

# COUNTING IN THE UNCOUNTED CHILDREN

 **SOS CHILDREN'S VILLAGES**  
INTERNATIONAL

EXPERIENCES AND RESULTS FROM THE FIRST PHASE OF THE  
**COMMUNITY ACTION FOR QUALITY ALTERNATIVE CARE AND PROTECTION**  
PROGRAMME IN KENYA, RWANDA, TANZANIA AND ZANZIBAR



## **UNITED NATIONS GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN**

“Recognizing that, in most countries, the majority of children without parental care are looked after informally by relatives or others, States should seek to devise appropriate means, consistent with the present guidelines, to ensure their welfare and protection while in such informal care arrangements, with due respect for cultural, economic, gender and religious differences and practices that do not conflict with the rights and best interests of the child.”

## **STATISTICS RARELY COVER CHILDREN IN ALTERNATIVE CARE**

Accurate figures of the numbers of children living in alternative care are essential if countries are to meet their obligations as stated in the UN Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children. In spite of that, many countries still lack accurate statistics on the number and characteristics of children living in alternative care, as they are often omitted from household surveys.

<https://data.unicef.org/topic/child-protection/children-alternative-care/>



# INTRODUCTION TO THE UNCOUNTED CHILDREN

Worldwide an estimated 140 million children have lost one or both parents.

Children lose parental care due to preventable diseases, maternal death, and accidents. Many children grow up outside of their family of origin due to divorce, violence, abuse and neglect. Migration may split families. In some places, mothers abandon children because relatives and community members do not accept children born to women who are single, divorced, widowed or remarried.

More than ten percent of all children in Rwanda, Kenya, Tanzania and Zanzibar live without their parents. Childcare institutions have mushroomed, often funded by donors beyond the control of social authorities.

The UN Guidelines for the Alternative Care of Children give preference to community and family-based care options as this is usually in the best interests of the child. Consequently, many countries have engaged in care reform processes.

## **NUMEROUS VIOLATIONS OF CHILDREN'S RIGHTS**

Around 90 percent of children living away from their biological parents in Rwanda, Kenya, Tanzania and Zanzibar are in kinship care with the extended family.

Formalised procedures and registration are usually non-existing when a child in either of these countries are moving in with the extended family. The relatives often make the decision without an official assessment of their parenting skills. The children rarely have any opportunity to voice their concerns or come up with their own suggestions.

The countries are short of financial and human resources, including skilled social workers. There is generally a lack of collaboration between the police, hospitals, teachers and local government, and there are no concerted efforts to avoid and react to cases of abuse and violence.

This informal approach leads to numerous child rights violations, according to research carried out as a part of SOS Children's Villages' *Community Action for Quality Alternative Care and Protection* programme. For example:

Three out of four of the children living in alternative care, who were part of this programme received no follow-up after placement. In Zanzibar, siblings were often separated, and at least 20 percent of the caregivers were over the age of 70.

In Tanzania, one-third of the children were living under deplorable conditions and had no access to health services. In Rwanda, half of the targeted children were out of

**“ I DIDN'T KNOW HOW  
TO LIVE WITH A CHILD  
I DIDN'T DELIVER**

“I didn't know how to live with a child I didn't deliver. The child was disturbing because of the behaviour learned from the biological parents. I didn't know how to care for the child. My own children didn't accept the child as a part of the family.”

*Salma, Chanika, Tanzania.  
Takes care of a child who lost its parents*



Photo: Marie Amalie Høst

school. Many were not registered and had no health insurance.

Children without birth registration and legal identity are at higher risk of ending up in the worst forms of child labour, of trafficking and sexual exploitation and abuse. In Kenya, for example 40 percent of children found in the sex industry on the coast have been or are in alternative care.

**FROM CARE PROVISION  
TO CAPACITY BUILDING  
AND ADVOCACY**

During the past 70 years, SOS Children's Villages has been giving new homes and families to children who have lost the care of their biological parents. Family Strengthening Programmes work to prevent that children lose parental care. The activities take place within the

communities and in collaboration with local authorities and the government.

