



On the Road to 2015...

In January 2000, the leaders of 189 countries agreed on a new vision for the future – one with less poverty, hunger and disease, greater survival and improved health for mothers and infants, children with primary education, equality for women, and a better environment. It is a vision of a world in which developed and developing countries work in partnership for global development. The Millennium Development Goals provided a framework for this vision with targets by which to measure our progress. They are:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

For millions of people around the world, the goals have brought significant change. But, for the millions in rural areas and on the fringes of our society, the Millennium Development Goals remain a distant promise. Now, as we approach the half-way mark ahead of 2015, the goals represent both our challenges ... and our hope.



**The MDG
Narrative:**
8 stories halfway [to] 2015



External debt (% of GNI)	107.3
GDP (current US\$) (billions)	4.9
GNI per capita, Atlas method (current US\$)	950
Life expectancy at birth, total (years)	70
Population, total (millions)	5.1
Population growth (annual %)	0.5
School enrollment, primary (% net)	87.2
Surface area (sq. km) (thousands)	130.0

SOURCE: WORLD BANK

NICARAGUA

WAR ON POVERTY RAGES ON

In fact, Vargas maintains that poverty has actually increased in Nicaragua. “Almost two million people have become poor in the last 15 years. The problem is that the multilateral institutions have tried to cover up their errors with social indicators that hide real poverty,” he says, referring to the dollar-a-day measure of extreme poverty, which does not reflect the actual costs of food.

Unequal income distribution

According to the World Food Programme, 20 percent of the Nicaraguan population suffers chronic malnutrition, and that figure rises as high as 55 percent in municipalities in northern Nicaragua and on the Caribbean coast.

Vargas also stresses that there can be no genuine decrease in poverty until the distribution of income is more equitable.

“The World Bank reported last year that Nicaragua is one of the countries with the most unequal income distributions in Latin America: the income of the wealthiest 10 percent of households (510,000 people) is equivalent to the entire combined income of 4.2 million other Nicaraguans,” says Vargas.

Nicaragua endured decades of dictatorship under the Somoza family, which was finally overthrown in 1979 by the Sandinista National Liberation Front (FSLN), the leftwing guerrilla movement turned political party that recently regained power in the country. The Sandinista victory in 1979 was followed by ten years of bloody civil war against the US-financed Contra army, which took a toll of 50,000 deaths and billions of dollars in economic losses.

“The situation of poverty is very extreme and it would take enormous foreign investment, an enormous support programme, I would almost say a Marshall Plan, to be able to get the country on its feet,” said Dionisio Marengo Gutiérrez, the mayor of Managua, in an interview with IPS.

“You have to remember that we were at war for 10 years, and the economy was left in ruins,” added Marengo Gutiérrez, who is also sceptical about the possibility of meeting the MDGs.

The current Sandinista government led by President Daniel Ortega, who took office in January, launched the Zero Hunger programme in May. It is an ambitious plan aimed at fighting rural poverty.

“The ambitious plan expects to take 75,000 families out of extreme poverty within five years, Agriculture minister Ariel Bucardo said in an interview. Within the first year alone the plan foresees 10,000 new jobs, to reach 150,000 by its fifth year,” said Agriculture and Forestry Minister Ariel Bucardo.

José Adán Silva/MANAGUA

Although the war in Nicaragua ended 17 years ago, almost half the country’s population is still caught up in a daily battle against two powerful enemies: poverty and hunger.

Today Nicaragua is the second poorest country in Latin America, after Haiti. An estimated 46 percent of its five million inhabitants live in poverty, according to official government statistics and United Nations figures.

In addition, almost 15 percent of Nicaraguans live on incomes of less than one dollar a day, and cannot afford even the minimum basic food requirements for survival, according to the United Nations Development Programme (UNDP) Human Development Report.

The first of the eight UN Millennium Development Goals (MDGs) is to eradicate extreme poverty and hunger. In order to meet the specific MDG target of reducing by half the proportion of people living on less than a dollar a day – the measure of extreme poverty established by the World Bank – Nicaragua would need to bring the percentage of people in this situation down to 9.7 percent by 2015, since the extreme poverty rate was almost 20 percent in 1990, the starting point for MDG targets.

Although the country has clearly made advances, the slow rate of progress so far means it may not succeed in reaching this goal by the 2015 deadline, warns sociologist Oscar René Vargas, the author of the only book in the country on progress towards the MDGs, “Nicaragua 2015”.

“Almost two million people have become poor in the last 15 years”

Zero Hunger Programme

So far, 5,000 families living on the Caribbean coast have received an assistance package equivalent to 2,000 dollars: 1,500 dollars in grain, livestock and farming supplies, and 500 dollars in cash to purchase other farming supplies, in addition to technical assistance. The distribution of these resources is supervised by non-governmental organisations supporting the initiative.

Most of the families taking part in the programme are headed by women. The goal is for them to be able to produce food to meet their own needs, while also helping to meet the food needs of neighbouring communities, explained Bucardo.

Patricia Martínez, 37 and the mother of three daughters, is clearly disappointed as she leaves the local government office in Cárdenas, a

“There is a lot we can do to place ourselves in the top ranks of the nations that are advancing firmly and enthusiastically towards 2015”

town in southern Nicaragua near the Costa Rican border. She had gone there to see if she was on the list of beneficiaries of the

Zero Hunger programme, which is supposed to begin operating in the area later this year.

But the office has had no electrical power for two days, so it is impossible to check the computer records and answer her question. She is fervently hoping her family will be on the list, so that her husband, Edgard Meza, can come back from Costa Rica and be able to earn a living at home by working the land.

“People are saying that they give you money and animals. I hope they give some to me, so my children and my family don’t need to go across the border anymore to earn a living,” said Martínez, whose sole means of support are the remittances her husband sends home. The 350 families who make up the population of Cárdenas live off of fishing, vegetable farming and emigration: 70 percent have family members working in Costa Rica.

Zero Hunger was launched with 10 million dollars in government funding, to assist 8,000 families in its initial phase. The government is seeking international cooperation to raise more funding for the second phase, said Bucardo.

Financial cooperation

Cooperation from the Netherlands plays a key role in these efforts. In 2004, the Dutch embassy in Managua adopted a multi-annual strategic plan for 2005-2008 that includes specific objectives to combat poverty and social inequality and total funding of more than 80 million euros (107 million dollars), according to Sandra Peña of the embassy’s Budget Support Group.

This year alone, financial cooperation from the Netherlands has contributed 11 million euros (\$15 million) to budget support for fighting poverty, the budget line used to fund Zero Hunger.

The remaining aid from the Netherlands in 2007 is earmarked for spending on health care (4.5 million euros); investment climate (3.7 million); sexual and reproductive rights and gender (three million); and governability and anti-corruption measures (two million euros).

Meanwhile, with initial funding of six million dollars, the UNDP is undertaking an initiative that targets the country’s 52 poorest, most socially vulnerable municipalities and involves all of the UN system agencies that operate in Nicaragua. Alfredo Missair, the UN system resident coordinator in Nicaragua, is optimistic: “There is a lot we can do to place ourselves in the top ranks of the nations that are advancing firmly and enthusiastically towards 2015. This country has the potential, the people and the natural, geographical and climatic resources to climb up the steps of the millennium.”

According to UN communications officer Walter Lacayo, the UNDP’s Programme Against Hunger and Poverty in Nicaragua is based on an unique concept. With an initial duration of two years, it promotes the strengthening of local capacities through a wide-reaching mobilisation and coordination of efforts among national government institutions, local governments, non-governmental organisations, grassroots community groups, international cooperation agencies and UN agencies.

In January, 52 young professionals, made up of an equal number of women and men, spread out across Nicaragua to support local governments in the coordination of development projects. Emphasis has been placed on rural families, as well as indigenous peoples, emigrants and inhabitants of border zones, children under three, and women of child-bearing age.

