

**REPORT OF THE ZIMBABWE CIVIL SOCIETY MILLENNIUM DEVELOPMENT GOALS  
CAMPAIGN (MDGs) WORKSHOP  
7-8 JULY 2004, THE SHERATON HOTEL, HARARE**

*"Towards A Zimbabwe Civil Society Millennium Development Goals Campaign "*



ZERO Regional Environment Organisation  
158 Fife Ave, Greenwood Park  
P.O. Box 5338, Harare  
Zimbabwe  
Tel/Fax: ++263 4 791333/700030/720405  
E-Mail: [info@zero.org.zw](mailto:info@zero.org.zw)  
[www.zero.org.zw](http://www.zero.org.zw)

Facilitators: Roger Mpande/Rejoice Ngwenya  
Rapporteur: Simomo Mubi

## TABLE OF CONTENTS

<b>ACRONYMS.....</b>	<b>3</b>
<b>MDGS WORKSHOP PROGRAMME.....</b>	<b>4</b>
<b>OVERVIEW .....</b>	<b>7</b>
<b>GROUND RULES, PROGRAMME OUTLINE AND INTRODUCTIONS .....</b>	<b>10</b>
<b>WELCOME REMARKS.....</b>	<b>10</b>
<b>KEYNOTE ADDRESS - OVERVIEW OF MDGS AND MILLENNIUM .....</b>	<b>11</b>
<b>CAMPAIGN - THE ROLES OF UN AGENCIES .....</b>	<b>11</b>
<b>STATUS OF MDG PROCESS IN ZIMBABWE.....</b>	<b>12</b>
<b>CHALLENGES TO COSTING AND FINANCING THE ZIMBABWE MDGS .....</b>	<b>12</b>
<b>THE MILLENNIUM CAMPAIGN .....</b>	<b>14</b>
<b>VIDEO SHOW.....</b>	<b>16</b>
<b>QUESTIONS FROM THE DISCUSSANTS AND PARTICIPANTS .....</b>	<b>17</b>
<b>MDG PRESENTATION PROLOGUE .....</b>	<b>18</b>
<b>GETTING STARTED ON MDG BUSINESS.....</b>	<b>22</b>
<b>GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER .....</b>	<b>22</b>
<b>GOAL 2 : ACHIEVE UNIVERSAL PRIMARY EDUCATION.....</b>	<b>26</b>
<b>GOAL 3 : PROMOTE GENDER EQUALITY AND EMPOWER WOMEN.....</b>	<b>27</b>
<b>GOALS 4 &amp; 5 : REDUCE CHILD MORTALITY AND IMPROVE MATERNAL.....</b>	<b>28</b>
<b>HEALTH.....</b>	<b>28</b>
<b>GOAL 6 : COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES.....</b>	<b>28</b>
<b>GOAL 7 : ENSURE ENVIRONMENTAL SUSTAINABILITY .....</b>	<b>29</b>
<b>GOAL 8 : DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT .....</b>	<b>29</b>
<b>REACTION AND COMMENTS.....</b>	<b>30</b>
<b>VOTE OF THANKS .....</b>	<b>31</b>
<b>NOMINATION OF TASK FORCE .....</b>	<b>32</b>
<b>SHORT OVERVIEW OF PREVIOUS DAY .....</b>	<b>33</b>
<b>PRESENTATION OF FRAMEWORK FOR CAMPAIGN.....</b>	<b>34</b>
<b>DISCUSSIONS, ADDITIONS, SUBTRACTIONS - PLAN OF ACTION.....</b>	<b>35</b>
<b>SUMMARY BY FACILITATORS.....</b>	<b>36</b>
<b>CLOSING.....</b>	<b>37</b>
<b>APPENDICES.....</b>	<b>38</b>

## Acronyms

ARVs	-	Anti-Retrovirals
CAMFED	-	Campaign for Female Education Organisation
CCJP	-	Catholic Commission for Justice and Peace
CZI	-	Confederation of Zimbabwe Industries
DA	-	District Administrator
ELF	-	Environmental Liaison Forum
FAMWZ	-	Federation of African Media Women Zimbabwe
GFTC	-	Glen Forest Training Centre
HIPC	-	Heavily Indebted Poor Countries
IDS	-	Institute of Development Studies
IKS	-	Indigenous Knowledge Systems
ITDG	-	Intermediate Technology Development Group
IUCN-ROSA	-	International Union for the Conservation of Nature - Regional Office for Southern Africa
MDGs	-	Millennium Development Goals
MWENGO	-	Mweleko wa NGO
NANGO	-	National Association of Non-Governmental Organisations
NEPAD	-	New Partnership for Africa's Development
NGOs	-	Non-Governmental Organisations
ORAP	-	Organisation of Rural Associations for Progress
PMTCT	-	Parent Mother to Child Transmission
POSA	-	Public Order and Security Bill
RDC	-	Rural District Council
SADC	-	Southern Africa Development Community
SAFAIDS	-	Southern African HIV/AIDS Information Dissemination Centre
SIRDC	-	Scientific and Industrial Research Development Centre
TDS	-	Technology Development Services, Africa
UN	-	United Nations
UNAIDS	-	United Nations Joint Programme on HIV & AIDS
UNDP	-	United Nations Development Programme
UNICEF	-	United Nations Children's Fund
UNIFEM	-	United Nations Development Fund for Women
UNFPA	-	United Nations Fund For Population Activities
WAG	-	Women's Action Group
WASN	-	Women and Aids Support Network
WFP	-	World Food Programme
WHO	-	World Health Organisation
WSSD	-	World Summit on Sustainable Development
ZIMCBONET	-	Zimbabwe Community Based Organisation Network
ZIMCODD	-	Zimbabwe Coalition on Debt and Development
ZIMTA	-	Zimbabwe Teachers' Association
ZOIC	-	Zimbabwe Opportunities Industrialisation Centre

**ZIMBABWE CIVIL SOCIETY MILLENNIUM DEVELOPMENT GOALS CAMPAIGN  
MDGs WORKSHOP PROGRAMME**

SESSION ONE

DAY ONE : 7 JULY 2004

08.30 - 09.00	Registration	
09.00 - 09.15	Ground Rules, Programme Outline and Introductions	<b>Roger Mpande</b> Facilitator
09.15 - 09.30	Opening – Welcome, Background and Objectives	<b>Sam Moyo</b> Chair - ZERO
09.30 - 09.45	Keynote Address –Overview of MDGs and Millennium Campaign – The Role of UN Agencies	<b>Bernard Mokam</b> UNDP
09.45-10.00	Status of MDG Process in Zimbabwe	<b>Leonard Turugari</b> Ministry of Labour and Social Welfare
10.00-10.15	Challenges to Costing and Financing the Zimbabwe MDGs	<b>Jesimen Chipika</b> UNDP <b>Udo Etukudo</b> UNDP
10.15 -10.30	The Millennium Campaign	<b>Salil Shetty</b> Director Millennium Campaign, United Nations
<b>10.30 -11.00</b>	<b>TEA</b>	
11.00 -11.30	Video Viewing - Q & A	<b>Oliver Ngwenya</b>
11.30 -13.00	<b>GETTING STARTED ON MDG BUSINESS</b> <b>Goal 1: Eradicate Extreme Poverty and Hunger</b>	<b>Presenter:</b> Judith Kaulem IDS/Poverty Reduction Forum <b>Discussants:</b> Joy Madenge ZIMCODD Arthur Mazhambe Midlands Chamber of Industries Julia Tagwireyi SIRDC Ebby Dengu TDS
	<b>Goal 2: Achieve Universal Primary Education</b>	<b>Presenter:</b> Judith Kumire CAMFED <b>Discussants:</b> Overson Shumba UZ Department of Teacher Education John Chitekuteku GFTC
	<b>Goal 3: Promote Gender Equality and Empower Women</b>	<b>Presenter:</b> Tsitsi Masvaure Shape Zimbabwe <b>Discussants:</b> Anna Penduka WASN Betty Makoni Girl Child Network
<b>13.00 - 14.00</b>	<b>LUNCH</b>	

14.00 - 15.30	<i>GETTING STARTED WITH MDGs</i>  <b>Goals 4,5,6: Reduce Child Mortality; Improve Maternal Health; Combat HIV/AIDS, Malaria and Other Diseases</b>	<u>Presenter:</u> <b>Edna Masiyiwa</b> (Goal 4& 5) <b>Women's Action Group</b> <b>Mercy Hatendi</b> (Goal 6) <b>World Vision</b> <u>Discussants:</u> <b>Amon Mpofu</b> <b>National Aids Council</b> <b>Lois Lunga</b> <b>SAFAIDS</b>
	<b>Goal 7: Ensure Environmental Sustainability</b>	<u>Presenter:</u> <b>James Murombedzi –IUCN-ROSA</b> <u>Discussants:</u> <b>Irene Sharp</b> <b>ELF</b> <b>Lazarus Zanamwe</b> <b>University of Zimbabwe - Geography Depart.</b>
	<b>Goal 8: Develop a Global Partnership for Development</b>	<u>Presenter:</u> <b>Thomas Deve –MWENGO</b> <u>Discussants:</u> <b>David Malungisa</b> <b>ZIMCODD/Social Forum</b> <b>Alex Mugova</b> <b>ITDG</b> <b>Barry Thornton</b> <b>CZI Environment Committee</b>
<b>15.30-16.00</b>	<b>TEA</b>	
16.00-17.00	Plenary Discussion	
17.00-17.15	<b>Way Forward for Zimbabwe Millennium Campaign</b>  Reactions and Comments	Tanyaradzwa Furusa <b>ZERO</b> Tendayi Jiri <b>ZIMCBONET</b>
17.15-17.30	<b>Nominations for Task Force</b>	Roger Mpande      Facilitator
17.30-17.45	<b>Vote of Thanks</b>	

SESSION TWO

**D A Y T W O : 8 J U L Y 2 0 0 4**

08.30 - 09.30	Short Overview of previous day	Roger Mpande - Facilitator
09.30 -10.00	Presentation of Framework for Campaign	Preparatory Task Force
10.00 - 10.15	Monitoring and Evaluation – The Sustainability Watch Model Q & A	<b>Rudo Makunike - ZERO</b>
<b>10.15-10.30</b>	<b>TEA</b>	
10.30-11.00	<b>Discussions, additions, subtractions – Plan of Action</b>	GROUP
11.00-11.15	<b>Vote of Thanks</b>	

## Overview

At the Millennium Summit in September 2000, member states of the United Nations reaffirmed their commitment to working towards a world in which eliminating poverty and sustaining development would have the highest priority. The Millennium Development Goals, which grew out of the agreements and resolutions of world conferences organised by the United Nations in the past decade, have been commonly accepted as a framework for measuring development progress.