The organisation has gradually increased its evidence-based advocacy aiming at improving policies and practices that undermine the wellbeing of children at risk of losing parental care, or those who have already lost it. Successful advocacy, based on experiences as a practitioner, leads to sustainable changes that ensure that these children can fully enjoy their rights in a supportive environment.

Since 2017, the *Community Action for Alternative Care and Protection* programme has been working to ensure that children in Rwanda, Kenya, Tanzania, and Zanzibar receive appropriate alternative care and protection as stated in the UN Convention on the Rights of the Child.



Photo: Lene Godiksen

## ALTERNATIVE CARE FINDINGS FROM CHANIKA WARD, TANZANIA

- Out of 49 children, 81 percent were in kinship care and 9 percent in informal foster care at the beginning of the *Community Action for Alternative Care and Protection* programme.
- More than 75 percent of the caregivers were women and at least 20 percent were above the age of 70 years.
- One out of four caregivers were involved in petty business and 18 percent in food vending.
- Almost half of the children expressed a low level of emotional attachment with their caregivers. Only 6 percent experienced a high level of satisfaction.
- 79 percent of the children lacked health insurance.
- The alternative caregivers did not know how to identify the children's unique talents and special needs. They lacked patience and were not able to understand when and why children would change their behaviour. They were not very capable of building trust with the children, and they had inadequate communication and listening skills and lacked the capacity to stimulate a child's positive behaviour.
- None of the families had received a pre-placement visit and none had their parental capacity assessed before receiving the child in care.

*Moving towards Alternative Family Based Child Care: Placement Processes, Care and Protection Arrangements in Alternative Care. The Case of Chanika Ward, Dar es Salaam. By Prof. Hossea Rwegoshora and Dr. Felician Mutasa*

# THE FOUNDATION FOR CHANGE IS NEW KNOWLEDGE, SKILLS AND ATTITUDES

SOS Children's Villages initiated the *Community Action for Quality Alternative Care and Protection* programme in 2017 in urban, semi-urban and rural areas in Kenya, Rwanda, Tanzania and Zanzibar.

Through close collaboration with a great number of government and non-government actors, the programme aims at improving the implementation of existing adequate laws, changing inadequate policies and altering practices that violate the rights of children in alternative care.

The programme staff has trained alternative caregivers, provided support for income generating activities and closely monitored 200 children. As trainers have continued to train more alternative caregivers, the programme has managed to reach more than 3,000 children.

Focussing on fostering resilience in children and youth, Fairstart Foundation, a Danish partner organisation, has developed and implemented the training of trainers programme. Caregivers and children learn how to overcome loss and trauma and build strong attachment and trustful relations.

After the training and follow-up, caregivers say that they experience less conflict with the children and youth as well as improved trust and wellbeing. The caregivers have obtained a status as resource persons on child development and care in their communities, and neighbours and friends turn to them for advice on the raising of children.