At the end of the two years, the 52 participating municipalities will receive a special recognition from the United Nations to certify that they have joined in the national and international efforts to achieve the MDGs.



Sandinista government: “Zero Hunger” by 2012

U G A N D A

GETTING TO THE GOAL WITH SETBACKS ALONG THE WAY



Evelyn Kiapi Matsamura / KAMPALA

At the age of 15, Cynthia Apio is a little too old to be sitting in a primary school classroom. Born in the war-torn Lira district of northern Uganda, Apio was just sitting at home, waiting to get married to a man who could bring the highest bride price to her peasant parents who till the land to earn a living.

And she almost missed her chance to sit in a classroom, had it not been for a relative who dragged her out of her rural home to enroll her under the Universal Primary Education (UPE) programme five years ago.

“UPE has helped many children to attend school. If it was not for UPE, I would not have been in school. I would have been in my home village now married with some children”

Only conflict, poverty and cultural norms are stifling her dreams of becoming a medical doctor one day.

Donor Support

“UPE has helped many children to attend school. If it was not for UPE, I would not have been in school. I would have been in my home village now married with some children,” Apio says. “The rest of my sisters and brothers are not in school. There is no money and there is war.” Like Apio, several other children interviewed at the school think they would never have been in a classroom had it not been for UPE.

“UPE has helped us because our parents are so poor and cannot afford to pay fees in private schools,” says 16 year old Ibrahim Lumbuye, a level seven pupil. “Before UPE was introduced, many children were sitting at home and others were just doing domestic work. But now, at least they come to school and get an education,” adds Eric Dratre who wants to become a medical doctor. Following the 1990 World Congress on Education For All (EFA) in Jomtien, Thailand, Uganda committed itself to giving free basic primary education to all Ugandan children six years and above as a strategy to improve the lives of the people. It reconfirmed its commitment at the World Education Forum in Dakar, Senegal in April 2000.

In 1997, the Ugandan government decided to provide free primary education for all children from every family as part of a strategy to achieve Universal Primary Education (UPE). The UPE programme helps over 12 000 primary schools and distributes fixed grants of Shs 100,000 (\$60) a month for nine months a year to UPE pupils. Ten years later, the number of children joining primary school has more than doubled from three million to 7.4 million children according to reports from the Ministry of Education. Nearly 90 percent of children of primary school-going age (6-12) are in school, up from about 60 percent in 1996, the Ministry says.

At this rate, it is predicted that Uganda is on target to achieve Millennium Development Goal (MDG) number two that aims for 100 percent enrollment of 6-12 year old children in school by 2015.

External debt (% of GNI)	52.2
GDP (current US\$) (billions)	8.7
GNI per capita, Atlas method (current US\$)	280
Life expectancy at birth, total (years)	50
Population, total (millions)	28.8
Population growth (annual %)	3.5
School enrollment, primary (% net)	-
Surface area (sq. km) (thousands)	241.0

SOURCE: WORLD BANK

Since 1997, government has steadily increased the number of primary schools through construction of new schools, classrooms and toilets using the Schools Facilities Grant (SFG) scheme.

There has also been increased training and hiring of primary school teachers and provision of text books. The number of permanent classrooms increased from 45,000 in 1997 to 75,000 today and in turn, a steady increase in enrolment in primary schools over the years, according to ‘Uganda Education Statistics Abstract 2004.’

“UPE has led to increased enrolment, increased text books and other facilities in my school,” says Patrick Kahuma, Deputy Headmaster of Kitante Primary School in Kampala whose enrolment figures grew from 1 850 pupils to 2 258 with UPE.

Government’s spending on education has risen considerably: According to the Ministry of Finance, Planning and Economic Development (MOPFED), Shs 635.72 billion (about \$420million) – including direct donor project support of Shs 57.03 billion (\$30 million) – was allocated to education in the 2005/06 financial year – up from Shs 613.93 billion (about \$ 400million) in the previous year. The Ministry anticipates that the budget for education will increase by 76 percent by 2014. One US dollar equals 1,600 Shillings.

The percentage of qualified primary school teachers certified to teach primary education has also increased from 82,148 in 2000 to 126,990 in 2006 – reducing the average pupil teacher ratio from 120:1 to 51:1, says the education ministry.

The number of children aged 6 – 12 enrolled in school has increased from 85.5 percent in 2000 to 91.7 percent last year.

There are, however, still some concerns.

“Quality has declined. Not because of introduction of UPE per se, but because UPE introduced the policy that children should not repeat classes. This means they move on to another class without really passing,” says Juventina Patrick Atupu, Deputy Head teacher Gaba Demonstration Primary School. He notes that there is one textbook for every pupil and one teacher for every 80 pupils at his school. In some classes, the ratio is one teacher for every 120 pupils. In a country with a 34 percent growth rate and an average fertility rate of seven children per woman, available facilities are already being stretched.

“We have tried to squeeze the children into one class especially the lower classes,” says Atupu.

And the number of children reaching school age is expected to increase by 40 percent in the decade from 2004 to 2015, according to *The Education Sector Strategic Plan Report (2004-2015)*.

“This has compromised the quality of the education. A teacher cannot go round marking every child and giving individual attention becomes a challenge simply because of the large numbers,” agrees Kahuma.

According to the *‘Enhancing UPE, a Stakeholders Handbook (2004)’* report, Uganda had a shortfall of 59 273 classrooms by 2004. This resulted in about 40 percent of pupils still studying under trees or temporary shelters.

“This is a challenge. We thus purchase a lot less (materials) than we did before. There has been a drop in input because of that constraint,” Kahuma says.

Traditional values and norms in society as well as early marriages continue to undermine the status of girls in education. The first UPE graduates cycle completed in 2003 showed a large drop-out rate.

“This is an indication that a significant number of pupils abandon school

before completing primary seven,” the report says, citing lack of interest, family responsibilities, sickness, employment, marriage, school fees and pregnancies as some of the causes. Poverty is one of the greatest barriers towards the progress of UPE.

Although government pays school fees for the pupils, parents need to provide food, stationary and uniforms.

“Most children fail to pay lunch fee and just study without meals the whole day ... in the afternoon you find the children hungry and just sleeping. They cannot concentrate in class on a hungry stomach,” Atupu says.

The HIV/AIDS pandemic has also had an impact as teachers suffer poor health leading to frequent absenteeism. There are thousands of HIV/AIDS orphans who have special needs and others affected by AIDS drop school to take care of sick family members. Although UPE is a great need for the development of the country, Uganda has other competing urgent needs like poverty.

In this regard, funding plays a major role. Uganda is dependent on donors with total aid of about US\$782 million, equivalent to 13.8 percent of GDP. A number of donor agencies and countries, including The Netherlands, have supported UPE since its inception. According to the Aggrey Kibenge, spokesperson for the education ministry, foreign aid has played a big role in achieving the UPE goal.

“Considering that almost 50 percent of our national budget is donor funded, it equally applies to the education sector

budget in terms of funding for UPE and other programmes.

“The policy of Government, through the Ministry of Finance, is to encourage donors to adopt budget support as opposed to the modality of project support of the previous years. The element, therefore, of project support is significantly reducing in favor of basket (budget) support,” he says.

The main form of assistance is bilateral assistance through financial aid and technical cooperation to education projects and programmes. For example, the Netherlands Development Organisation (SNV) provides advisory services, facilitates knowledge brokering and supports the establishment of local capacity development funds in Uganda within the framework of national poverty reduction strategies and the Millennium Development Goals (MDGs).

“SNV recognises that education is a critical investment in the people’s development and its support is given within the premise of the International development framework of MDG’s,” says Onward S. Mandebvu, Practice Area Leader (Education) SNV north East Portfolio.