However, the Millennium Declaration's promise to ensure that "globalization becomes a positive force for all the world's people" remains unfulfilled.

**The declaration listed eight *Millennium Development Goals (MDGs)* that would combat hunger and poverty and improve education, health, the status of women, and the environment by the year 2015.**

The Millennium Development Goals are based on the premise that economic growth alone will not rescue the world from the poverty that entraps more than one billion people. The goals focus the efforts of the world community on achieving significant, measurable improvements in people's lives. They establish yardsticks for measuring results, not just for developing countries but for the rich countries that help to fund development programmes and for the multilateral institutions that assist countries implement them.

The Government of Zimbabwe has made some progress on the National MDGs report. The launch of the Zimbabwe MDG Progress Report is planned soon. The meaning of the MDGs for Zimbabwe is the creation of benchmarks to guide the country in terms of achieving an enabling environment for economic recovery and growth supported by social safety nets.

Civil society has in the past attempted to translate some of the international development commitments by analysing the WSSD outcomes, NEPAD and MDGs in an integrative manner towards achieving sustainable development. Civil society plays a critical role in shaping and implementing participatory sustainable development. However, support to mobilize civil society networks in areas of community participation needs to be broadened.

The Millennium Development Goals Campaign's explicit objective is to encourage and facilitate "we, the people" to hold their governments and other key actors accountable for their promises in the Millennium Declaration and the Millennium Goals. Determined to galvanize support for, and stimulate public debate on, the Millennium Goals in the North and South, the Campaign advocates at both the global and national levels to hold governments and other key actors accountable to the Millennium Goals. National campaigns will form the backbone of the international campaign. The nationalised approach also allows for the goals and their strategies to be defined and adapted to local contexts.

In developing countries, the focus is on the rights of poor people to realise the Goals:

Are the appropriate policies in place?

Are institutions responsive to the legitimate aspirations of poor and marginalised people?

Is there adequate public accountability and transparency in budgeting processes?

It has been clear from the outset that the credibility of the global Campaign hinges on creating pressure for the achievement of Goal 8 by the rich countries.

The Campaign provides the opportunity to hold governments accountable to the Millennium pledge whilst building the political will for the achievement of the goals. The Millennium Development Goals Campaign offers the opportunity for civil society organisations to engage meaningfully with the United Nations and strengthen multilateralism.

This campaign is being driven at the international level by the United Nations. At the SADC level MWENGO is the sub regional lead agency for civil society. In Zimbabwe, ZERO is the lead agency

mandated to organise a workshop to introduce the *Zimbabwe Civil Society Millennium Development Goals Campaign*. Various stakeholders who constitute the Preparatory Task Force support ZERO. This coming together of ordinary people to speak, share experiences and information gives the Preparatory Task Force (see member list in Acknowledgements) an opportunity to contribute to participatory development and will lay the base for a grassroots 'down-up' trend in sustainable development, sensitive to the plight of the affected and often "supposed" beneficiary of sustainable development.

### **The Workshop**

In the light of the above analysis, from 7-8 July 2004, ZERO Regional Environment Organisation hosted a workshop in Jacaranda 2, Sheraton Hotel, Harare. The workshop brought together multi-stakeholder civil society organisations, academia, artists, technocrats, representatives of the United Nations, government and development agencies to engage in dialogue and discuss vital issues regarding the Millennium Development Goals Campaign and more, specifically, the *Millennium Civil Society Development Goals Campaign* for Zimbabwe.

### **The Goal**

The goal of the "Zimbabwe Civil Society MDG Campaign" workshop was to raise awareness on the Millennium Development Goals and provide a platform for civil society organisations to organise themselves to implement civil society national actions whilst holding government accountable.

### **The Objectives**

- (a) Update civil society organisations about the importance of the different dimensions of development included in the 8 goals, 18 targets and over 40 different indicators that constitute the MDGs.
- (b) Examine the role of civil society organisations in the implementation and monitoring of MDGs.
- (c) Design a *Zimbabwe Civil Society Millennium Development Goals Campaign* framework.

### **Expected Outcomes**

It is expected that the one and a half-day workshop will yield the following outcomes:

- Raised or/and increased awareness on MDGs and the Millennium Development Goals Campaign.
- Increased visibility and meaning of MDGs.
- Increased consideration and analysis around challenges and concerns.
- Clearer understanding of the role of civil society in the implementation and monitoring of Millennium Development Campaign goals.
- A framework for a longer-term campaign seeking more conducive sustainable development arrangements.
- Built and strengthened national, regional and global alliances.

### **Target participants**

In order to reap maximum benefits from this meeting, the following categories of invitees were targeted: Multi-stakeholder civil society organisations, academia, artists, media, government, private sector, development agencies and technocrats. The selection for participation to this workshop was completed through broader consultation with the Preparatory Task Force. A pre-requisite to participation was the willingness to report back to broader constituencies.

### **Workshop Structure**

The workshop was held over one and a half days, and was divided into two sessions as follows:

**Session One (Day 1)**

Day one comprised a larger group. This session was predominantly quantitative and qualitative goal related presentations, including the screening of a video, which set the platform for discussion and reactions. This session identified the priorities, culminating in a healthy debate and crafting the way forward in terms of developing a longer-term MDG campaign. A smaller group was nominated to take the process further.

**Session two (Day 2)**

Day two comprised a smaller task force of 45. The main purpose of the task force was to concretise the Zimbabwe Civil Society MDG Campaign and to develop an action plan.

**Day One**  
**7 July 2004**

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**GROUND RULES, PROGRAMME OUTLINE AND INTRODUCTIONS**

*Roger Mpande - Facilitator*

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Roger Mpande welcomed the participants to the Zimbabwe Civil Society Millennium Development Goals Campaign workshop.

He briefed participants on how time would be allocated during the first working day and emphasised that the meeting was an awareness workshop for Civil Society on the Millennium Development Goals (MDGs) and the campaign. The working plan was to cover all discussions by the end of Day 1 to enable the summary at start of Day 2 which would keep those who had not attended to be up to speed on the proceedings.

Mpande took the opportunity to introduce Mr Udo Etukudo (UNDP), responsible for the MDG process; Professor Sam Moyo, Chair of ZERO; Mr Salil Shetty, Director Millennium Development Goals Campaign, United Nations; and Dr Jesimen Chipika (UNDP), spearheading MDG process.

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**WELCOME REMARKS**

*Professor Moyo*

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Professor Sam Moyo thanked Mpande for the introductions, welcomed and introduced Salil Shetty - Director of the Millennium Campaign UN; Bernard Mokam, Deputy Resident Director of the UNDP; and most importantly the various stakeholders, NGOs, private sector and academics, who he thanked for taking time to attend the workshop.

He described the purpose of workshop as a kick-start to the wider MDG campaign process and to raise awareness to enable civil society to promote implementation of these goals. He stated that he would not remind participants that the 8 goals although covering different areas were very critical to the whole development process in Zimbabwe. Development has been difficult during the last four years especially for the poor with the health and social security systems declining, exacerbated by the HIV/AIDS pandemic. It was important for all to have a look at the market and see how it could be modified and expanded to assist people gain monetary advantage.

Professor Moyo told the participants that Salil Shetty would give in-depth information on the campaign. He emphasised that all should support and work towards these goals and that it is the responsibility of civil society to hold government accountable for the implementation of these MDGs. One particular critical element was to establish the rights of poor through realisation of these goals. He stressed that it was very critical to build institutions and policies, that the state and civil society support the implementation of these goals and that accountability and transparency were of paramount importance.

He expressed his happiness at the expansion of civil society in the last 15 years in areas that would be instrumental in the realisation of these goals. He said that there had been an expansion of civil society and a growth of a degree of specialisation; hence there was a possibility of seriously addressing poverty issues. However he said there was some contradiction and duplication among civil society and there was a need to create coherence among civil society and NGOs. Noting that civil society to date is not well connected; he suggested that interaction be expanded.

Professor Moyo continued by saying that the gathering was important, as it was a process where civil society would play a role according to the aspirations of the poor. He noted that the development process in Zimbabwe was similar and issues of poverty were alike. The challenge was to achieve an enabling environment and that the concept of development should sustain the livelihoods of the poor. To mitigate the HIV pandemic, issues of social security had to be expanded. The campaign process integral to the MDGs was to galvanize support and to hold civil society accountable on the implementation of the goals. It was critical to establish the rights of the poor, to build institutions and policies that support the poor.

Professor Moyo said he was proud to congratulate ZERO on the important strides that it had made regarding its involvement in sustainable development during 20 years of its existence. He said that ZERO's organizational objectives would enable it to translate MDGs into organs of development. He hoped that the MDG process would reinforce focus. He said that a task force was behind this process and that the preparatory process was a good start.

In conclusion he thanked ZERO, MWENGO, the Task Force and the UN for assisting with the hosting of this initial MDG workshop, which would go a long way towards raising awareness of the broader stakeholdership on the MDGs.