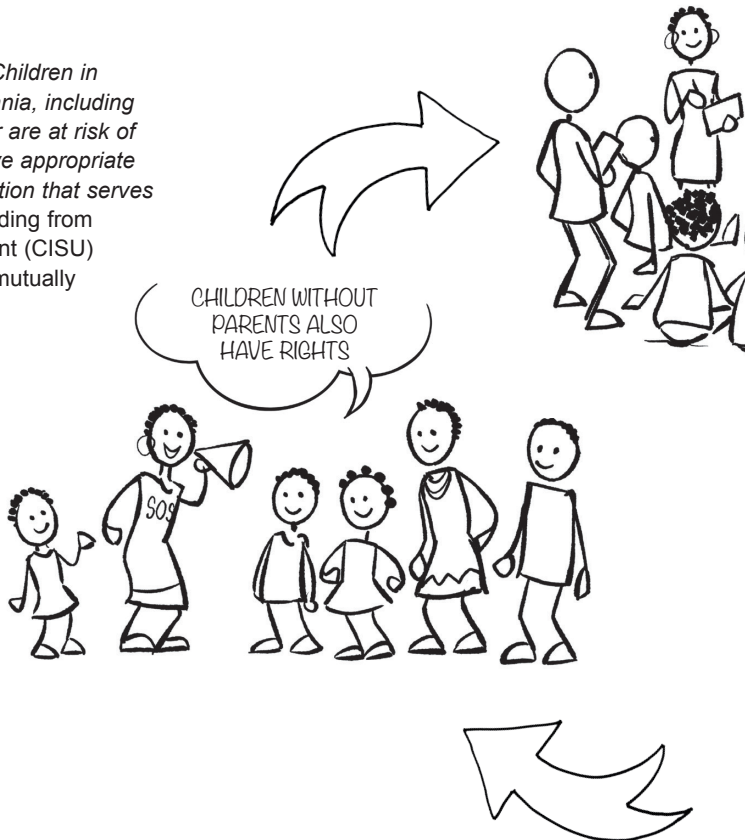
In addition, the programme has involved, trained and organised social welfare officers, local community representatives and supervised community-based para professional persons and volunteers, so-called para social workers.

The results from the programme also rub off positively on the lives of children in alternative care in neighbouring countries, as SOS Children's Villages Somaliland and Ethiopia are following the programme closely and participate in training sessions in order to seek inspiration.

- **Professional capacity development:** Trainings are the basis for new knowledge and skills and subsequent changes in attitudes and practices. Danish Fairstart Foundation has delivered comprehensive training of trainers, including online training material in local languages and adapted to the local context. A number of other trainings have developed the capacity of SOS staff as facilitators of change among caregivers, community representatives, para social workers and other relevant actors.

### THREE REINFORCING COMPONENTS

With the overall objective *Children in Rwanda, Kenya and Tanzania, including Zanzibar, who have lost, or are at risk of losing parental care, receive appropriate alternative care and protection that serves their best interests* and funding from Civil Society in Development (CISU) the programme has three mutually reinforcing components:





- **Strategic service provision:** Delivery of strategic services ensures that some of the most vulnerable children obtain immediate fulfilment of their rights until policies and practices are changed. The support is based on the philosophy that people need help to help themselves. They may, for example take part in a Village Savings and Loan Association or receive a couple of chickens that can lead to increased income for the family; a school uniform; health insurance cards; or materials to rebuild a broken house.

- **Advocacy** aiming at improving policies and practices that undermine the wellbeing of children at risk of losing parental care, or those who have already lost it. Evidence and experience from working with the children, their families and communities inform all advocacy activities. The evidence stems from research carried out in collaboration with universities, professional researchers as well as social action research. Cooperation with media plays a very important role in raising public awareness about the findings and the importance of mobilising communities to advocate for changes in policy and practice.



## CHILDREN IN ALTERNATIVE CARE MAY BE AT RISK IN ANY CARE SETTING

When a child cannot live with his or her own parents, authorities and organisations often prefer placement with close relatives, so the child may hold on to the cultural roots. However, when clear quality standards and consistent supervision are missing, children remain at risk of having their basic rights violated.

Children staying with elderly caregivers, who are at risk of falling ill or dying before the child reaches the age of maturity are also very vulnerable.