“Quality of primary education is still an issue. So SNV says we will provide our education development support to improve the three areas of enrolment, retention and quality,” Mandebvu says. And pupils like Cynthia Apio have first-hand knowledge of the value of this support.



GIVING WOMEN A VOICE

Farid Ahmed / DHAKA

Women in Bangladesh still remain vulnerable despite moves to eliminate gender disparities ahead of 2015.

Gender equality and women's empowerment is the third of eight Millennium Development Goals with targets to close the gender gap in education at all levels; increase women's share of wage employment in the non-agricultural sector; and increase the proportion

“Bangladesh made tremendous progress in gender parity in primary education enrolment and reducing the child mortality rate, but in case of empowering women the country it could not progress much”

of seats held by women in national parliaments. Improvement has been made in sectors such as education, health and family welfare, labour and employment and democratic participation, but true empowerment is still a distant goal.

Fazle Hasan Abed, Chairman of BRAC, one of the largest global NGOs operating in Bangladesh, told IPS: “Bangladesh made tremendous progress in gender parity in primary education enrolment and reducing the child mortality rate. But, in the case of empowering women in the country, it did not progress much.

“We can't empower women only by taking projects and it'll never be changed unless the attitude and perception of men are changed,” Abed said, adding that social norms limit women's participation in political and other forms of decision making that affect their lives.

Quality of education

The country has already met the education-gender MDG in terms of primary enrolment. The government department of primary education estimates that around 97 percent of children aged 6-10 are currently enrolled in primary schools and parity in enrolment by gender has almost been achieved – although the quality of education remains a key issue at all levels ranging from primary to higher education.

A survey by the primary and Mass Education Ministry a few years ago claimed the primary education completion rate was only 67 per cent.

However, one in every five children remains “non-literate” or “semi-literate” even after five years of schooling, according to a “the education watch” survey conducted by the Campaign for Popular Education, a coalition of non-government organisations working on education. The survey added that one out of every five children cannot enrol on primary schooling while one in every three of who did enrol dropped out before completing the five-year course.

The Dhaka-based national daily *New Age* recently quoted economist Hossain Zillur Rahman as noting that: “Our challenges lie in addressing child malnutrition, maternal mortality and dropout from schools although the country has made a remarkable progress in coming out of various shackles of poverty compared with some South Asian countries.”

Gender inequality is recognised in Bangladesh as one of the root causes of women's and girls poor health status directly affecting the overall development of the nation.

In the health sector, women's status compares unfavourably with that of men. In case of child mortality rate, the country achieved much, but the maternal mortality rate is still very high.

AB Mirza Mohammad Azizul Islam, the Finance Adviser to the present interim government, said in his national budget speech on June 7: “We have already removed gender disparity at the primary and secondary levels of education. None of the countries in South Asia except Sri Lanka has achieved this milestone.”

Safe motherhood

“In order to reduce maternal and infant mortality, we have introduced a pilot programme titled ‘Maternity Allowance for the Poor Lactating Mothers’. This will ensure safe motherhood, and better health and nutrition of hardcore poor mothers as well as safe birth and sound upbringing of infants,” he said.

In the last six years, Bangladesh has reduced mortality rate of children aged below five years from 151 to 82 per thousand, lower than 100 per thousand such deaths in Pakistan.

A recent World Bank report titled “To the MDGs and Beyond” describes Bangladesh's maternal mortality rate - despite significant improvement - as one of the highest incidences in the world. The report forecasts that a major impediment to the betterment of maternal health outcomes — the current state of public health services — would not allow the country to reach the target. Bangladesh's target is to reduce maternal mortality to 143 by 2015 from 320-400 per 100,000 only a few years back.

Health programmes for poor people, in particular for poor women, are extremely limited.

Various studies, surveys and interviews indicate that there is serious dissatisfaction over the quality of health services available



External debt (% of GNI)	30
GDP (current US\$) (billions)	60
GNI per capita, Atlas method (current US\$)	470
Life expectancy at birth, total (years)	64
Population, total (millions)	141.8
Population growth (annual %)	1.9
School enrollment, primary (% net)	93.4
Surface area (sq. km) (thousands)	144

SOURCE: WORLD BANK



SUPPORT: Unu Marma



Qurratul Ain Tahmina

FAMILY EARNER: Rokeya Begum

to women at Upazila and District hospitals. Besides the public hospitals, Upazila Health Complexes and Union Health Centres are the only available facilities for the treatment of rural people.

Absence of good governance in the health sector especially in the rural areas was the main reason for high maternal mortality rate, Abed said.

Eating least and last

Like other countries in South Asia, women and girls in Bangladesh are trapped in a cycle of malnutrition. By tradition, women eat last and least. They eat only the food that is leftover after the males have eaten — even though women and girls do much of the heavy work.

Participation of women in the wage labour force has increased in the past years contributing to the country's overall economic growth

and to higher income levels for many families, but discrimination still prevails due to the social perception that women should remain in the household looking after children, cooking food and cleaning houses.

Different women rights group have repeatedly demanded more nominations for women to contest in the national parliamentary elections, but the major political parties turned down the demand and nominated a few women in 2001 parliamentary elections and only six became members of parliament out of 300.

Some progress has been made: The fourteenth amendment to the constitution increased 45 reserved seats for women who were directly selected by the majority of the parties in parliament.

However, until more progress is made, women's voices in this South Asia will continue to be muted.

“EMPATHY GIVES US STRENGTH”

Qurratul Ain Tahmina / BANDARBAN

Rokeya Begum's husband does not work and has no income. Her son, who has been married at an early age and lives with his parents, works as a mason's helper. His income is irregular and small. The family of four survives mainly on Rokeya's earnings.

Rokeya works as a day-labourer and supplements her income by raising chicken or goats. In the main town of Bandarban, a tiny hill district in the south-east of Bangladesh, Rokeya can get a daily wage of Taka 120 (\$1.7). The wage for men is Taka 150 (\$2.1).

When the Christian NGO World Vision, Bangladesh, organised a women's development group in Rokeya's neighbourhood of South Kashimpara, she signed up.

“By attending group meetings and different training programmes, over the years I have learnt quite a few things — from signing my name to making oral rehydration saline,” explains Rokeya.

By judiciously using small loans taken from the World Vision group's collective savings and from a few other NGO's micro-credit programmes, Rokeya has improved the family's status bit by bit. And aside from the group's joint savings, she has savings with a bank and the post office.

A lot has changed for Rokeya: “I have learnt to protest injustices, be that from my husband or from my employer.”

Probir Chisik, who looks after the development groups in World Vision Bandarban, is cautious though.

“When they speak at the group meetings, the women are all very vocal and they come across very strong indeed. But given their social and economic reality, I wonder, in general how strong roles they can play in family decisions.”

World Vision in Bandarban has so far organised 218 development groups in different communities. Of these more than 80 percent are women's groups.

“Gender is a cross-cutting issue in all our programmes,” explains Zir Kung Shahu, the chief of World Vision's operations in Bandarban. “We work with communities through the development groups. The idea is that people will collectively identify needs and take initiatives for self-development.”

The group members are given skills and other training. They also get orientation and services on health, hygiene, healthcare, water and sanitation.

The World Vision Netherlands funds the Bandarban programmes. Individual donors sponsor children and take care of their educational and other needs.

Members of the groups regularly save an agreed amount from which loans are given.

With small loans taken from four NGOs, Hasina Begum's husband Sanwara Begum bought two rickshaws. He pulls one and rents

the other. “As we are bringing home the money, our husbands are happy,” says Hasina Begum. “They don't forbid us to attend group meetings, as they used to.”

Sarfraz Begum is keen to use her funds to give her daughter an education. “One of my two daughters is already married. The other one studies in class VI. I wish I could make her a doctor or a teacher.”