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## **KEYNOTE ADDRESS - OVERVIEW OF MDGs AND MILLENNIUM CAMPAIGN - THE ROLES OF UN AGENCIES**

*Bernard Mokam, Deputy Resident Director UN*

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Mr Mokam opened his keynote address by describing the workshop as a sign of work in development, an indication of where civil society wanted to go to meet the vision based on the MDGs as enunciated in the UN Declaration of 2002.

Although the MDGs were simple to articulate, they were a powerful idea and had come about as a result of the UN's obligation to ensure the welfare of the poor, he told participants. Donors and development industry were re-aligning support around the MDGs and that these goals were now a framework in development. He said that the ordinary people in the street could relate to these goals in a tangible way as the issues raised impacted on their daily lives.

However, he stated for the realisation of the MDGs the following challenges must be overcome:

By 2005 all UN member countries must have produced one progress report and thereafter every five years a major report.

In order for MDGs to be attained, a conducive political environment should pertain including good governance and accountability would have to be created.

Financing MDGs, national fiscus reforms focusing on people and in addition the introduction of policy reforms at international level i.e. debt relief.

Effective leadership to work with MDGs framework. Everyone to be included in the MDGs effort and the message of the campaign should be readily understood and preferably in the vernacular.

On monitoring, Mr. Mokam told the gathering that the MDGs were the most effective monitoring tool, and encouraged all countries to measure national progress against these goals. Targets, which countries must achieve, will assist in guiding implementation and actions. Hence targets and monitoring become extremely critical.

*For full transcript see Appendix 1*

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## **STATUS OF MDG PROCESS IN ZIMBABWE**

*Deputy Director of Policy & Special Programmes, Department of Social Services  
Ministry of Public Service, Labour and Social Welfare*

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Leonard Turugari informed the workshop that the Ministry of Public Service, Labour and Social Welfare was the lead ministry on the MDGs and that the monitoring and reporting on MDGs was the responsibility of his ministry. He raised the question on how far the various stages of the MDGs had been implemented in Zimbabwe.

He confirmed that Government had signed the UN Declaration in 2002 covering the goals highlighted by Bernard Mokam and these goals were to be achieved by 2015.

In order to ensure effective monitoring the UN has requested countries to submit at least one progress report by 2005. He advised that the Zimbabwe Government had a monitoring and reporting structure slide, which included three civic groups and NANGO.

Of main importance was how far we have gone?

A Thematic Group had been formed, including responsible line ministries, civic groups and the UNDP

-Health

-Education

-Agricultural Gender

-Agriculture and Sustainable Development

-Development and Global Partnership

-HIV/AIDS

-Gender

To date these groups have held two retreats and several meetings to assess progress made.

He advised that Dr Jesimen Chipika from the UNDP would elaborate on costing of these MDGs.

The final report approved by Government in May 2004 was with the printers. Once received the report would be launched at a function involving all stakeholders, depending on budgetary considerations. Presently he advised he was still not sure of where or when the launch would take place. He also advised that dissemination workshops on the MDGs would be held in all Zimbabwe's provinces.

He suggested that each sector and all stakeholders come up with means of implementing the goals utilising the agreed plans of action. Although mainstreaming of some MDGs was ongoing he advised that there should be a progress report every two years.

*For full transcript see Appendix 2*

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## **CHALLENGES TO COSTING AND FINANCING THE ZIMBABWE MDGS**

*Udo Etukudo /Jesimen Chipika*

*United Nations Development Programme (UNDP)*

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Udo Etukudo stated that costing was important worldwide since the MDGs launch four years ago with the following four key questions being debated:

Is progress on MDGs on track?

Are the poor benefiting from the economic achievements?

Are the MDGs affordable with relevance to developing countries?

Who is responsible for delivering the MDGs?

He hoped that his presentations would touch on the first two points.

He said that the workshop signalled a real transformation, a shared vision based on MDGs. It was globalisation driven by the poor. However, this globalisation was electric. Most Civil Society organizations have re-aligned their position to make a change. He said the MDGs involve the G 8, NEPAD refocus to enumerate 8 Goals that frame an operational and accountability network. MDGs made development local but challenges universal. A drive for development had to translate into accurate action. All UN countries have targeted 2005 to produce progress reports, thereafter to produce a report every two years with the support of the UN. Success of MDGs is, however, dependent on good governance, the securing of adequate finance, the focus of national policy on the needs of the poor, a stable operating environment, regulated capacity and investment attention.

He said that the nation has to be mobilized around MDGs and to promote a sector for the poor to translate and participate in local terms. The roles of different sectors have to be identified and the UNDP becomes the scorekeeper. Implicit to this success is the resuscitation of national resources, private sector growth and CSO advocates.

On the question of mechanisms to be used to monitor progress, Etukudo said it was important to check where we were, set this within the context of respective nations and attempt to cost the dollar.

He explained that costing was his passion and it was critical to assess the interrelationship between affordable and deliverable goals. He said that in some countries there was a need to add to existing capacity, i.e. idle capacity

If a country was operating at its full economic capacity how much would the cost of implementing the goals be? Implicit in this calculation, there would be regional and urban differences. It was important to consider quality particularly in sectors such as education. Bringing more children into the education system will affect the teacher /pupil ratio and hence additional resources will be required.

He said that savings could be made in certain MDGs such as water environment, health and maternal mortality as good water helps several goals whereas HIV/AIDS treatment requires heavier costs.

He advocated for the mobilization of domestic resources for development. Based on statistics and research he emphasised that MDGs were affordable adding that the key criterion was income. Is the economy growing sufficiently to mobilize resources and reduce inflation? In answer, he said that governments needed to raise taxes to enable them to meet their social obligations. Etukudo said that there was no trickle down effect of funds as households were unlikely to undertake additional expenditure. He called on governments to form partnerships with the UN.

He said that a methodology of costing had to be put in place. He explained said that MDGs were initiated in 1990 and they should reflect cost until 2015. He said that this was, however, dependent on individual country indicators. A critical factor in costing was important to define unit costs. For instance, if there was 70 percent enrolment at primary school how would the remaining 30 percent be costed? i.e. do we have enough or sufficient classrooms to comply with this goal? Such costing projections would be based on inputs. He said that the best methodology was to use average or incremental costs and recurrent and capital expenditure. However, he said that some recurrent expenditure was capital in nature. Taking this into account it was important to avoid DOUBLE COUNTING, particularly with regard to water costs. The

correlation between water and the environment remained critical. He said that there existed inter-sectoral linkages.

### ***Jesimen Chipika***

Jesimen Chipika picked up from where Etukudo left off. In her presentation, she outlined various methods of raising money such as:

Economic growth - positive GDP growth being sustainable until 2015 was needed.

Grants - nations must maximise especially social sector. Use grant monies in social sector.

External borrowings – low interest loans, non-concessional loans – watch level of indebtedness so that it does not retard growth.

Domestic borrowings – don't over borrow from banks as this would crowd out private sector.

Responsibility – our national agenda – emphasis that each nation must work on this.

As leaders have signed agreeing to the UN Declaration 2002, so at global level the UN is tracking progress on how nations and communities are delivering the MDGs.

In the Zimbabwean context economic growth is critical for the achievement of MDGs. She said that the challenge was to first make economic growth positive and then to sustain it to 2015. In this way Government would be guaranteed a broader tax base. The national budget would then be restructured ensuring an efficient system of delivering social resources. She said that grants were good for the social sector and international money for generating concessional loans.

She warned against domestic borrowing stating that interest charges were prohibitive and that it was cheaper to source funds from international agencies such as the UN.

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## **THE MILLENIUM CAMPAIGN**

### ***Salil Shetty***

***Director - Millennium Development Goals Campaign, United Nations***

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Salil Shetty began his presentation by taking participants back to September 2000 - "the Millennium Summit", when 189 world leaders met in New York (the largest meeting ever held in the world) which he described as a momentous occasion. It was a paradoxical situation after the declaration of Human Rights, it became the most powerful declaration the world has ever made and it was important for humanity. At this meeting the goals were derived from the Declaration and it had been suggested that this declaration was the second most important document to come out of the UN after the Human Rights Declaration.

Shetty used a battery of statistics to back up his argument. For example, 120 million children are out of school, 30 000 dying every day and 40 million have HIV. Poverty is the biggest challenge facing humanity, poverty THAT SIGNALLED DEPRIVATION AND EQUALITY. He said that it was imperative to find a solution as poverty caused the erosion of human dignity. Solutions are needed by all and these come in the form of the MDGs.

Rich countries are faced with humanity problems i.e. poverty, deprivation, inequality. The roles of the poor and rich countries differ. Six people in the world have more money than 600 million people. He said that there was a growing worldwide inequality in the 90s that reversed developmental gains of the 70s and 80s. He said that the goals have taken us backward, the declaration forward.

He said leaders were famous for signing. He recounted the true story of a leader who signed the same protocol three times. He said not many of them knew what they were signing for.

He assessed the role of the poor and that of the rich. His conclusion was that aid was not an end in itself. He said what was important about MDGs is that they held to account a specific set of outcomes. The MDGs targeted a specific time frame. They represent a different ball game, he said adding it was not just a question of economics, but morality.

He confirmed that the MDGs were quantifiable goals and was happy to see a number of women organisations at the workshop. He said that the goals were achievable and many countries in the South will reach the goals by 2015. At the end of the day, he said that the goals were not technical but in essence political. Do we have the political will to achieve them?

He said that progress had been possible during the last 10-15 years in many countries within southern Africa. When the goals were signed in September 2000 the UN felt targets should be higher and should not only aim at half the population. He said that the MDG was a unique structure within the UN trying to put pressure on member states to live up to their commitment on delivering development. He said the Human Charter of UN was very clear that - *firstly, people must wish for these goals.*

He stressed that achieving these goals cannot be carried out on a business as usual basis as at present. Failure to change would result in sub-Saharan Africa only achieving these goals in 2147. He emphasised the importance of immediate action and not only to dwell on discussions, as the participants were probably not experiencing hunger themselves.

He said in 2000, he had been critical of the goals as he thought that their compromise was too low. He had since changed his stance. He said that global discourse had gone off development and campaigns mandating Security Council to focus on security and the terrorist threat.