By using social action research, SOS staff and community members have found that all locations involved in the programme have one thing in common: Children in alternative care feel discriminated in areas like:

- Emotional support and the relationship between caregiver and child
- The access to have their basic rights fulfilled, including formal registration and health services
- The distribution of household chores
- Very little opportunity for children to influence decisions regarding their own situation

The caregivers also have a lot in common. For example:

- An unstable economic situation affecting their ability to provide adequate care
- The lack of proper parenting skills
- Preference of kinship care with limited involvement of professionals and authorities
- The lack of professional assessment of caregivers and the child's individual needs
- Lack of support to new caregivers and children in informal foster and kinship care
- Lack of monitoring and follow-up procedures in relation to placement of children



Photo: Marie Amalie Host



**EXAMPLE:**  
**COLLECTING EVIDENCE ON REASONS FOR CHILD ABUSE**

Community members in Zanzibar equipped with knowledge and skills on how to identify child abuse incidents found several reasons for child abuse. For example:

- A culture of silence concerning child abuse cases
- Patriarchy, which is making women voiceless
- Law enforcers are not taking child abuse seriously
- Stigma and heartlessness against children who lost their parents

**EXAMPLE:**  
**STRENGTHENING LAW IMPLEMENTATION**

Through social action research, SOS Children's Villages Rwanda found that local authorities are tracing families of origin and supporting them to enable reunification of children as part of a deliberate de-institutionalisation strategy. Yet, the researchers also found insufficient preparation and supervision of the families and monitoring of the wellbeing of the children.

Subsequently, the organisation is now training alternative caregivers in parenting skills and facilitating that they receive legal documents for guardianship and adoption from courts and police. SOS staff also trains local government staff and childcare professionals in case management and documentation for future references.

**EXAMPLE:  
BUILDING THE CAPACITY OF STAKEHOLDERS**

23 childcare institution managers in Uasin Gishu County in Kenya were trained on the Guidelines for the Alternative Family Care of Children in Kenya. As a direct result, they have managed to improve their gatekeeping, review individual child cases and reintegrate 30 children with their families of origin.

“Increased engagement with media houses has changed journalists’ attitude on reporting about cases related to child abuse and vulnerable children. In the past, the media focused mostly on incidents. The new trend is to report about prevention and issues that affect the rights of children in alternative care”

Zanzibar bi-annual programme report 2019

**“ I LEARNED HOW TO  
LIVE WITH CHILDREN  
WHO ARE NOT MY OWN**

“First, I learned about care and how to live with children who are not my own, about entrepreneurship and Village Savings and Loan Associations. They told us how to start our own business to help the children we care for and other family members. We also received birth certificates. The children can't go to school without birth certificates.

During the training, they told us that we are not allowed to isolate orphans. They should be part of common life and receive the same care as our own children. Now, my younger siblings receive the same care as my biological children. Before, we didn't listen to children and respect their views, but now I talk to my children. All of them. They respect my ideas and views, because I am polite and help them understand very well. My siblings have stopped going out at night now. I think it is because they listen more to me.”

*Mariam, Chanika, Tanzania.  
Taking care of three siblings  
after their parents died*





**“ ALL CHILDREN LIVE TOGETHER WITHOUT CONFLICT**

“I got food and went to trainings and seminars. We learned many things. About the way children are abused and how to solve problems. To know our rights and what to do when someone violates our rights. I didn't go to school after my parents died. Now, I do. When my sister told us something, we didn't listen. Now, we listen to her and we understand. She used to cane us, but now she has stopped. All children now live together without conflict.”

*Mairamu's sister*



# ASHA'S NEW FAMILY

WHERE ARE YOUR PARENTS?

MY MOTHER DIED AND MY FATHER MARRIED ANOTHER WOMAN AND LEFT.



WOULD YOU LIKE TO LIVE WITH MY FAMILY? MAYBE YOU DO NOT REMEMBER ME, BECAUSE WE DID NOT MEET FOR A LONG TIME. BUT I AM YOUR FATHER'S COUSIN."



HMM, YES.

FIRST, WE HAVE TO TELL THE SOCIAL WORKER WHAT HAPPENED, SO SHE CAN REGISTER WHERE YOU LIVE NOW.





ASHA HAS LOST HER OWN PARENTS.  
NOW SHE IS OUR DAUGHTER AND YOUR SIBLING.  
WILL YOU WALK WITH HER TO SCHOOL TODAY  
SO SHE DOESN'T GET LOST?"