Bandarban is home to 11 ethnic minority groups. The largest is the Marmas, a people that migrated from the Arakan in Myanmar.

Mary Marma of the Ujanipara area heads a World Vision group. “Compared to the Bengali women, we enjoy more freedom of movement,” says Mary Marma.

However, many believe that hill women have to work both at home and outside and, except for the Marmas, women cannot inherit property or assets in other ethnic communities.

“With the loans, our members run small businesses or raise poultry, pigs and goats,” says Mary Marma. “The money goes for family expenditures but women keep aside some for their own use or for savings.”

The groups also provide solidarity. “We learn about each other's problems and try to be of help,” says Unu Marma.

“We try to understand each other and the empathy gives us strength.”



External debt (% of GNI)	64.4
GDP (current US\$) (billions)	12.1
GNI per capita, Atlas method (current US\$)	340
Life expectancy at birth, total (years)	46
Population, total (millions)	38.3
Population growth (annual %)	1.8
School enrollment, primary (% net)	91.4
Surface area (sq. km) (thousands)	945.1

SOURCE: WORLD BANK



Philip Cyprian

TANZANIA

A RURAL FIGHT FOR SURVIVAL

George Njogopa/DAR ES SALAAM

As Tanzania makes strides to achieve the Millennium Development Goal (MDG) to reduce the mortality rate among children under five by two-thirds before 2015, children living in rural areas remain under the greatest risk.

Child mortality in Tanzania rose from 137 per 1,000 in 1992-96 to 147 in the period 1995-99. A recent report from the Ministry of Health and Social Welfare notes that from 2000 to 2005, the under-five mortality rate was 112 per 1,000.

This dramatic decline has put Tanzania among the top five countries which have recorded a 30 percent reduction in infant and under-five mortality rates. Others countries that are experiencing a decline are Madagascar, Eritrea, Malawi and Mozambique.

Yet, despite this, one in every nine children in the country dies before his or her fifth birthday. The MDG's primary target is to reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

Basil Mwanakatwe who lectures at Centre for Foreign Relations and Diplomacy says that

"despite the fact that there have been some significant changes in reducing the rates of child mortality in Tanzania, this is too little when we measure up to what Tanzania is aiming for globally."

Poverty and appropriate knowledge on proper child care has not addressed adequately, says Mwanakatwe: "These areas are very critical issues which delaying in achievement the target."

Poverty not decreasing

Mwanakatwe is not convinced Tanzania will reach the deadline of 2015 because he says that poverty is the major hindrance which is striking the country. According to Dutch official data, the average per capita income in Tanzania is US\$ 280 a year. With all natural resources blessed in Tanzania, poverty has never been tackled effectively, with the result of previously unseen social upheaval.

Indeed, 20 percent of the population lives on less than US\$1 a day and 60 percent live on less than US\$2 a day. Poverty is not decreasing despite relative stable economic growth

and Tanzania remains IDA-eligible with LDC status.

Despite the huge amount of development aid flowing into the country, little progress has been made in sectors such as education, health and government decentralisation.

"Tanzania is a poverty-struck country, but to a large extent this problem is man-made," said Mwanakatwe.

He points to corruption: "We cannot assume that Tanzania is going to attain the global commitment as scheduled while we are still entertaining disloyal leaders."

Dr Isaac Maro, who practices at the Muhimbili National Hospital, says the country faces three major problems which impact on efforts to reach the goal.

Dr Maro says Tanzania faces a scarcity of health care facilities and a lack of qualified medical and health cadres. This is further exacerbated by a lack of knowledge and inadequate basic health services.

"A mother's level of education is strongly associated with child mortality. The infant mortality of children born to women with some secondary education is likely to be low compared with those whose mothers had no education," notes Maro.

According to the Ministry of health and social

"Despite the fact that there have been some significant changes in reducing the rates of child mortality in Tanzania, this is too little when we measure up to what Tanzania is aiming for globally"

welfare, the infant mortality rate of children born to women with some secondary education is 56 deaths per 1,000 live births, compared with 101 deaths per 1,000 live births for those whose mothers had no education.

Higher levels of education are generally associated with lower mortality rates because education exposes mothers to information about better nutrition, use of contraceptives to space births and knowledge about childhood illness and treatment.

Dr Maro also points to the unequal distribution of health care facilities in the urban and rural areas, noting that many rural residents not have access to good health services.

"In whatever the case, the government would claim to put in practice a health policy, but most of people are not reached with the service because the population is bigger than the ability of the government to provide service," he adds.

"It doesn't sound appropriate to say we are giving free medicine and then you are not covering even 30 percent of your entire people.

We also encounter the problems of scarce qualified medical and health cadres." A case in point is the agricultural region of Rukwa which is said to have only seven medical doctors – about 25 percent of their demand. This critical shortage has forced the region to close down 12 health centers and dispensaries.

Shortage of doctors

The Rukwe region is about 1,700 km away from Dar es Salaam and is bordered by three other countries: Zambia, Democratic Republic of Congo and Malawi.

Rukwa Regional Commissioner Daniel ole Njoolay said that people have to walk long distances to secure medical services - including child delivery and child care – in those areas where the health service has been closed down.

The commissioner noted that maternal deaths in the area were around 199 for every 100,000 live births in 2005 and 125 for every 100,000 live births in 2006 - a significant drop.

"Infant mortality stood at 108 for every 1,000 children in 2005 and 106 for 1,000 in 2006 while the under five deaths were 175 for 100,000 in 2005 and 143 for every 100,000 in 2006," said Ole Njoolay.

But he described the rate in the Rukwa region as "unacceptable high"

MDGs awareness

Much still needs to be done to drive support for the MDGs.

"Although I am not aware what MGDs are, what I can say there has been significant improvement in the area of social service like clinics and health centers in general," says Shani Zubery who is a chairperson of the Upendo Centre, an organisation that looks after disabled children and which is owned by the government.

"I see some encouraging trends because the rate of child mortality is getting lower as time goes on - especially in towns. We still face some challenges in rural areas because of the practice of local beliefs and lack of proper implementations of health services."

Shani, who operates a center that has 40 children with mental disabilities, says rampant corruption could result in failing to reduce the rate of child mortality.

Reports from the Ministry of Health and Social Welfare show that from 2000 to 2005, the infant mortality rate was 68 per 1,000 live births. The under-five mortality rate for the same period was 112 per 1,000.

On the streets of Dar es Salaam, parents fight a daily battle to provide for their children. Daudi Hamis, who hails Zanzibar and now has a small business in the city, recounts how his young sister lost her child suffering from malaria. She was unable to seek medical advice because of financial constraints.

"Then to say we will achieve that millennium development goal is a nightmare," says Daudi.

The curse of malaria

Malaria continues to be a leading child killer disease. It kills a child somewhere in the world every 30 seconds and 90 percent of those who die are in Africa, where malaria accounts for about one in five of all childhood deaths.

Widespread use of treated nets has been shown to reduce deaths from Malaria by about one quarter but most families cannot afford the US\$3 it costs for the bednet. Now UNICEF and the government of Tanzania are implementing a subsidised system where all pregnant women receive a \$2.50 voucher towards the purchase of a bednet and sachet of insecticide. The government also collaborates with organisations such as Population Services International (PSI) and Care International to distribute additional nets.

The Tanzanian government is tackling the war against child mortality by improving child health. It has already put in place feeding practices for infant aged 6 to 9 months and vaccination coverage increased slightly since 1999, from 68 to 71 percent. However, despi-

te these gains, the HIV/AIDS epidemic is now posing one of the most serious challenges to Tanzania's development.

Reports from United Nations Children's Fund (UNICEF) indicate that sustainability and increasing the availability of quality services will be key challenges in the next phase of the Tanzania AIDS response. While more than 2,000 children now have access to AIDS treatment, it is still difficult for them to access antiretroviral therapy due to the limited supply of paediatric formulations.