He said for the goals to be attained what was needed was community and grassroots connection. Media awareness was essential. Of greater importance was the linkage between policy formulation and implementation.

He said that the MDGs are clear in their intent on operationalising development located within a human rights framework. He said it was possible to break down the goals to national targets.

What does the campaign mean in Zimbabwe? Focusing on what you are doing. Remember Government has made commitments already. This campaign gives everyone a chance to come together and work together. New faces and new people are needed; the public sector needs to be included. He said that no other campaign has been quite like this MDG campaign as it gives space to different actors to come together. The world had agreed that there are 8 Goals that we can now focus on and these goals would not have been achieved without a people's struggle. He said they were an articulation of mankind's deliberation.

Shetty said the MDGs campaign must be defined to connect the dots. He said that they held a promise, commitment and an additional hook into the global arena.

Although most people felt these goals were too simple. People were cynical and were bound to say it's the same thing, just going by a different name. Participants were reminded that they had been involved in the MDGs for a long time and wouldn't be where they are without assistance and that if it were business as usual, there would be no change.

The rich are critical for the success of this campaign because without a partnership for development, AID, debt relief, trade and technology transfer, there is a long way to go. Rich countries are concerned with

debt, aid and technology but had not yet delivered on these promises. He continued by empathetically stating that the United States of America was central to this campaign.

He explained that there were different campaigns that had mushroomed internationally and gave the following examples of how other countries were implementing the campaign.

### **ITALY**

Italy had linked its campaign with a peace movement to focus on the MDGs and had created eight arches. In October 2003, 300 000 people held a march based on these goals. It was a very visual campaign with 8 arches created for each goal. As a result a parliamentary committee on MDGs was formed.

### **IRELAND**

Ireland had employed a different tactic, which said to the developed world "Keep your Word". As Ireland is holding the EU presidency election, Sonny Bono from pop band U2 handed the MDG petition to the Prime Minister to take to the G8 Summit.

### **SPAIN**

Used the Barcelona forum and many interested people active in development issues were now in the Spanish government and had committed 0.7 % of GDP to AID. A success story.

### **SOUTH CAMPAIGN**

Shetty said that in the South issues were different and the thrust was to make poverty subject to national debt relief, which would engage poor people. He said that these people's movements were holding national governments to account.

They are making it a public debate. Questions asked being - Can poor people be involved in decision-making, and how do we hold stakeholders accountable?

### **EL SAVADOR**

The campaign was called "BROKEN PROMISES". For instance, education was illustrated with a broken pencil while hunger was with a broken plate. Further on the broken promise campaigns included a series of party debates and national strategies. The final three presidency candidates will hold a public debate on how they will bring about the realisation of the MDGs.

### **PHILIPPINES**

The primary instrument was budget tracking. How much money allocated for poverty reduction was actually reaching the people. Looking at the local level.

He said that what was clear was the emergence of different slogans for different demands. Italy focused on AID volumes while Germany concentrated on agricultural subsidies.

In the United Kingdom, the slogan was "YOU PROMISED". At G8 and the issues were of trade. A very vivid campaign instrument utilized is a parking meter, which on a daily basis received more than the average poor person. He said that the various campaigns would look different according to priorities. He said that there had been a proposal for the world's leaders to use white armbands. However, he said that there existed an aspect of linkages and synergies in the campaigns.

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### **VIDEO SHOW**

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Mpande invited participants to comment on the video, which was work in progress and asked for suggestions to improve its content.

Points raised on the video show were:

Generally good, however it should include local community initiatives. When development is captured, particularly success stories, it encourages people to do better.

- Introduce goals and give initiatives. Show what has been done and what still needs to be done instead of highlighting only the bad.
- For MDGs to be effective media to be included at the very beginning.
- Media and drama groups, etc., to be incorporated into the video.
- Correlation needed between footage and narration.
- The video showed the perfect example of women empowerment.
- To draw attention to MDGs and not to always wait for government to act. What has your organisation done?
- Footage needed and presenter to narrate on each issue i.e. when a topic or shot is being presented.

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## QUESTIONS FROM THE DISCUSSANTS AND PARTICIPANTS

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### *Question to Salil Shetty*

Shetty was asked if he was serious about the intent of the MDGs why had he not set up office in the most poverty affected countries such as Africa or India. Are the MDGs replacing other initiatives already in existence?

### *Answer*

Shetty responded by saying staying in a village would not further the cause of the MDGs. Instead the central question to be asked would be: Is government being held accountable? On localising of MDGs, many countries are experiencing problems at the lower level, i.e. municipal and local authorities. He said that MDGs were doable and that it was important to define to people at the local level what was theirs. He said that the communities were the front levels of delivery. He said that transformation was based on hope.

It was imperative to develop a social conscience and to implement development as an intrinsic right of the poor. He said that this starts from the individual and change was needed on how people related to other people.

### *Question to Leonard Turugari*

After listening to the presentation on the launch of the national report we did not hear much on the frame for consultation. For purposes of future action, shouldn't a broader frame be needed for consultation before the national launch?

What is different about MDGs – what values/ prerequisites will these goals have?

The political dimension is critical. How we going to implement when government and cultures do not take responsibility for human rights?

### *Answer –Leonard Turugari/ Jesimen Chipika*

Thematic groups have been working on each goal. Civil society has been attending working groups with UN and public service representation. The two consultants who helped with these working groups were from civil society. As the campaign picks up it will include broader public society.

### *Question to Jesimen Chipika*

How inclusive was the consultation process during the compilation of the report?

*Answer*

Chipika replied that there was broad consultation between CSOs, the Government and the UN. Shetty explained that CSOs had a position to play to bridge the gap between policy and the community.

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**MDG PRESENTATION PROLOGUE**

*Tanyaradzwa Furusa*

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Poverty reduction was hindered by the region's weak economic performance during the 1990s. While average growth improved in sub-Saharan countries in recent years, the annual average rate for the entire decade was a low 2.1%. This average improves slightly when the growth performance of the North African countries is added.

The 1995 Poverty Assessment Study indicated that 57% of Zimbabwe's population lived below the poverty datum line; poverty had risen to an estimated 69% in 2002.

**GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER**

TARGET ONE

Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

INDICATORS

- Proportion of the population below \$1 a day
- Share of poorest quintile in national consumption

STATUS

Africa has made little progress in tackling food insecurity and malnutrition during the 1990s. Diets fall significantly short of what a person needs to undertake normal activities. In 18 out of 40 sub-Saharan countries for which recent data are available, the proportion of under-nourished was very high, affecting one-third or more of the population. Sixteen countries are on track to halve hunger by 2015, but 19 are not. And in six of these, the proportion of under-nourished people is actually increasing.

The number of under-nourished people has increased steadily over the past decades to reach nearly 200 million people at present. The problem is especially severe in Central, East and Southern Africa, where almost half of their combined population of 360 million is under-nourished. At current trends, it is estimated that Africa will be able to feed less than half its population by 2015.

Children and women are particularly vulnerable to food insecurity. Indeed, malnutrition is one of the leading causes of death among children under the age of five.

In Zimbabwe according to the Ministry of Health and Child Welfare 13% of the under-fives were under-nourished in 1999, rising to 20% in 2002.

**GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION**

TARGET ONE

Ensure that by 2015, children everywhere, boys and girls, will be able to complete a full course of primary schooling.

INDICATORS

- Primary school completion rate

- Net enrolment rates in primary education
- Proportion of pupils starting Grade 1 who reach Grade 7
- Literacy rate of 15-24-year-olds

#### STATUS

In Sub-Saharan Africa net primary enrolment increased by 3 percentage points in the 1990s yet less than 60% of children are enrolled. Moreover, enrolment does not mean completion. In the region just one in three children who start up in primary school finish it. Reflecting these shortcomings, one quarter of adults in the developing world cannot read or write and of the world's 879 million illiterate adults, two-thirds are women. By the mid 1990s, Zimbabwe had achieved near universal primary education for all. In 1994, the net enrolment ratio was 81,9%, improving to 93% in 2002. Primary school completion rate was 82,6%, declining to 76,1% by 1995 and further to 75,1% by 2000.

### **GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**

#### TARGET ONE

Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015.

#### INDICATORS

- Ratio of girls to boys in primary, secondary and tertiary education.
- Ratio of literate females to males of 15-24 years.

#### STATUS

There has been a decline in the gap between girls' and boys' net primary enrolment ratios during the 1990s. While only 89 girls were enrolled in school for every 100 boys in 1990, the proportion rose to 91 girls per 100 boys in 2000. In more than half of the countries in Africa, girls' enrolment represents over 90% that of boys. In Botswana, Equatorial Guinea, Malawi, Namibia, Swaziland, Tanzania and Zambia net enrolment of girls is equal to, or even larger than boys. In other countries, however, the net enrolment ratio for girls is one-third below that for boys. It is often the case that the widest gender gaps occur where the overall net enrolment ratio is relatively low. Among the countries where the gender ratio worsened are Eritrea and Ethiopia who registered an expansion of both female and male enrolments, with most of the gains accruing to boys. In contrast, in the Central African Republic and Lesotho, both male and female net enrolment ratios fell, with girls suffering disproportionately more.

In Zimbabwe significant progress has been made in narrowing gender disparities in both primary and secondary education in the 1990s. However, by 2000, gender disparities have begun to emerge with the primary school enrolment ratio for males rising faster than that of females.

#### TARGET TWO

Increase the participation of women in the decision-making in all sectors and at all levels 40% for women in senior civil service positions and to 30% for women in Parliament by 2005 and 50-50 balance by 2015.

#### INDICATORS

- Percent of women in parliament
- Percent of women in civil service occupying decision-making positions

### **GOAL 4: REDUCE CHILD MORTALITY**

Under-five mortality is the probability that a new born baby will die before reaching the age of five. The probability is expressed as a rate per 1 000. Infant mortality rate is the number of infants dying before reaching one year of age, per 1 000 births in a given year.

