begins by ensuring that health care truly reaches those who need it the most.

THE MOST VULNERABLE AND MARGINALISED MUST BE TARGETED

Children and young people without parental care or who are at risk of losing that care are amongst the most vulnerable and marginalised. They are particularly affected by the availability and accessibility of quality health care. Firstly, without families to adequately protect and care for them, they are more likely to be excluded from health care; yet they frequently present health problems related to abuse, neglect or poverty. A 2011 study of orphaned and abandoned children, shows that these children suffer trauma that goes beyond the loss of their parents, including physical and mental abuse, and the effects of armed conflict or natural disasters⁴.

Additionally, young children who have lost parental care and are in institutional arrangements are very likely to suffer from poor health, developmental delays and emotional attachment disorders resulting from sub-standard living conditions⁵. The lack of quality health care in institutions can also exacerbate the conditions of children with disabilities, who are at



© Katharina Ilievska

high risk of losing parental care and being institutionalised. Studies conducted by SOS Children's Villages indicate that in many countries, disability is one of the main reasons why children lose parental care⁶. In the Russian Federation alone, for example, children with disabilities account for almost half the children in residential care⁷.

Children and young people are also unduly affected by the health of their families or caregivers, especially

DEVELOPING HEALTH SERVICES WITH COMMUNITY AND GOVERNMENT IN TOGO

The village of Kpangazipio in northern Togo lies more than 15 km from the nearest health clinic, the path to which is impassable during the rainy season. Building a primary health clinic therefore emerged as a priority within the community. SOS Children's Villages facilitated the construction of a one-room clinic 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 in the city of Kara, and a local health committee was established and linked with the District health authority. The supervision of the clinic is now the responsibility of the District Health Department, who also helps to supply safe and affordable drugs. The health clinic is open five days per week and offers health care to more than 2,000 people who would otherwise have no access to these essential services.

⁴ Whetten, K. et al. (2011) More than the loss of a parent: Potentially traumatic events among orphaned and abandoned children. *Journal of Traumatic Stress*. Volume 24, Issue 2, pages 174–182.

⁵ Browne, K. (2009). *The Risk of Harm to Young Children in Institutional Care*. Save the Children UK, Better Care Network.

⁶ SOS Children's Villages (2008-2010), *Child Rights Situation Analysis*.

⁷ UNICEF Regional Office for CEECIS (2012). *TransMONEE Database*.

mothers. When mothers are healthy - physically, mentally, and socially - they are better equipped to provide quality care and enable children to access health care services. When a mother dies, the level of care is reduced dramatically, children have less access to health care and become more susceptible to illness and malnutrition⁸. Furthermore many are exposed to neglect or abuse.

Additionally children and young people who do not have adequate care or who are living without parental care often do not have access to good nutrition. Research conducted by SOS Children's Villages show that in Sierra Leone - the country with the highest under-five mortality rate⁹ - there is a marked difference in the nutrition of children with parental care and those without. Of the population sampled, children who have lost both parents are 32% less likely to eat three meals a day than their peers who are growing up with their parents¹⁰. Under-nutrition may have grave implications on a child's health - affecting the immune system, growth, and cognitive development - which merely exacerbates the overwhelmingly difficult circumstances that children without parental care must endure.

Finally, diseases such as HIV/AIDS, malaria and other infectious diseases have dire consequences for



children and young people. Not only do they claim the lives of millions around the world, but they also leave millions more traumatised and without adequate care. Children and young people may have to endure watching parents or caregivers deteriorate and they often face loss of family and identity. Frequently, they must also take on “adult responsibilities”, such as caring for sick family members or siblings, or working to support a household income.

To make matters worse, very often children and young people affected by HIV/AIDS struggle with discrimination and stigma, which are often responsible for child abandonment, social ostracism, school expulsion, denial of medical services, lack of care and support, and violence¹¹. The fear of suffering

SUPPORTING FAMILIES AFFECTED BY HIV/AIDS IN ZIMBABWE

Since 2005, SOS Children's Villages has been running a programme in two poverty-stricken suburbs of Harare, Zimbabwe, to ease the burden of vulnerable children and families living with HIV/AIDS.

The programme facilitates children's access to public health services and covers medical expenses in partnership with pharmacies. In addition, the workshops help children deal with bereavement and educate them about their rights. The programme also promotes HIV prevention and health

awareness, life skills, and HIV/AIDS counselling, provides material aid, such as food packages and school fees, and financial aid for vocational training.

To sustain the programme and broaden support systems within the community, children and young people are trained as peer counsellors. In its first year, the peer counsellors reached nearly 1,500 children, helping improve their lives by ensuring better nutrition, lifestyle changes, and greater emotional stability. 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 families affected by HIV and AIDS.

⁸ De Wagt, A. and Connolly M. (2013). Orphans and the Impact of HIV/AIDS in Sub-Saharan Africa. Food, Nutrition and Agriculture No. 34. FAO.

⁹ UNICEF (2013). State of the World's Children 2013: Children with Disabilities.

¹⁰ SOS Children's Villages (2010). Child Rights Situation Analysis Sierra Leone 2010.

¹¹ UNAIDS (2007), Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes. Geneva: Joint United Nations Programme on HIV/AIDS.



© Christian Lesske

from these consequences makes children and young people less likely to test for HIV, disclose their status or access treatment and care, making them even more vulnerable to the disease and its effects.