In a press statement, UNICEF's Regional Director for Eastern and Southern Africa, Peter Engberk, noted the need to increase Prevention of Mother to Child Transmission (PMCT) services which are currently reaching only seven percent of pregnant women in need.

Not just bad news

Changes in malnutrition rates among children under five years in Tanzania are relatively encouraging. The National Bureau of Statistics (NBS) says that 88 percent of Tanzanian infants aged six to nine months are fed solid foods in addition to breast milk – in line with World Health Organization recommendations.

Minister of Health and Social Welfare David Mwakuya says that the National Vision 2025, the National Strategy for Growth and Reduction of Poverty (NGRP) and the Millennium Development Goals which have been integrated into National Strategies for Growth and Poverty Reduction (NSGPR), all recognized nutrition as one of the key indicators for poverty reduction and subsequently human development.

"Empowering people at the grassroots and national levels economically could contribute significantly to the reduction of malnutrition among members of a family, particularly children."

Vaccination is another area recording progress. According to The Kuleana Center for Child Rights, a leading NGO in Tanzania, there has been increased vaccination coverage in 2004 – 2005.

In a recent report, the NGO noted that 71 percent of Tanzanian children aged 12-23 months had received all recommended vaccines. The recommended vaccines include one dose of BCG, three doses each of DPH/THB and polio and one dose of measles.

The statistics show that Tanzania is on track to reach the MDG to reduce infant mortality. But those statistics bring little comfort to mothers in rural areas where children still face huge obstacles in their quest for survival.

PARTNERING TO REBUILD



External debt (% of GNI)	--
GDP (current US\$) (billions)	7.3
GNI per capita, Atlas method (current US\$)	--
Life expectancy at birth, total (years)	--
Population, total (millions)	14
Population growth (annual %)	--
School enrollment, primary (% age group)	32
Surface area (sq. km) (thousands)	652.1

SOURCE: WORLD BANK

AFGHANISTAN

Aunohita Mojumdar/KABUL

Three times a week Seema sends a batch of beans to the market; twice a week it is tomatoes and once a week eggplant. Her small patch of vegetable garden in Haibat Khel village of Parwan province, north of Kabul, brings her a steady income.

It is an income that she needs. Seema is a 45-year old widow, her husband a victim of the three decades of conflict in Afghanistan. Ironically he died after the war, in 2004, while trying to make Afghanistan a safer place for future generations, working as a deminer.

Seema is the beneficiary of a small agricultural project in this rural hinterland, run by Afghan Women's Resource Centre (AWRC), a beneficiary of the Dutch government's

aid to Afghanistan. AWRC gets its funding from Cordaid, a Dutch government funded NGO which works in Afghanistan through its Afghan counterparts, the local NGOs.

Haibat Khel is a lush village of about 150 families. Animal husbandry and agriculture are the main occupations of its inhabitants. Feroz, the agricultural

trainer of the project leads us to a field of half a hectare where improved varieties of seeds of various crops and vegetables are being grown as a demonstration project. There are six varieties of wheat, maize, tomatoes, peppers, eggplants, onions, okra, cucumber, squash and green beans.

The seeds come from Iran, Pakistan, India, US and also Holland.

"That is the squash from Holland" says Feroz, who received training in improved agricultural techniques in Pakistan before returning to help this village. It is a skill that is yielding results.

CHANGING FORTUNES

Painda Mohammed is 75 years old. He measures his years in the productivity of his soil. "Earlier the same area used to produce 40 ser (an Afghan measure equivalent to 7 kgs) of wheat. Now after using the improved techniques and seeds I can grow 100 ser. In previous years we harvested in July. Now you can see we have already harvested in June."

The changing fortunes in war were measured by his friend Juma Khan by the costs of living. The village was self sufficient in foodgrains but had to buy everything else. "I remember the price of salt. Those were difficult times," he says of the time when heavy fighting blocked access to roads and sent the price of goods skyrocketing.

Today Juma Khan has a better crop and his wife Mansab Gul is a beneficiary of the women's programme growing vegetables that bring in an added income for their extended family. The vegetable garden is especially welcome as two of his four sons have left home for jobs outside the village and no longer help on the land. Growing vegetables is relatively easier as it requires less strenuous manual labour.

"We used to grow vegetables earlier as well, but they used to get diseases and the yield was less," says Parveen who also belongs to a women's group.

"We also used only the old techniques for drying which were not so successful. Now we have been taught new methods which preserve the dry vegetables," she says pointing to the wooden rack which is used for the sulphur drying process.

The women are now impatient. The fruit season is around the corner and they want to try their newfound expertise in making fruit preserves. They plan to produce jams of apples, carrots, peaches and pickles of every kind of vegetable. A glass case shows the possibilities, and a row of dried vegetables is strung across the wall beside it. AWRC is currently talking with a local factory as a venue for selling both its raw vegetables and processed foods.

WOMEN'S EMPOWERMENT

Introducing the project to this Afghan village has not been easy. The Parwan province, though relatively close to the capital Kabul, is in an area dominated by conservative cultural mores. Men outside the family are not allowed to see the women of the village. Being a female reporter, I am allowed to talk to the women, but apart from the project supervisor who is educated and has had exposure to the city, no woman in the project will agree to be photographed.

What has made this women's project is the tact and sensitivity used to bring in the alien concept of women's empowerment.

Fazla, a bright and beaming 20-year-old, is the project supervisor here. She earlier ran a women's literacy programme in the village for the AWRC before the start of the agriculture project. "The male members of the families used to ask me why I was doing this," she recalls. What helped initially was that Fazla was from the same village despite having studied in a school outside. Soon enough what helped more was the quick economic returns of the project coupled with the fact that this work could be carried out by women in their

"We put an emphasis on strengthening of the Afghan institutions and we channel the majority of Dutch funding through the Afghan budget"

homes, inside their courtyards or on the family land and did not involve contact with men or strangers.

What enabled the local partners to decide and implement this project with a community focus was the autonomy given by their funders, the Dutch NGO Cordaid (Catholic Organization for Relief and Development Aid), a Dutch

NGO which is a member of the worldwide Catholic Caritas network. Cordaid has a policy "based on the principle of subsidiarity: people must be afforded the opportunity to work on their own development without outside patronization." Its emphasis is to "build on people's strength, so therefore it does not itself implement programs unless a humanitarian emergency situation is involved".

LOCAL PRIORITIES

Cordaid's principles are more widely reflected in the Dutch government's perspective on aid.

"The Dutch philosophy is that reconstruction of Afghanistan is best served by enabling the government to implement its own priorities through its own institutions," says the Netherlands' ambassador to Afghanistan, Hans Blankenberg.

The principle is also in keeping with the aim of the Millennium Development to develop a Global Partnership for Development. The partnership of the international community in the task of rebuilding exists here in Afghanistan, but is severely limited by the contending donor priorities and the government's needs.

Sectoral and geographical emphasis has led to the Balkanisation of aid as well as lack of coordination and duplication of efforts.

The Dutch approach is in marked contrast to that of many other international donors who continue to spend most

of their aid directly or through contractors. The Afghan government itself has been consistently calling for more of the donor funding to be routed through the Afghan government - pointing out that the donor preference of spending money directly is hampering its ability to build capacity, pursue Afghan priorities and undertake long term planning. Spending through the government has also been proven to be more cost effective and goes a long way in strengthening the authority of the government.

SHORTAGES

At the London Conference in January 2006 donors - including the Netherlands - pledged themselves to contributing \$10 billion over the next five years. Until now, however, only about 30% of the international aid goes through the government's budget according to Finance Minister Anwar ul Haq Ahady.