## TARGET ONE

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

### INDICATORS

- Under-five mortality rate (U5MR)
- Proportion of one-year-old children immunized against measles

### STATUS

Almost one in six children in the region will not see their fifth birthday. While U5MR declined in the 1990s, progress has been too slow to achieve the global target of a two-thirds reduction by 2015. In fact, only seven countries are on track to reach the target. Moreover, U5MR reduction was slower in the 1990s than in the 1980s, 1970s and 1960s. At the current rate of reduction, the two-thirds decline desired for 2015 will not happen in Africa until after the year 2140. Nevertheless, some African countries seem to be on track for meeting the U5MR target. Equatorial Guinea, Eritrea and Guinea achieved reductions of over 20% during the decade. Cape Verde and Comoros reduced U5MR by one-third, and even larger reduction were registered in Egypt, the Gambia, Libya, Morocco and Tunisia. Egypt, in particular, had the second highest rate of reduction in the world. Yet in many other countries such as Botswana and Kenya, the spread of the HIV/AIDS pandemic has resulted in increased levels of U5MR. In Zimbabwe, it is estimated that infant mortality increased from 40 to 65 per 1 000 live births, while under-five mortality increased from 59 to 102 per 1 000 live births between 1985-89 and 1995-1999. This implies that one in 15 children died before their first birthday and one in 10 children died before attaining the age five years.

## **GOAL 5: IMPROVE MATERNAL HEALTH**

Maternal mortality ratio is the number of women who die during pregnancy and childbirth per 100 000 live births.

### TARGET

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio.

### INDICATORS

- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

### STATUS

Complications during pregnancy and childbirth cause the death of approximately 250 000 women each year in sub-Saharan Africa about one every two minutes. The maternal mortality ratio for the world is estimated at 400 per 100 000 live births but, at 1 000 maternal deaths per 100 000 live births, Africa has the highest ratio. The countries with the highest maternal mortality ratio are all in Africa: Rwanda, Sierra Leone, Burundi, Ethiopia, Somalia, Chad, the Sudan, Cote d'Ivoire, Equatorial Guinea, Burkina Faso, Angola and Kenya. The continent is also home to seven of the 12 countries with the highest number of maternal deaths: Ethiopia (46 000 per year), Nigeria (45 000), Democratic Republic of Congo (20 000), Kenya (13 000), the Sudan (13 000), Tanzania (13 000) and Uganda (10 000). These seven countries account for one-third of all maternal deaths in the world. Measuring maternal mortality is notoriously difficult due to under-reporting and incorrect diagnoses. In Zimbabwe, based on estimates from the early 1980s, maternal mortality figures were estimated to be 283 deaths per 100 000 live births in 1984-1994, rising sharply to 695 per 100 000 live births between 1995-1999. This sharp increase has been attributed to the rapid spread of HIV/AIDS.

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

## TARGET

Have halted, by 2015, and begun to reverse the spread of HIV/AIDS.

## INDICATORS

- HIV prevalence among 15-24-year-old pregnant women
- Number of children orphaned by HIV/AIDS
- Incidence of malaria, TB, diarrhoeal diseases

## STATUS

Adding to an already heavy disease burden in poor countries, the HIV/AIDS epidemic is deepening and spreading poverty, worsening gender inequalities, reversing human development and eroding the capacity of Government to provide essential services. By reducing labour productivity, the spread of HIV/AIDS is also hampering pro-poor growth in many countries.

The broader and deeper development implications of the pandemic are nowhere more vividly underscored than in Africa. Over three-quarters of all AIDS deaths occurred in sub-Saharan Africa. Worldwide, some 40 million people are currently infected with the HIV virus, over 25 million of them in Africa. More than 10 million children in the region have been orphaned by AIDS. While the global HIV/AIDS prevalence rate is estimated at 1%, the average for sub-Saharan Africa is over 9%. Thus, while HIV/AIDS is a global crisis, the African continent has the highest incidence of the disease. By the end of 2002 UNAIDS estimated that 2,3 million, had been making prevalence rate of 34% current estimates indicate prevalence rate of 26,4%. The number of children orphaned by AIDS is estimated at 900 000.

## **GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY**

### TARGET

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

### INDICATORS

- Proportion of people with sustainable access to an improved water source and sanitation facilities.

### STATUS

Africa is richly endowed with natural resources, but it has yet to put in place effective systems to enable it to fully exploit their development potential. African economies depend to a large extent on their rich biological diversity for growth and development. Yet the continent is losing its natural resources at a relatively faster pace than other regions. Its wildlife population of rich and unique species of animals and plants is coming under increasing pressure. Its forests are being depleted at a rate of about 1,3 million hectares every year. An estimated 500 million hectares of land including about 65% of agricultural land - have been affected by soil erosion since 1950. Africa's share of global carbon dioxide emission into the atmosphere is only 3,5%. The majority of people do not have access to electricity or other clean and cheap sources of energy. Even in urban areas, electricity supplies lag significantly behind demand.

## **GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

### TARGET

- Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- Address the Special Needs of the Least Developed Countries
- Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

## INDICATORS

- Official Development Assistance
- Proportion of exports (by value, excluding arms) admitted free of duties and quotas
- Proportion of official bilateral HIPC debt cancelled.

## STATUS

The prospects for achieving the MDGs depend in large measure on the extent to which African nations can increase their participation in the global economy. This is underscored by the fact that the region's declining growth performance since the 1980s is associated with a combination of trade-related factors: stagnant and declining export earnings, export concentration in primary commodities, falling terms of trade, rising debt service payments and severe balance-of-payments problems. Owing to the small size of the markets of most African countries, increasing external trade from a diversified export base is essential to regain high rates of economic growth.

The average growth rate of Africa's exports of manufactured goods was over 30% per year in the 1980s but slowed down to less than 3% in the 1990s. The extent of export diversification actually declined during the 1990s, with exports largely concentrated on primary commodities. In addition, the region's share of the world exports market for primary commodities witnessed a secular decline.

## GETTING STARTED ON MDG BUSINESS

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### **GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER**

*Judith Kaulem, IDS/Poverty Reduction Forum*

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Judith Kaulem advised that the purpose of development was to improve human lives. Knowledge of health and living as a community was critical.

She stated that poverty is denial and lack of access and that the MDGs agenda was on course by covering the 8 goals chosen. The greatest challenge to their achievement was implementation.

The targets set under Goal 1 was to reduce hunger by half by the year 2015.

She pointed out that education was being compromised and human poverty increasing. The human poverty index shown comprised the life expectancy, education and different standards of living. Living standards had deteriorated with most of the population being totally deprived of health care, safe water and were malnourished. Hence human development was decreasing. Poverty was on the increase in rural and urban areas especially in women-headed as opposed to man-headed homes.

She strongly believed that the social aspect is undermined in development when people especially in the sub-Saharan countries are made vulnerable when they engage in practices that lead to HIV/AIDS.

In closing, she stated that the MDGs were a shared commitment.

*For full transcript see Appendix 3*

### **Discussant - Arthur Mazhambe**

Mazhambe agreed to a large extent with Kaulem on the need to improve the standard of human lives, the question was how this could be accomplished. He believed that the creation of wealth is by and large a

product of industrialisation, which he said was the key factor to drive economic growth. He said when stock of industrialisation in Africa was taken, there was still a long way to go.

He questioned the stewardship of our resources (national/moral) and how well we place these so that they can be channelled into society. Another important factor from a business background is the lack of administrative skills throughout society. We were told to take stock of our ability, look at administrative skills and how well these are carried out. He said there was a lot of waste and the business community could salvage the situation. He believed that more investment needed to be ploughed back into society. Improvement in society means more employment and creation of wealth. On the creation of wealth, he suggested the introduction of a distribution policy. introduced.

On poverty and hunger, cultural issues would need addressing. He emphasised the danger of dependence on others to do things for us. He said a mechanism should be found to address issues such the poorest man having 10 children. Lack of planning for children's needs tended to be a short-term instead of a long-term goal. Malnutrition was a key problem.

### **Discussant Joy Mabenge**

Mabenge challenged the participants with a thought-provoking and innovative presentation, which is outlined in full below. In essence the message is that much has to be done in terms of the economic status of Zimbabwe, and civil society was lagging behind.

#### The Targets

By 2015 all 191 UN Member States (Zimbabwe included) pledge to:

**Reduce by half the proportion of people living on less than a dollar per day**

**Reduce by half the proportion of people who suffer from hunger**

### **Hard Bone to Chew**

What exactly is poverty?

Can only be understood through the dynamics surrounding its complex facets

Sometimes can be pointed at

Sometimes it is invisible

But is never inseparable from the following:

Poverty is an outcome of the dynamics of social, political, economic and indeed cultural variables....

### **Hard Bone to Chew**

Poverty and debt are permanent bedfellows

Poverty and unemployment are like a married couple (together forever)

Poverty and HIV/AIDS are lifetime colleagues

Poverty and a sliding economy see eye to eye

Poverty and corruption are like father and son

Poverty and lack of good governance are indeed like maternal brother and sister

Poverty and lack of basic social services and utilities i.e.

Lack of access to clean water

Lack of access to primary health care resulting in adults and children dying from opportunistic infections

Lack of access to basic education

Lack of access to standard and clean sanitary facilities

Mystery of household food security

Lack of access to standard shelter

Will forever be friends, so the above is poverty in the broader sense

### **Hard Facts for Zimbabwe**

The total internal government debt currently stands at Z\$1,4 trillion or US\$270 million

Zimbabwe's external debt arrears currently stand at US\$1,6 billion

Principal on external debt: US\$4,5 billion

Total external debt US\$6,1 billion

Total debt stock: US\$6,370 billion

### **So What?**

Calculated at Diaspora Floor rate of US\$1:Z\$5200 the total debt stock is Z\$13,124 trillion, meaning: The debt per capita is Z\$2,760million (USD530,000), in simple terms every living Zimbabwean and our children yet to be born at the moment owe internal and external creditors the amounts above

### **Hard Facts for Zimbabwe**

And remember:

In financial flow terms Zimbabwe has been paying more to debt servicing than she has been receiving in aid and grants

In fact, in 1996 Zimbabwe paid US\$3,18 for every US\$1 received.