OF COURSE.  
WELCOME, ASHA!



HOW ARE YOU, ASHA?  
I AM HERE TO SEE  
HOW YOU ARE DOING  
IN YOUR NEW FAMILY.  
IS THAT OK?

YES, YOU CAN TALK  
TO EVERYONE. I AM  
VERY HAPPY HERE.

PARA SOCIAL  
WORKER



## “ BEATING A CHILD WAS PERCEIVED AS NORMAL

“Para social workers detect children’s problems and intervene to solve them. We support households in improving their living conditions through participation in Village Savings and Loan Associations. We also fight against all sorts of child abuse.

Previously, we had no training and we were working in a disorganised manner. Some of us were not aware of our roles and responsibilities. We were not aware of policies and laws promoting the rights of children. We were also not aware of positive parenting and about alternative care.

For example, when a parent beat a child we would perceive it as normal. We were not having in-depth dialogue with adults and children because we did not know active listening techniques.

We first participated in a training on child rights. We learned about positive parenting and entrepreneurship skills. We started visiting families, found many children in foster care and reminded the families about their obligations towards children.

We also detected many child abuse cases. For example, a father sexually abused his child after he divorced the mother of the child. We reported the incidence to the authorities. A para social worker took care of the child while the authorities were looking for appropriate and permanent care. To reunify the child with the mother we collaborated with the National Commission for Children. Today the child is ok. Para social workers followed up and the culprit has been tried and judged according to the law.”

*Ngendahimana Elissa, para social worker, Rwanda*

# LAYING THE GROUND- WORK FOR ADVOCACY

Advocacy for the improvement of policies and practices that undermine the wellbeing of children at risk of losing parental care, or those who have already lost it is a very important part of the *Community Action for Quality Alternative Care and Protection* programme.

Advocacy is a long-term process that does not yield quick results, but numerous activities have laid the groundwork for the programme's phase 2. For example:



## Emerging issues identified

**Kenya** has no harmonised case management procedures. Professionals have little knowledge about the steps involved, guiding principles, the tools and the skills needed. Some professionals have inadequate knowledge on data management and documentation, including ethical issues.

In **Rwanda**, alternative care professionals are not sufficiently aware of principles, justification and legislation guiding alternative care options. Organisations use their own tools and standards. Professionals have little knowledge about case management and documentation. Most childcare institutions are closed and children reunified with their family of origin or placed with foster families.

Institutionalised care is still the dominant alternative care option in **Tanzania** and the government does not seem very keen on de-institutionalisation. Professionals and para professionals lack insight into alternative care options, laws and regulations. The government has developed a case management system, but professionals need training in using it.

Limited resources are allocated to children in alternative care in **Zanzibar**. Gatekeeping has improved but the coordination at sub sector level is still not clear. Awareness about the benefits of family-based care remains insufficient, although a number of childcare institutions are closed. Many duty bearers are not familiar with preventive measures.

## Advocacy steps

SOS Children's Villages Kenya plays an instrumental role as member of a government-led technical working group on alternative care. The group is developing case management and reintegration tools, national gatekeeping guidelines and an alternative care manual.

Using the platform to influence the implementation of the ongoing care reform, SOS Children's Villages Rwanda is a member of the management committee of the government Tumurere Mu Muryango Programme, meaning "let's raise children in families" under the Rwanda National Commission for Children.

SOS Children's Villages Tanzania has become a member of Tanzania Child Rights Forum. It also heads an alternative care network to influence policies and public opinion to promote quality care.

With Save the Children and UNICEF, SOS Children's Villages Zanzibar has initiated a dialogue with the government on a joint plan of action for development of child reunification guidelines and implementation of an alternative care programme.

## “ A DECREASE IN CHILD CASES

“I have seen changes. Previously, parents did not consider health services for their children. Now, children have access to health services, and they attend school regularly, which they did not before. They also engage in extra tuition.