Per capita expenditure of international aid in Afghanistan is far below that spent on other post conflict countries like Kosovo.

Though poverty measurements are severely constrained by the lack of data, the level of assistance required in Afghanistan is illustrated by the available indicators on different human development indices. According to the Afghan government's document, *Millennium Development Goals, Vision 2020*, 38 percent of rural households face chronic or transient food shortages.

Average life expectancy is 45 years for men and 44 years for women. In the last Human Development Index Afghanistan ranked 173 out of 176 countries. In addition, the security situation in the country has worsened since last year with an outbreak of renewed insurgency in southern Afghanistan.

The Netherlands has around 2000 troops stationed in the country, mainly in the southern province of Uruzgan.

This year the Dutch government will provide 70 million in aid, the same as in 2006, most of it routed through the Afghan government.

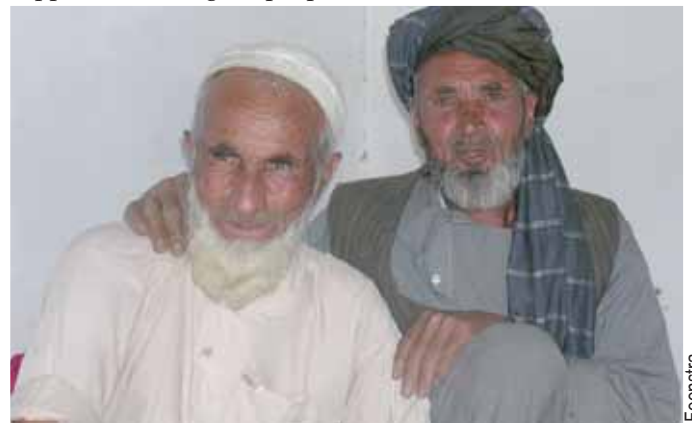
"We put an emphasis on strengthening of the Afghan institutions and we channel the majority of Dutch funding through the Afghan budget", says ambassador Blankenberg who is also a development specialist.

With a sector wise lead country approach for aid delivery in Afghanistan, the Netherlands government is focusing on the aspect of good governance including by "paving the way for the Afghan authorities to be able to provide government support to the Afghan people".



Agricultural expert with the jams and pickles of the women's resource centre.

Aurohita Mojumdar



Painda Mohammed with his friend Jumma Khan. Farmers of Haibat Khel village

Anne Feenstra

SOUTH AFRICA

BATTLING A GROWING PANDEMIC



External debt (% of GNI)	13.1
GDP (current US\$) (billions)	12.1
GNI per capita, Atlas method (current US\$)	4,770
Life expectancy at birth, total (years)	48
Population, total (millions)	46.9
Population growth (annual %)	1.1
School enrollment, primary (% net)	87.1
Surface area (sq. km) (thousands)	1,219.1

SOURCE: WORLD BANK



Sharon Davis

Sharon Davis/DURBAN

Sindi Mbandlwa, an athletic-looking 24-year-old in light brown jeans and matching jacket, settles in her chair, places her arms resolutely on the bare circular pine table and begins to tell her story with a quiet strength and determination.

"I have been raped many times," she says without any hint of apology or further introduction. "I have to remind myself everyday that it wasn't my fault. I often think that if this hadn't happen I wouldn't be facing the problem of HIV."

Mbandlwa's story rape and HIV infection is one of many – but her courage to talk about it highlights the need to protect the rights of women and young girls. Her situation illustrates the complexity of fighting HIV/AIDS in the country. It throws a painful spotlight on the need to empower women in the fight against HIV and AIDS, and the pressing need for AIDS education and re-socialisation in order to combat the disease.

Against a backdrop of South Africa's new constitution with its respect for human rights and dignity as well as the Millennium Development Goal (MDG) promise to halt and reverse the spread of HIV and AIDS, malaria and other diseases by 2015 – something clearly has to be done.

South Africa's battle with HIV/AIDS is particularly critical in view of its need to tackle other diseases as well such as tuberculosis (TB) and malaria.

In 2006, the World Health Organization ranked South Africa fifth among the world's 22 high-burden TB countries. Despite South Africa's investment in Directly Observed Treatment, Short-Course (DOTS) in 1996, treatment success remained low compared with other African countries with high HIV/AIDS prevalence and considerably fewer resources.

TB-HIV co-infection rates are high, with as many as 60 percent of adult TB patients being HIV-positive. Multidrug-resistant TB (MDRTB), largely caused by non-adherence to drug regimens or inappropriate drug regimens, is further exacerbating the epidemic.

Malaria kills over one million people each year, most of whom are children under five, and almost 90 percent of whom live in sub-Saharan Africa. Compared to other Sub-Saharan African countries, South Africa is less afflicted by the mosquito-borne disease which only occurs in certain parts

of the country. Malaria cases in South Africa peaked between 1998 and 2001, dropping to below 5 000 cases a year by 2004.

This challenge is acknowledged in the South African government's health policy which promotes an holistic approach to health. Health minister Manto Tshabalala-Msimang has placed her emphasis on broad public health goals, seeing HIV/AIDS as one aspect of that effort.

The first case of HIV was diagnosed in South Africa in 1982. In 1990 the first antenatal surveys were conducted to test for HIV prevalence in pregnant women attending clinics, finding a prevalence of 0.8 percent.

These antenatal surveys are conducted annually and show an alarming increase in the prevalence of HIV in South Africa. It jumped from 1,4 percent in 1991 to 10,4 percent in the four years to 1995. In 1998 it was up to 22,8 percent and by 2003 it was 27,9 percent – compared to a global HIV prevalence of one percent.

"There is no use in educating people to use condoms when we only provide condoms that need to be worn by men"

In December 2002 a new HIV prevalence test was conducted by the Human Sciences Research Council in collaboration with the Medical Research Council (MRC) and the Centre of AIDS

Development, Research and Evaluation, by sampling 9 963 people country wide. This test, which included those who were not sexually active and those who had elected to use preventative measures, found a national HIV prevalence of 11,4 percent – or 4,5 million people infected with HIV in South Africa.

Response to the pandemic in South Africa was initially slowly and uncoordinated as both government and civil society moved from a position of denial, to slowly educating people about the disease, and then to a more intensive education about what could be done to enhance the lives of people living with HIV.

Focus has been primarily on the prevention of the spread of HIV, promoting awareness of HIV and safe and healthy lifestyle. More recently attention has been given to treatment, care and support – both in the provision of Anti-Retroviral treatment (ARVs) and the prevention of mother to child transmission (PMTCT) and nutrition.

Women in South Africa are more likely to contract HIV and AIDS than men, partly due to biological vulnerability but also due to social vulnerability.



Sharon Davis

One area to be addressed is the provision of female initiated protection agents like microbicides and female condoms said Thesla Palanee from the MRCs HIV Prevention Research Unit. "There is no use in educating people to use condoms when we only provide condoms that need to be worn by men," said Palanee.

The other is gender-based violence. "We need to challenge socialisation," said Johanna Keller from AIDS Legal Network. "We have been brought up with beliefs about correct sexual behaviour and sexual norms

– but these beliefs should always be seen in the context of what the rights of the individual are, irrespective of gender, or fear of judgement and discrimination.

"The number of South Africans who have tested for HIV/AIDS after a quarter of a century of knowledge of the disease, currently languishes at about two out of every hundred people"

Research based on 40 interviews with female Grade 11 pupils from four high schools in the rural district of Ugu in KwaZulu-Natal show a strongly paternalistic society in which violence is a culturally accepted form asserting power – and is even seen as demonstrating an expected level of affection.

According to researcher Siyabonga Dlamini, from the University of KwaZulu-Natal, gender violence is an expected part of life for female pupils in rural schools in the province.

In response to questions regarding sex, the expectation of forced compliance is apparent, said Dlamini.