In 1998 Zimbabwe spent an unprecedented 38% of export earnings on debt servicing, which became the third highest debt service ratio in the world after Burundi (39%) and Brazil (79%).

HIV/AIDS prevalence in adults (15-49 yrs) is 24,6% (Min of HCW)

For the year ended Dec 2003, an estimated 1 820 000 Zimbabweans were living with HIV/AIDS

For the same period, 166 000 new HIV infections and 138 000 new AIDS cases occurred among the above age group

For the same period, about 40 000 new HIV infections and 138 000 new AIDS cases occurred among children aged 0-14.

### **So What?**

At the above rate, about 17% of Zimbabwe's productive age group faces imminent extinction

Maybe with the recently introduced Varichem generic ARVs, the situation might be saved..... But remember.....

“ It is crucial to bear in mind that successful treatment with ARVs also depends on availability of safe water and a diet rich in energy, protein and micronutrients. And this luxury most people living with HIV/AIDS in the developing world simply don't have,” says James Morris, Executive Director of the WFP

Current unemployment levels in Zimbabwe are +/- 76% of the total population, with a literacy rate of almost 90% (15 years plus)

Families living below the Poverty Datum Line in Zimbabwe are +/- 70% of the total population

A total of about 4,420m rural Zimbabweans were in need of food aid between Jan-March 2004 (FAO/WFP Southern Africa Crop and Food Supply Assessment, 2004)

Life expectancy is now estimated at an average 37 years, 18 years down from the normal world standard of 55 years

Living at just US\$1 a day means living at an average Z\$5200/ day, which in turn means a total monthly income of Z\$ 156 000

The above is the reality of most low-income bracket citizens of Zimbabwe whose poverty datum line is above Z\$ 800 000/ month/ family of four

But the disparity between the rich and the poor is such that “Senior managers in the private sector are earning more than Z\$28m per month with the general assistants in the same company earning just \$66 000 per month” (The Sunday Mail 16 November 2003)

## Solutions

Only positive national economic outlook may save the situation

Remember all actors, government, civil society organizations, intergovernmental organizations, NGOs and NGOs alike are all mutually reinforcing in the fight against poverty

Addressing the real fundamentals of poverty, i.e. debt burden, unemployment, HIV/AIDS, High infant mortality, bad corporate and related governance is the holistic approach that can indeed confront poverty in its entirety and complexity

Remember: Zimbabwe's external debt is so unsustainable that if repaid, it would swallow budgetary allocations for social services (debt cancellation for social development)

The above are components of national budgeting, thus budgets should reflect a commitment to addressing poverty variables described above.

## Discussant - Julia Tagwireyi

Tagwireyi asked that the nutrition aspect be placed on the MDGs agenda as we moved forward with the MDGs.

She proposed that the poor must be active in problem solving, but this cannot be done if they are undernourished, pointing out that children lost 20-30% of their brain cells due to malnutrition and would not recover in adulthood. It was pointed out that nutrition is a developmental issue and feels that it is possible to reach this goal.

She quoted Martin Luther King (1965) on poverty "and 40 years on there has been no change - I consider poverty to be mankind's greatest evil."

## Relevance of nutrition to the attainment of Millennium Development Goals (MDGs)

<b>MILLENNIUM DEVELOPMENT GOAL</b>	<b>Relevance of nutrition to the attainment of MDGs</b>
<b>1. Eradicate extreme poverty and hunger</b>	Contributes to human capacity and development throughout the life cycle and across generations
<b>2. Achieve universal primary education</b>	Improve readiness and capacity to learn and achievement in school
<b>3. Promotes gender equity and empower women</b>	Empowers women to make informed choices about food and nutrition issues that improves their quality of life and that of their families and communities.
<b>4. Reduces child mortality</b>	Reduces child mortality (in Zimbabwe 34% of child deaths are attributable to malnutrition)
<b>5. Improve maternal health</b>	Contributes to maternal health by addressing specific nutritional and diet-related problems affecting women, i.e. under nourishment, and micro-nutrient deficiencies, i.e. iron and Vitamin A. Diet-related chronic diseases, i.e. diabetes and cardiovascular disorders
<b>6. Combat HIV/AIDS, malaria and other diseases</b>	Slows onset and progression of AIDS An important component of disease management and care
<b>7. Ensure environmental sustainability</b>	Highlights the importance of local food crops and diet diversity and quality Nutrition also highlights the need to address community needs through the food cycle from production, harvesting, storage, processing

	preparation and consumption, in a way that ensures environmental sustainability
<b>8.Develop a global partnership for development</b>	Nutrition brings together many stakeholders around a common problem and many lessons can be drawn from the nutrition field in this regard.

**Discussant - Ebby Dengu**

From the civil society perspective, it was highlighted that we need to add value to the process. It is important for civil society to pinpoint the gaps in our national agenda. In this respect, it was necessary to bringing the poor on board and strengthen community voices. What was required was the wise use of resources and planning at local level. He said that people were kept busy but poor. The poor have to break out of the poverty cycle by reworking stock of knowledge on hand and new ways of creating wealth.

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**GOAL 2 : ACHIEVE UNIVERSAL PRIMARY EDUCATION**

*Judith Kumire, Campaign for Female Education (CAMFED)*

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Kumire stated that both sexes are to respect each other's roles leading to amicable working conditions i.e. focussed mind and having choices, which is the key to socio-economic development.

She mentioned that 900 000 children were orphaned and that social structures were collapsing. Was it really necessary to continue to print AIDS awareness pamphlets, when so many people are illiterate?

Kumire cited the following as threatening the goal of universal primary education:

Free education should be redefined.

Schools infrastructure was deteriorating and not being repaired.

Problems facing teachers included accommodation, transport and salaries resulting in minimal attention to pupils.

Government standing on catchment area being 5 km from school is now difficult to achieve.

Withdrawal of supplementary feeding schemes in schools.

School-leaving girls should assist other children to attend school. Mothers need to play an active role in ensuring that management of school finances and activities are within their control.

She advised that CAMA were conducting sessions with some schoolchildren on behaviour but were not able to assist other children. She stressed the point that no matter how poor people get, it was important to instil in communities the importance of making the best use of what is available.

She emphasised the importance of organisations working together so that they can assist each other. In other words, teamwork was important, illustrating this with a quotation "*Only when jaws come together do they bite*".

*For full transcript see Appendix 4*

Discussants - Overson Shumba

Shumba pointed out that we should look at education for equity and equality and that this is a fundamental right.

The girl child can miss up to one term per year due to lack of counselling on puberty at school and home. Girls will opt to remain at home rather than be subjected to jeering at school, which seems to be tolerated

in the school system. This often happened during primary school. Children must be educated on growing up processes, i.e. childhood to adulthood. How do we create school environments that are girl friendly?

With regard to social environment – how does civil society work with teachers to bring up these issues with the community?

Life skills should be introduced in the school curriculum – civil society can push for a change to the curriculum.

**Discussant John Chitekuteku**

The relationship between facilitators of education, government/civil society and industry is critical. Previously Government handled most of the educational affairs and now this has become the responsibility of parents.

He said that the curriculum that our children are being exposed to is foreign and life skills are being ignored.

Zimbabwe is a highly mobile nation travelling between urban/rural and regional/international regions. The tendency to seek work in Harare and return to home families who contribute to the education of children is falling away.

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**GOAL 3 : PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**

*Tsitsi Masvaure, Shape Zimbabwe*

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Masvaure suggested that stock should be taken as to how far Zimbabwe as a nation has gone in terms of achieving the set MDGs.

Militating against the promotion of gender, equality and women empowerment were:

HIV/AIDS

Young girls withdrawn from school.

Women taking on voluntary care giving instead of income-generating roles.

Physical abuse against women.

Lack of women in Parliament, leading to poor decision-making.

According to UNIFEM sub-Saharan Africa is the slowest in gender equality in the world, a situation which contributed to the high prevalence of HIV/AIDS.

The indicator is silent on the quality of education. Other factors include teachers falling ill through HIV/AIDS and children going to school hungry. She asked what kind of education was available under such conditions.

She concluded that the way forward was for Government to genuinely pursue this goal. Affirmation of this would start with the amendment of Section 23 of Zimbabwe Constitution and ensure that men are held accountable for their actions.

*For full transcription see Appendix 5*

Discussant -Anna Penduka

Penduka looked at one of the major differences between rural/urban girls, i.e. rural girl looked forward to getting married, urban girl looked forward to education - university. To empower women it was necessary

to educate them to defend their rights. But to achieve this goal it was vital to compliment words with action.

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## **GOALS 4 & 5 : REDUCE CHILD MORTALITY AND IMPROVE MATERNAL HEALTH**

Edna Masiyiwa, Women's Action Group

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Masiyiwe cited the following obstacles with regard to child mortality and maternal health:

Death from pregnancy

Delay at home - decision on when to go and cost of hospital fees;

Delay at health centres - distance, transport (some living 20km from the nearest health centre);

Delay in hospital - untrained workers, no drugs, no communication to next referral centre;

Lack of access to safe abortion - controversial but still has to be tackled; as a consequence of limited choices women choose home delivery.

Myth that contraceptives mean fewer abortions.

Immunisation of young children - programme not extending as far as it used to.

Erosion of Ministry of Health gains in health delivery system.

Low budgetary allocations to Ministry of Health.

But on the bright side, the following improvements had been effected:

Ministry of Health now has a programme to assist women who have terminated their pregnancies

Post-abortion care at health centres is now acceptable.

*For full transcription see Appendix 6*

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

*Mercy Hatendi, World Vision*

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Hatendi stated that HIV/AIDS was the target for this goal as well as reversing the spread of TB and Malaria.