ACCESS AND QUALITY

SOS Children's Villages firmly believes that if the Post 2015 agenda is truly to catalyse sustainable development it must go beyond the measures of the MDGs - which focused narrowly on a few areas and on selected groups of the population - and develop measures that ensure universal access to quality health care for all, starting with the most marginalised children and young people and their caregivers.

The new framework must aim to remove the

economic, social and cultural barriers that prevent children, young people and mothers from accessing quality health care; and it must recognise the interdependence of health and social conditions, tackling the social determinants and root causes of disease. This is especially important for the most vulnerable and marginalised, who are often excluded from health care because of discrimination or stigma attached to their gender, health status, financial situation, ethnicity, or family situation.

We believe that healthy living, rather than just survival, must be the ultimate goal. This includes all three components of health: physical, mental and social well-being. Therefore, quality health care services must include preventative, curative and rehabilitative

HELPING PARENTS PROVIDE NUTRITION IN URUGUAY

At the SOS Children's Villages Social Centre in Salto, Uruguay, ensuring that vulnerable and marginalized children benefit from proper nutrition is an integral part of the programme. The Centre reaches around 500 children and their families, who live in hazardous conditions on the outskirts of the city.

In addition to a health care centre, where the children receive medical and dental treatment and are regularly

weighed and vaccinated, one of the programme's aims is to cover 80 percent of the children's daily nutritional requirements with breakfast, lunch and a snack.

But perhaps the most sustainable aspect of the programme is the training and empowerment of the parents. Families can attend workshops on sound nutrition where they can learn about child nutrition with nutrition experts, take part in cooking sessions, and receive recipes. Families are also given access to healthy and affordable food.



© Jens Honoré

care, as well as access to safe drugs and timely vaccinations. Quality health care should also include mental and emotional health services, such as counselling or substance abuse treatment.

Being healthy in every aspect of their lives enables mothers to provide care to their children and it equips children and young people to learn and develop into positive contributors to society, thus breaking the cycle of poverty and inequity not only for themselves but for their communities. By investing in quality health care for the most vulnerable and marginalised, we engender a just and equitable society in the future and a path towards sustainable development.

RECOMMENDATIONS

If the new development agenda is truly “to leave no one behind”, then it must include comprehensive health care measures that proactively consider the needs of the most vulnerable and marginalised children and young people. It must also explicitly recognise as part of that group, children and young people without parental care and children whose families are at risk of separation. Such measures must ensure that both vulnerable children and their caregivers have access to quality health care services.

“SAVE MY MOTHER” CAMPAIGN TARGETS CERVICAL CANCER, A SILENT KILLER OF YOUNG MOTHERS

Every year, over 500,000 women worldwide suffer from cervical cancer. This disease claims the lives of 250,000, the vast majority of whom are from developing countries. In Africa, it is the most common cancer in women and it threatens the lives of many mothers. Frequently, cervical cancer strikes women in the middle of an active life, busy with raising their children. To eradicate this silent killer of women, SOS Children's Villages, together with the Female Cancer Foundation, partnered to launch the “Save my Mother” campaign in 2011.

Implemented in 10 SOS Medical Centres across 5 African countries, the programme reaches out to mothers

and engages communities firstly, by raising awareness on cervical cancer and the importance of early detection, through which cervical cancer is 100% curable. Furthermore, the programme has implemented cervical cancer screening with the simple and cost effective “See & Treat” method especially suitable for low resource setting. The goal of the three-year programme is to screen more than 100,000 women and to reach 400,000 with awareness campaigns.

While women are being screened and treated, this campaign is also proving to be an entry point for women to access reproductive health services. This free service is bringing many women in for gynaecological care who had never received it before. This, in turn, enables healthcare professionals to promote a wider range of services, from family planning and HIV testing to prenatal care.

In addition to measures that build on the current health-related MDGs, SOS Children's Villages therefore calls on the new development framework to include the following:

- Action to **ensure universal access to quality health care for all children and young people**, including:
 - preventative, curative and rehabilitative services;
 - access to safe drugs and timely vaccinations;
 - mental and emotional health services;
- Measures to **ensure health care is of the highest possible quality**, with clearly defined parameters;
- “Levelling-up” measures to **remove the financial, cultural and social barriers** that prevent access to quality health care for the most vulnerable and marginalised children, including children without parental care or whose families are at risk of separation;
- A **strong focus on maternal health**, in order to help guarantee that children receive regular access to health care services and prevent situations of high risk for children;
- Measures to **ensure that the loss of parental care or the vulnerability of families experiencing poverty does not result in the malnutrition of children**;
- Measures to **fight the stigmatisation and discrimination of children and young people who are affected by disease**, especially HIV/AIDS, malaria, and other infectious diseases;
- Indicators to **measure progress on both access to and quality of health care for the most vulnerable and marginalised children and young people**, including children without parental care or at risk of losing parental care; and
- **An overarching component to all measures or goals that proactively identifies children and young people who have been systematically and consistently marginalised**, such as children and young people without parental care.



A LOVING HOME FOR EVERY CHILD



SOS CHILDREN'S VILLAGES

A loving home for every child

This paper is part of a series that defines SOS Children's Villages' position on various issues related to the Post-2015 development agenda. Each paper highlights the challenges that marginalised and vulnerable children and young people face, especially those living without parental care or whose families are at risk of separation, and outlines a set of recommendations on how to tackle these challenges within the new framework.

For further information, please contact:

Ms Sofia García, SOS Children's Villages Post-2015 Advisor,

Sofia.Garcia-Garcia@sos-kd.org

+1 917 3764288