Photo: Marie Amalie Høst

Parents participated in training and someone from the programme visits frequently. When the programme coordinators and volunteers visit the school, they can see that the children’s performances are very good.

Everyone who works with children in our area meets four times a year to share information on child protection issues. Para social workers are responsible for follow-up and supervision of children and families every week. Each para social worker is responsible for visiting four families. Sheha leaders also visit families to check if the para social worker has been there.

The first time the para social worker visited, the families just felt inconvenience. After they understood the contribution, they complain if the para social worker delays the visit. The para social workers help solve challenges, and they advise on parenting skills and hygiene.

If there is a problem with a child in the community, we call a family member to know the source of the problem. The para social worker also takes part in the meeting and tries to mediate. We involve the child in the process, because we want him or her to provide information about that particular problem and to take part in finding a solution. If the problem is big, we refer to other authorities, for example the police.

Before the SOS programme, there were no para social workers. After the programme, there is a decrease in child cases.”

*Hassan Mwadini Haji, leader of Uvivini Shehia, local authority in Zanzibar*

“ The para social workers do a lot of activities. They identify vulnerable children. They link children to service providers. They educate schools and communities in childcare and protection. They report abuse of children within the community and refer cases to the community leaders at the government level.”

*Olivia August, Community Development Officer, Chanika, Tanzania*

# SIGNIFICANT RESULTS AT ALL LEVELS

The first phase of the *Community Action for Quality Alternative Care and Protection* programme has yielded significant results at all levels.



## At household level

**Caregivers have increased knowledge about how to care for children in alternative care.** At the beginning of the training, 54 percent said they knew how to do this. Now, 80 percent have this knowledge. Positive responses to the question “knowing how to cope with behaviour problems” have also increased, from 52 to 74 percent. The caregivers’ attitude and behaviour has changed as they now understand better what attachment and relations mean to the child’s development. The close connection between caregiver competences and child wellbeing and child development progress is evident.

**Children’s emotional wellbeing increased** from 64 to 77 percent. Their ability to keep trying when dealing with challenging tasks increased from 49 to 61 percent.

**Caregivers trained in parenting skills have become local resource persons** and some are able to provide support and advice to other families in their communities.

## At local level

**Para social workers’ engagement has strengthened existing systems.** As community volunteers they function as persons of trust in a mediating role between the social welfare authorities and the alternative caregiver. Securing regular monitoring, the programme has managed to strengthen the collaboration between different actors. This has led to increased safety, stability and support to the children.

**Establishment of local protection units has led to improved child rights fulfilment.** For example, in Kenya the establishment of a County Alternative Care Committee and the revival of the Area Advisory Council in the programme area has led to identification and handling of 45 child cases. The committee has established direct links with the police and the child protection offices. As a result, there is a significant reduction in the number of neglect cases reported to police, and an increased number of children going to school.



Photo: Lene Godiksen

## At national level

### **Government databases are developed.**

The programme has supported the development of government databases for orphans and vulnerable children in Kenya, Tanzania and Zanzibar. Reliable databases are prerequisites for decision-making.

### **National research, studies and analysis are informing policy development.**

The programme has established strong collaboration with academia in all countries and produced a number of studies, including Child Rights Situation Analyses in Rwanda and Tanzania. The analyses are crucial as they underpin the national governments' efforts to base policy development and regulations on reliable and accurate data.

**SOS Children's Villages takes a leading role in advocacy**, including participation in a number of government-led technical working groups on alternative care. The organisation also provides substantial input to the development of national

guidelines on, for example gatekeeping and case management. Additionally, SOS Children's Villages is very active in the current production of reports to the international reporting procedures pertaining to the UN Convention on the Rights of the Child and the African Charter of the Rights and Welfare of the Child.