Two questions were posed:

- Who subscribes to this goal – HIV/AIDS?
- Who is conscientiously working towards this goal?

It was important for all stakeholders to get together otherwise all initiatives would be lost, she said.

The PMTCT (mother to child) programme has been implemented, but more proactive prevention strategies have to be put in place. She wondered that although 80% of the population were aware of HIV/AIDS, there no significant change in sexual behaviour. She suggested that churches should increase their involvement in the support system should be more.

There was also a need for home-based care programmes to be launched on pregnancy-related deaths

Decrying the loss of life through pregnancy-related disorders, Hatendi said no woman need die from a pregnancy-related condition.

In conclusion she stated that whilst the goals were noble, there were major challenges to be overcome.

*For full transcription see Appendix 7*

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## **GOAL 7 : ENSURE ENVIRONMENTAL SUSTAINABILITY**

*Dr James Murombedzi, IUCN-ROSA*

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Murombedzi showed the workshop a picture depicting a village in Mozambique south of Cahora Basa with a pylon situated to its rear. The pylon supplies electricity to major vehicle manufacturing plants in South Africa who pay the Portuguese, who are the owners of the pylon and yet the village has no access to electricity.

He cited a similar situation in Zimbabwe where electricity generated at Lake Kariba ran Sable Chemicals in KweKwe and Ciba Geigy. To make matters worse, the poisonous effluent DDT was emptied into the Zambezi River with harmful affects to lactating mothers.

These were just a few examples in a world characterised by numerous contradictions.

### **Discussant -Lazarus Zanamwe**

It was suggested that a campaign for environmental rights be initiated within the context of the Constitution to enable Zimbabwe to meet these goals. A budget for environmental purposes needs to be made available and an audit to ensure transparency to be conducted, e.g. carbon tax - where is the money going? He advocated for the watchdog role of the media to be strengthened.

### **Discussant - Irene Sharp**

Sharp made mention of IKS protection of indigenous resources and alerted the meeting to widespread piracy by pharmaceutical companies.

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## **GOAL 8 : DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

*Thomas Deve, MWENGO*

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Deve emphasised the importance of reiterating to the world that Africa was not for sale. He advised that the magazine MWENGO Update displayed at the workshop, was the basis of his presentation.

A picture cartoon was displayed showing a mother and child handing over a bag of products in a business deal. He stated that the purchaser is always the winner and as long as this type of trade continued we would witness increased famine.

He illustrated his argument by showing two sets of pictures on global trading:

Very angry Africa - when they go to negotiate, there are always steps. If this anger is shown global traders withdraw and go the green room.

The same applies locally. The AU delegation is always outside the green room. His advice was if Africa got an opportunity to get into the green room, they must become whistle blowers.

He questioned if we are genuine in respecting our partners in development. This partnership should be based on transparency and mutual respect. Communication was important too. Do we want to assist the poor but are not communicating with them?

Is the North dictating to the South how to go about things?

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## REACTION AND COMMENTS

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### GOAL 1

Many people employed in the informal sectors whose incomes are always lower do not have access to housing schemes. This problem should be addressed in order for them to overcome poverty. Whilst global partnerships are acceptable we should start with local partnerships first.

Conclude and recommend labour laws which favour employees

Creating wealth for whom? For the marginalised. 72% of the population are surviving on informal trade.

Institutional support. Expand on this and the economy will change.

Eradicate hunger - industrialisation and mechanisation should be introduced.

### GOAL 2

The US\$1 rate per day is insufficient. The ceiling should be changed.

### GOAL 3

Terminology - HIV/AIDS/PMTCT - the father is omitted from the whole equation.

### GOALS 4, 5 & 6

The problem is the AIDS issue. Cable News Network reports that HIV/AIDS is increasing throughout the whole world and 20 years has brought no change. Re-evaluate this virus, which in some circles is thought to have been invented.

### GOAL 8

Local people not benefiting. Many agreements have been signed but are not interpreted at the local level and therefore are not connected to the global village. The challenge is to build the capacity of local people so that they can make their own decisions.

Locals do conserve and maintain their own protected areas. Our natural resource programmes would be more successful if they included local communities.

Highlight the need to realise that in terms of delivering the overall MDGs, the environment has to be viewed as the cause and result of poverty.

### GENERAL

The definition of the campaign "Drive to Implement" was questioned. Are we to implement or hold government accountable? Interaction with government is critical.

UN Commission of Human Rights – make funds available for African NGOs to attend.

### CLOSING REMARKS

Udo Etukudo stated that the bottom line regarding the implementation of the campaign was resources. The situation in the country shows that the national income has declined by half. Currently, there are insufficient resources to cover all 8 goals. Civil society should select and work on one or two goals and introduce employment-generating schemes that would impact on other goals.

Jesimen Chipika advised that the strategy formulated for realising the MDGs should take place at all levels. She emphasised that the UN's role was not to lead the national vision, just to render support. The

Government and UN were not acting alone; all other sectors should play their part. She said it was critical for each sector to take a message to the nation. Civil society has a critical role to play and were the best suited to translate the message at grassroots levels.

### **Goal 1**

Ebby Dengu stated that the goals were inter-dependent. He suggested that a national agenda be developed and then assess how this measured up against an international framework. He thought it incorrect to transpose the international framework on national frameworks.

### **Goal 3**

Tsitsi Msavaure, in closing, stated that finance was essential to create an enabling environment for women. She noted that with the exception of Mr Deve, only women spoke about gender. The National Constitution was key to changing gender equity and it would be symbolic to women if Section 23 of the Constitution was amended. No woman needs die from pregnancy-related complications. Access to safe abortion was needed.

### **Goal 8**

Mercy Hatendi, in conclusion, stated that although the goals were noble, there were major challenges to their achievement. More studies were to be carried out on traditional approaches, medicines and ways of growing, packaging and distributing these. A campaign was required to push for a better health delivery system – drugs for opportunistic infections, hire trained personnel to public hospitals and clinics.

### **Goal 7**

James Murombedzi called for broadening perspectives of wealth. He said ways should be found to inject human wealth.

### **General**

All 8 goals dealt with people and therefore human life. If people remained united, they could break down the roles and understand them, rendering them achievable.

It must be understood that gender not just a woman thing. For those campaigning on gender, the elders frown at what the campaigners are saying. How do our old people perceive and treat gender? Do not look at the West use the African perception.

Concern was raised on forum shifting. However, what was important was to look at what were the issues. How do we internalise these issues? How can the MDGs be implemented in view of the current macro, economic decline?

Questions were raised on the timing of the meeting. It was decided that after the Government launch of the MDGs report, another meeting should be convened.

Deve advised that at the Maputo conference documents were circulated to certain partners. The issues raised were not new but more about putting pressure on governments to become accountable. This represented an additional struggle and not the ultimate end.

It was recommended that the Government and UNDP should popularise MDGs and the Task Force should help in ensuring that these goals are carried out.

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**VOTE OF THANKS**

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Shetty closed the workshop by reminding participants that the focus of the campaign was clear, i.e. making government accountable and civil society aware of the campaign. The campaign is to build political will for the achievement of the Millennium Goals, by 2015. It is possible to achieve all 8 goals..... only if governments are held accountable for their promises.

“It is not in the United Nations that the Millennium Development Goals will be achieved. They have to be achieved in each of its Member States, by the joint efforts of their governments and people”. Kofi Annan, Secretary-General of the United Nations

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## NOMINATION OF TASK FORCE

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Facilitator Mpande told participants that they were the ultimate owners of the MDGs process. This called for their active participation. He hoped that the participants were aware of the need for such a Task Force explaining that the present one had served its interim function.

Shetty made it clear that the Task Force would be involved in planning and lamented the absence of groups such as churches and teachers. He confirmed that it was not important to be tied down by the report. He offered to screen footage on how other countries had launched their campaigns. He also advised that the Task Force did not own the campaign, as this was an open process.

He suggested the launch coincide with the G8 Head of State meeting scheduled for 2005. An alternative was to use one of a series of milestone events that would be taking place in Africa. Shetty confirmed that it was not important to be tied down by the Zimbabwe Government progress report on MDGs.

Deve advised that even if Government was not responsive to the MDGs, the Task Force could help bring about in the nomination and election of a change.

After beaming on screen the members of the Preparatory Task Force, Mpande advised that organisations not shown on the screen that felt they should be included could attend the meeting the following day.

The following are the additional organisations to be included as members of the Preparatory Task Force.

Catholic Commission for Justice and Peace
Media Consultant - Francis Mukuzunga
World Vision
SHAPE Zimbabwe
Life Explosion
ZOIC Small Enterprise
Africa 2000 Network
ZOIC
ORAP
Youth Employment Summit
Zimbabwe Chamber of Informal Economy Association
Zimbabwe Teachers Association

## DAY TWO

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## **SHORT OVERVIEW OF PREVIOUS DAY**

*Roger Mpande*

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After a quick review of the previous day's proceedings led by Mpande, the Task Force agreed that the following issues be pursued:

### **Goal 1 : Eradicate Extreme Poverty and Hunger**

Move to change labour laws

Poverty reduction

Creating wealth for the marginalised by empowerment.

Act on giving institutional support to informal activities

The participants further agreed on the following areas to be addressed:

Strengthening the voice of the poor by empowering them

Broader usage and ownership of resources, e.g. land

Setting up of granaries in the rural areas

Consultation with local folk on formulation of laws

Establish appropriate technology

Address informal sector activities

### **Goal 2 : Achieve Universal Education**

Change of curriculum – more skills development oriented

Career guidance

Environment friendly schools - for girls (may be under Goal 3 as well)

Impact of HIV/AIDS - orphans (re-evaluate under Goal 6 as well)

Empowering local structures to add value to education

Stakeholder involvement at all levels

Inhibiting factors, e.g. difficulties in obtaining birth certificates

Street kids are out of the educational system

Infrastructure needs to be changed

### **Goal 3 : Promote Gender Equality and Empower Women**

Sensitive to current scenario – urban girls/rural girls differences to be addressed

Section 23 of the Zimbabwe Constitution, which briefly outlines the equality of men and women except in customary law, to be changed

Campaign for behavioural change - accountability of men – time and responsibility

Child sexual abuse

Domestic violence

Gender issues should cover all and should not be restricted to women only

### **Goals 4 and 5: Reduce Child Mortality; Improve Maternal Health**

Improvement of health infrastructure

Post-abortion care

Family planning – reproductive health

Health - traditional approach – training

Access to safe abortion and after care

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

Recommendation on policy – review early enough (HIV parents). HIV to be treated as any other disease – use of condoms – strategies and approaches.