"The girl will be saying no, but the boy will be using his power to push her down," said one of the pupils. "Sometimes you are afraid that if you say no he will beat you."

Social transformative programmes, lasting a few hours a week, over several weeks appear to have the largest impact on HIV prevention, said Rachel Jewkes from the MRCs Gender and Health Research Unit.

The unprecedented increase in the rollout of ARVs since 2003 has resulted in the decrease of adult mortality of those infected with HIV said Kobus Herbst from the Africa Centre for Health and Population Studies based at the University of KwaZulu-Natal.

However, while ARVs are having a positive impact, the treatment is not reaching all of those in need.

Cost of Aids

Despite the fact that PMTCT is available, UNICEF claims that 260 children are born HIV positive every day in South Africa. Most die before their second birthday making HIV and AIDS the largest cause of death for children under five.

Only 17 percent of HIV positive pregnant women have access to treatment to prevent infection of her baby, said Professor Glenda Gray of Wits University's Peri-Natal HIV Research Unit. She added that 300,000 children get HIV through breastfeeding every year, with breast feeding accounting for 40 percent of all HIV transmissions. This could be avoided by the provision of ARVs to the breastfeeding mother.

Dr Dingie van Rensburg of the University of the Free State expressed concern that progress in providing AIDS drugs came at the cost of weakening other medical facilities and programmes. This fear is supported by research in Gauteng Province which shows that HIV care is impacting on those not infected.

"As a result of HIV positive patients having a longer stay in hospital and needing a higher level of care, there is a lack of beds available for those not infected with the virus. HIV negative deaths in Gauteng provincial hospitals are

increasing as a result of the burden of caring for HIV positive patients," said Francis Akpan of the Multisectoral AIDS Unit in Gauteng.

The MDGs were set in 1990 and if progress is measured off this base, South Africa has done little to contain the spread of the virus. Compared to a prevalence of less than one percent in 1990, South Africa had more than 345,000 AIDS-related deaths in the last year; has a national HIV prevalence of at least 11 percent, and a prevalence rate of more than 30 percent of pregnant women attending ante-natal clinics in the country.

Even the effectiveness of education campaigns have been brought into question. "The number of South Africans who have tested for HIV/AIDS after a quarter of a century of knowledge of the disease, currently languishes at about two out of every hundred people," said Dr Francois Venter, clinical director of the Reproductive Health and HIV Research Unit at Wits.

The South African government's new HIV / AIDS and Sexually Transmitted Infections National Strategic Plan ambitiously aims to halve the rate of new HIV infections by 2011 and to treat, care for and support 80 percent of those already living with the HIV and AIDS and their families. Many question whether this will be achieved within budget and whether there is sufficient expertise for the new plan to work. "Without radical restructuring of South Africa's state health service there is no way the country will hit the target of getting more than 400,000 people on anti-AIDS drugs by 2011," said Dr Venter.

Sindi Mbandlwa feels strongly about this too. She works as a volunteer for Gender AIDS Forum, and focuses on the need to empower women with competence and confidence to confront issues of power, gender and sexual and reproductive health.

"I'm tired of hearing the same discussions, on the same old topics, relating to HIV and AIDS... and I'm tired of all the empty promises," said Mbandlwa.

RESTORING A CROP OF HOPE



External debt (% of GNI)	83.3
GDP (current US\$) (billions)	7.3
GNI per capita, Atlas method (current US\$)	500
Life expectancy at birth, total (years)	38
Population, total (millions)	11.7
Population growth (annual %)	1.6
School enrollment, primary (% net)	88.9
Surface area (sq. km) (thousands)	752.6

SOURCE: WORLD BANK

Z A M B I A

Zarina Geloo/CHISAMBA

Two years ago, widowed Lillian Mwaluka was able to feed and send to school her four children and two grandchildren from the piece of land she cultivated. This year, she is in the receiving line for relief food and two of her children have had to leave school as the family becomes more impoverished.

Mwaluka is now going into charcoal production. She forages in the bush

“He told us that the soil was finished. Then the floods came and then we really were finished.”

and has set up a makeshift kiln where she burns firewood to make the charcoal.

She wants to abandon farming. Her harvest, says Mwaluka, has been dwindling each year.

“I want to move from farming. The floods have taken everything from me, I have nothing left. I think for me there is no point in farming because my harvest is not even as good as it used to be. With charcoal, I don’t need anything - just strength to chop firewood. Perhaps I can get back on my feet selling charcoal, I am desperate.”

Like many in the Chisamba area, an agricultural block 280 km out of the capital city Lusaka, Mwaluka relies on rain for her crops. She has been hit hard by the flooding in the area in the last two rainy seasons during which she lost her crops in quick succession.

The soil is finished

Mwaluka used to harvest about 150 bags of 90 kg maize in one season - enough for her to sell and live on and still have seed for the next season. Her vegetable garden used to give her adequate food for daily use.

“I noticed that my cabbages were doing poorly. I was advised to put more fertiliser but it did not help. Then I noticed that my neighbour was also suffering with stunted maize and very weak crops. As an affected community, we called in someone from Lusaka to check what was happening. “He told us that the soil was finished. Then the floods came and then we were really finished.”

Throughout the area, stunted crops grow in sandy soil. The land, which once gave generously, yields less and less.

Mwaluka has some idea that her woes are linked to something she has heard on the radio: “We are told that things are changing, the weather is not what it used to be we have not been looking after the soils and nature.”

Mwaluka’s referring to the extensive discussions on World Environment Day, when Zambia’s Environment minister Kabinga Pande took the opportunity to refocus on the Millennium Development Goal (MDG) of ensuring environmental sustainability.

“We have not replenished the soils as we cultivate year in, year out; we have destroyed our forests and polluted the environment; weather patterns worldwide have changed, we

have not prepared for these changes and that is why we are suffering today,” Pande said.

Of the eight MDGs that Zambia and other countries are expected to achieve by the year 2015, the goal on sustainable environment has proved one of the most challenging and is the least likely to be achieved, according to the Zambian MDG task force which is tracking progress.

Within this goal are three targets:

- Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources;
- Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers

One of targets, to halve the proportion of people without sustainable access to safe drinking water by 2015, has shown improvement. Today, about 51 percent of Zambia’s 11.5 million population have access to safe drinking water - compared to 48 percent in 1992.

Slums

Improving the lives of slum-dwellers is a challenge. Minister of Local Government and Housing Sylvia Masebo said there is no available data yet on the extent of people living in compounds in Zambia. Nonetheless, the government is in the process of

trying to improve the compounds by demarcating land and providing water and electricity.

Masebo said Zambia was hampered in its quest to meet the target of improving the lives of slum dwellers because of the high cost of construction and limited state resources to allocate to infrastructure development or social services delivery.

“With most of our debt burden gone, we are expecting that soon we will have more resources to improve the conditions in the compounds and also get people engaged in income generating projects. It is in the pipeline and I think we should not despair,” said Masebo.

United Nations Development Programme (UNDP) resident representative Aeneas Chuma, whose organisation chairs the MDG task force, said recently that the MDG on sustainable environment faced many challenges. These included restoring the environment degraded through a loss of bio diversity, soil erosion, water pollution and poor disposal of solid waste. This was compounded by a lack of resources to deal with complex climatic changes.

But Chuma was hopeful that Zambia would show commitment and rise above the challenges -especially as it had the support of the co operating partners.

Zambia is ranked one of the poorest nations in the world with 80 percent of its population living on less than a dollar a day. The UNDP Human Development Index says analysis

reveals a link between Zambia's worsening economic situation and the current rate of environmental degradation. The poorest are almost exclusively reliant on the environment for the livelihood and tend to be the most affected by the state of natural resources.