**Large-scale parenting skills training rollout for alternative caregivers** is being considered by the governments of all the involved countries. For example, using the Fairstart training modules, SOS Children's Villages Zanzibar will select and prepare future alternative care families, according to an agreement between the government of Zanzibar and UNICEF, which is to fund the rollout in Zanzibar.

# VALUABLE EXPERIENCES

**Alignment with national and international priorities gives significant momentum.** SOS Children's Villages has had a unique opportunity to test new ways of working and to engage strategically with the most relevant partners to influence government agendas, because governments in Rwanda, Kenya, Tanzania and Zanzibar are currently rolling out care reforms.

While national technical working groups use studies, position papers and advocacy

messages developed during phase 1, this programme has also contributed to an international advocacy agenda as SOS Children's Villages International Office successfully advocated for a UN Resolution on Children without Parental Care.

**Economic empowerment is crucial.** Sensitization and training of caregivers on parenting and childcare is not enough to ensure that the child has its rights fulfilled. The caregivers also need economic





empowerment. Caregivers have been empowered through access to start-up capital, inclusion in existing Village Savings and Loan Associations and training in income generating activities.

The Village Savings and Loan Associations have strengthened social cohesion and encouraged vulnerable families to engage in various income-generating activities. Specialised support from government officials, professionals and local civil society organisations help

the caregivers identify and live out their potentials and opportunities.

One caregiver in Rwanda, whose family used to have only one meal a day, has managed to expand her pots business. She is now able to feed her family three times a day and provide school materials to her children. She has also managed to change the roof of her house and buy furniture.

## “ NO ONE CAN TAKE THE CHILDREN AWAY FROM US

“We have had a hard life. I have a husband and six children. Two of them are my nephews. They have been living with us since their mother died of AIDS and their father committed suicide.

I took the boys into our family and made them feel that they have parents. I wanted to send them to school like other children. I wanted to give them love. I also want them to know that they had parents, who are dead now. I believe that people need to know their origins.

For a long time we didn't receive any support. My husband is a teacher and I used to have a small shop, but I couldn't afford it. Sometimes we have been starving and the children have been out of school and without health care when they were ill.

Now, we have learned about entrepreneurship. The children are in school and have access to health care. We have learned how to be good foster parents. The children got birth certificates, and we are registered as a foster family. Now, no one can take the children away from us.

One of the boys are dreaming about becoming a pilot. The other wants to become a lawyer. I just pray that they will have a good life.”

*Helena, foster parent, Eldoret, Kenya*



Published by SOS Children's Villages  
First published November 2019

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Proofreading: SOS Children's Villages  
Print: TopTryk – [www.toptryk.dk](http://www.toptryk.dk)

Civil Society in Development (CISU) funds the  
*Community Action for Quality Alternative Care  
and Protection* programme and this booklet.



## COUNTING IN THE UNCOUNTED CHILDREN

SOS Children's Villages believes that all children count, but we know that not all children are counted - yet. Consequently, the *Community Action for Quality Alternative Care and Protection* programme is working to achieve the UN Sustainable Development Goals and the general principle of leaving no one behind:

- Goal 1: End poverty. The programme addresses the most vulnerable children and families.
- Goal 2: Zero hunger, because children in alternative care tend to be the last to eat.
- Goal 3: Good health and wellbeing, which vulnerable children are often deprived of.
- Goal 4: Quality education is rarely an option for children who have lost parental care.
- Goal 5: Gender equality as women take the main responsibility for unpaid care work.
- Goal 8: Decent work and economic growth, because many children in alternative care are at risk of ending up in the worst forms of child labour.
- Goal 10: Reduced inequalities, because the programme promotes social, economic and political inclusion of the most vulnerable families and children.
- Goal 16: Peace, justice and strong institutions. The programme works to ensure that children are safe, protected from violence, abuse and neglect, that they have legal recognition and that the state assumes its role to make sure there are effective, accountable and transparent institutions at all levels.
- Goal 17: Partnerships for the goals through mobilising additional resources, training, knowledge sharing and strong partnerships for change.