Forest depletion

The country has a land mass of over 750,000 sq kilometers with about 60 percent being forest. However, forests are depleting at a rate of over one percent a year because both traditional and modern farming methods involve clearing large areas for farming, and settlement. People also cut down trees for firewood and charcoal, which is still the main source of energy

“What I am doing in my own small way to stop people from further harming the environment, should be replicated on a national scale.”

The Environmental Council of Zambia State of the Environment report says three million tons of topsoil is lost annually due to bad farming methods and the exclusive cultivation of a single crop on agricultural land and the indiscriminate use of fertilizers threatens soil fertility and contributes to acidification.

Chanda Chimambo, an environmental activist and farmer in the Chisamba area where Mwaluka lives, says one of the biggest problems that Zambia faces is environmental degradation. He is trying to convince people like Mwaluka to go into goat herding rather than depleting forests through charcoal making. He has bought ten goats to give to people affected by flooding and poor soils.

“What I am doing in my own small way to stop people from further harming the environment, should be replicated on a national scale. We need to start showing the people how to keep their lands fertile and also stopping further degradation at the same time give them a means of livelihood.”

Chimambo, who has worked in the waste management unit of the local council, said environmental pollution was another challenge as there is still no effective legislation against violations. A big mining company recently polluted one of Zambia's main rivers killing fish and creating a health hazard. The company was not prosecuted because there are no provisions for legal recourse.

Paralysis

Henry Malumo who heads the MDGs campaign in Zambia is disappointed in what he views as government's lack of leadership or political will in ensuring environmental sustainability. “Government has not allocated any money in the budget to redressing environmental degradation, protecting natural resources or grappling with the effects of climate change.”

He says the Environmental Impact Assessment (EIA), which should have been a legal instrument to safeguard the environment from hazardous development, remains a recommendation with no bite. In his opinion, this illustrates government's lack of seriousness in trying to achieve the MDG.

But Pande disagrees with him and while he will not comment on the fact that Zambia is unlikely to achieve the MDG target for sustainable environment, he maintains government is doing things systematically because sustainable environment is not tackled in isolation but is linked to poverty and development.

The minister said there had to be policies put in place before any implementation could be undertaken. As a way of addressing the problems of climate



Sharon Davis

change, the Ministry of Environment, with the support from the UNDP has developed the National Adaptation Programme for Action (NAPA).

The NAPA, which Pande will be presenting to cabinet for approval this September, will serve as a roadmap for Zambia to develop adaptation and mitigation strategies, tackle the impact of climate change, raise awareness on the need to adapt to changes in the climate.

Pande said there was “huge support” coming from the UNDP, which was working with other partners like the World Bank, the Netherlands government, Finnida, Norad, Danida and Africa Development Bank (AfDB).

This support includes those such as the partnership signed by the SNV Netherlands Development Organisation with the UNDP to strengthen civil society and advance progress towards achieving the MDGs by 2015.

The first agreement of the programme aimed at strengthening local actors in the MDGs and poverty reduction processes for 2005-2007. Under the Agreement, the Civil Society Organisations (CSO) Division, the Poverty Group at UNDP Headquarters, UNDP country offices, SNV and its regional MDG advisors worked together to involve local governments, civil society and the domestic business sector organisations in national MDG and poverty reduction processes. They also led efforts to bridge the gap between national plans and local

development priorities on the one hand, and capacities to achieve the MDGs on the other.

Jennifer Willis, the director of SNV in Lusaka, said Dutch support to environmental sustainability cut across all their support. For example, in the northwestern province SNV provided advisory services to the North Western Province Bee Keepers Association. This was in order to create markets and enhance access so that people found alternative means of livelihood which did not deplete forest resources.

Abdula Jallo, who is in charge of the policy unit of the UNDP, agrees that the UN organisation has taken on a big supporting role in helping the country achieve all the MDGs.

The UNDP has helped develop the National Environmental Policy that will increase the country's capacity to protect the environment and support sustainable development.

In the rural town of Kasama, in the north of Zambia, the UNDP funded a youth project to provide training, production, research and development of sustainable agricultural practices. The project was adapted from Benin's Songhai Centre Model.

But while the policy groundwork has been done it is now up to government to begin implementation.

For rural Zambians like Lillian Mwaluka, implementation might just restore the dignity, hope and sustenance that grow from the soil.

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THE

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TEAM

ENSURING CARE FOR ALL MOTHERS

Lan Anh Nguyen/HANOI

It's probably never been better to be a newly born baby in Vietnam. Today, nutrition for mothers and food for babies is easily found in shops and supermarkets; the urban population is getting richer and there is increasing access to better healthcare services. But that's mainly true for mothers and babies in the cities. A mother-to-be from a poor household in a mountainous village in Cao Bang faces an uphill battle to bring her child into the world.

Vietnam has been one of the most successful development stories over the last few years, scoring high in every development category, from poverty eradication, to primary education promotion and maternal mortality ratio reduction.

The World Bank named Vietnam one of the best performing developing economies and



has noted it could reach most Millennium Development Goals. "On average, performance can be very good," said Lisa Studdert, the Head of Health Unit at Asian Development Bank in Vietnam. "But there are many provinces which will not achieve MDGs. There are lots of people being left behind."

A recent study by the Ministry of Health showed an estimated national maternal mortality rate of 165 for 100,000 live births.

According to Duong van Dat, National Programme Officer of the United Nations Population Fund (UNFPA) Reproductive Health programme, the figure is even higher in the mountainous and remote regions where ethnic minorities reside. For instance, in Cao Bang, a northern mountainous province, it's 411 maternal deaths per 100 live births.

"This average rate means there are 5 to 7 deaths of mothers every day," said Dat. "And the situation is much worse in the remote areas, where there is a lack of access and utilisation of essential obstetric services."

Dat cited the lack of access to healthcare services, excessive physical work together with poor diet which contributes to poor maternal health, obstetric problems and negative maternal outcome. The low socio-economic status of girls and women, especially in the remote and rural areas, is a fundamental determinant of maternal mortality, he said.

There are more than 50 ethnic minorities in Vietnam - about 13.7 percent of the total population and many are located in remote regions.

The most comprehensive action on maternal health so far has been the National Strategy on Reproductive Healthcare from 2001-2010 by the Ministry of Health, which was built with the technical support and funding from UNFPA, international organisations and foreign governments, such as ADB, Sweden

VIETNAM



External debt (% of GNI)	37.7
GDP (current US\$) (billions)	52.4
GNI per capita, Atlas method (current US\$)	620
Life expectancy at birth, total (years)	71
Population, total (millions)	83.1
Population growth (annual %)	1.2
School enrollment, primary (% net)	87.7
Surface area (sq. km) (thousands)	329.3

SOURCE: WORLD BANK

and the Netherlands. Within this strategy, Vietnam's Ministry of Health and UNFPA has been working on Safe Motherhood, a programme that specifically aims to reduce maternal mortality and disease and infant mortality ratio. The programme aims to reduce the maternal mortality ratio to 70/100,000 from 165/100,000.

"We will enhance obstetrics emergency aids at the community level, and make sure that district hospitals can provide obstetrics surgeries or blood transfusion, if that's required," Dat said.

NGOs play a critical role. Pathfinder International assists the Vietnamese government in increasing access to high quality reproductive health and family planning services, with a special emphasis on underserved populations.

Dr Ton van der Velden, an aid worker with Pathfinder International, said the biggest challenge is increasing local knowledge. "Aside from that is transportation to the healthcare centers, which need cost support, and basic aid techniques."

NGO programmes can reach remote areas where government can't be active, "but they are very expensive," says Dat.

"It's hard to measure the outcome after two years of the [Safe Motherhood] programme," said Dat. "At UNFPA, we focus on helping the government forming policies that would bring most positive impact. We focus on building government's capacity, and then we let them manage the money."

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