Government not responsive to HIV/AIDS

Increased budget allocation – *needed by all goals*

Access HRT and affordability

Sexual behaviour in prisons should be brought under control

### **Goal 7 : Ensure Environmental Sustainability**

Environment degradation

Policy on environment being worked on – primary and secondary education

Pollution – accountability – EMA

### **Goal 8 : Develop a Global Partnership**

Government accountability

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## **PRESENTATION OF FRAMEWORK FOR CAMPAIGN**

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### **CAMPAIGN**

Target implementation and response

Government to be held accountable as they signed the UN Declaration.

Deve advised that Government was to implement these goals and stakeholders should demand accountability from them.

The Thematic Group was tasked to work with Government and UNDP to popularise the MDGs and the Task Force was to ensure these goals were carried out.

It was agreed by participants that of paramount importance were the creation of awareness within society and accountability from Government. The audit of existing networks to be carried as it is important to look for gaps since Government cannot be held accountable if NGOs are lacking in cohesion.

### **Action Point**

A desk study to be conducted from 2000 to date with the purpose of establishing what has been carried out by the coalitions.

### **Demystifying development**

It was pointed out that the implementation of the MDGs was not something new as this was being done on a daily basis already. Deve advised the Task Force 1, 2, 4, 5, 6 and 8 were already been catered for. He suggested that a copy of the Action Plan adopted at the recent national AIDS conference in Harare be obtained as a reference point for Goal 6.

Selection of 5 areas to move forward on.

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## **DISCUSSIONS, ADDITIONS, SUBTRACTIONS - PLAN OF ACTION**

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Mpande advised that the Women's Action Group (WAG) had been tasked with setting up the framework.

It was suggested that NANGO be in charge of reporting the MDG process to the UN on behalf of NGOs. This was not pursued. Finally, it was agreed that ZERO be the secretariat.

### **Slogan**

Deve suggested the coining of a slogan to bring Zimbabweans together.

Betty Makoni came up with "TWO MINUTES LEFT FOR COUNTDOWN TO 2015".

### **Shadow Report-**

Thomas Deve advised the Task Force that the Shadow Report should be ready within two weeks and that the budget tracking was in place.

### **Launching**

Deve requested Shetty's assistance in identifying some of the international events, which could be used as a launching pad for the campaign.

Among the events recommended by Shetty was the Global Poverty Eradication and Zimbabwe Social Forum scheduled for October 17, this year. Also coming up in September 2005 was the G8 Heads of State Meeting on developmental issues at which governments would give a report-back on progress in implementing the MDGs. However, Mpande warned participants against concentrating their attention on high-profile global events, at the expense of events with a local flavour. The International Rural Women's Day, which falls on October 16 - was a case in point.

### **Media**

Deve observed that only the Government received coverage on MDGs. To level the playing field, participants recommended the formation of a team to deal with media issues. It was further recommended that the team be active from the inception of the project.

Mubi told the workshop that she would submit a two-page document on how to develop a committee.

Communication – should be wider to include radio listenership – to broaden scope- mix media with communications e.g. ZIMCODD (Task Force) will have a member on the standing committee.

### **Funding**

Shetty contributed on the issue of resources informing the workshop that the North was focusing on increasing resources. However, the North was putting in place budget tracking mechanisms to monitor resource utilisation for MDGs in the South. He concluded by saying that even if UN gave resources to Zimbabwe it remained to be seen if these funds would be channelled to the desired goals.

### **Plan of Action**

It was agreed that the next meeting would report back on what is happening at grassroots level- if representing stakeholders.

Betty Makoni shared her experiences on how to link with the grassroots. At the Women's Home Summit held in Switzerland – 50 stages were presented on how to carry this out. Have created 34 circuits of combustion in each district of Zimbabwe – no politics involved - girls in some village working on MDGs already. They were willing to share ideas with the Task Force.

Government - letter from governor to DA who will mobilise - response from RDC taken to provincial level.

The current civil society screening process was applicable.

Identify which NGOs deal with urban areas, as most appear to be working with the rural areas only.

POSA needs to be addressed.

It was decided that the Shadow Report be worked on and the lead agency working on the Way Forward would be ZERO. It was also suggested and agreed that Task Force committee of 47 (old and new) would be multi-stakeholder and eight lead agencies would be named from the Task Force. There are to be drivers within the Thematic Group.

<b>THEMATIC GOALS</b>	<b>LEAD AGENCY</b>	<b>SUGGESTION</b>
Goal1	Poverty Reduction Forum	
Goal 2	Zimbabwe Teachers' Association	Zimbabwe National Council for Children. Check on Harare based organisation
Goal 3	CAMFED	
Goal 4, 5	WAG	
Goal 6	World Vision	
Goal 7	ELF	
Goal 8	ZIMCODD	
Media	FAMWZ	

Members of the Task Force to use networks that are already in place and that no permanent structures were to be implemented yet as the Lead Agencies were not permanent..

Agreement on coalition once formed.

Corporate sector – mandate to be developed.

### **SUMMARY BY FACILITATORS**

Highlighted MDGs

Current overview on Zimbabwe

Inputs from different stakeholders on the 8 Millennium Goals

Lead agencies identified will mobilise stakeholders along with ZERO

ZERO will remain co-ordinating secretariat

Media from different sections to be included

Poor, both urban and rural, to be included in planning

Accountability from governments

Awareness drive to the people

Mpande outlined follow-up actions as detailed below:

Further communication/reports will come from ZERO

Schedule of meetings - ZERO

He urged that communication beyond the conference room should start immediately to inform others of proceedings, as organisations were also accountable.

## **CLOSING**

In closing Salil thanked all for their participation and suggested handing over to one of the participants to briefly outline what had been discussed, understood and gained from the workshop.

Shetty viewed the workshop in two parts: firstly, the presentations/discussions and, secondly, the importance of work being carried out. Although Government was involved, organisations must work with grassroots level because of limitations and the fact that NGOs can only meet certain needs. He said he had met with the Minister of Information who explained that Government was responsible for implementation of the MDGs as they were the signatories. Civil society's role therefore, was very clear in that they should hold Government accountable, at the same time ensuring that work on the ground towards the eight goals continues and in some cases scaled up.

He thanked participants and looked forward to hearing and seeing through the media what progress and development Zimbabwe had made.

## **APPENDICES**

### ***APPENDIX 1***

#### **Overview of MDGs and the Millennium Campaign:**

The Role of UN Agencies

Zimbabwe Civil Society MDG Workshop

At the Sheraton Hotel, Harare

7 July 2004

#### **KEYNOTE ADDRESS BY**

**B. MOKAM**

Deputy Resident Representative/ Programme Director UNDP Zimbabwe

Mr. Chairman,

Director for Social Services in the Ministry of Public Service, Labour & Social Welfare, Mr. Sidney Mhishi

Representative from the Ministry of Finance & Economic Development

Director of the UN Millennium Campaign, Mr. Salil Shetty

Ladies and Gentlemen:

Colleagues and friends,

Let me add my own very warm welcome to all of you on behalf of all the members of the United Nations Country Team here in Zimbabwe and extend a special thank you to the organizers of this important event.

It is a great pleasure to be here today and I think this workshop is itself a signal that there is a real transformation going on in development. For the first time we all have a shared development vision of where we want to go and a commitment to work together to get there.

That vision is, of course, based on the Millennium Development Goals (MDGs), which are set out in the United Nations Millennium Declaration of September 2000. The MDGs are a very simple but powerful idea whose time has come. They are in effect the UN's effort to set the terms of a globalisation, which is being driven in the interests of the poor and not by the interests of the strong.

As such, MDGs have electrified the development community by connecting our agenda to real public opinion, as well as policy making in the Global arena. In fact, Donors are realigning their support around the MDGs, and development agencies are doing the same. This workshop also shows that much of civil society is realigning itself to make a contribution to the MDG process.

In addition, the MDGs are being reflected in other arenas, from regional initiatives like New Partnership for Africa's Development (NEPAD) to the agenda of the G-8. As such, the MDGs are helping to re-shape and re-focus the global debate on development.

The MDGs comprise ambitious global targets for 2015 set by leaders from around the world at the 2000 UN Millennium Summit. They include:

Halving extreme poverty and hunger  
Achieving universal primary education  
Promoting gender equality

Reducing under-five mortality by two-thirds  
Reducing maternal mortality by three-quarters  
Reversing the spread of HIV/AIDS, malaria and TB  
Ensuring environmental sustainability, and  
Developing a global partnership for development, with targets for aid, trade and debt relief

The framing of old development challenges in this new manner has helped make the MDGs resonate much more widely with the public. MDGs now provide an overarching operating and accountability framework for all of us who work in development.

To a common person on the street, the idea of reducing poverty, putting children in schools, building a cleaner environment and providing better healthcare for mothers and infants is something that they can relate to in a very tangible way. The MDGs make development local by focusing on the issues that really matter to ordinary people.

Ladies and Gentlemen: let me now move to the challenges that lie before us as we embark on the MDGs.

### **Challenges:**

#### **How can we make sure that this new development vision is translated into practical action rather than a new acronym?**

On the part of the UN, our effort to assist countries prepare MDG progress reports is one way of translating MDGs into action. The target is that, by 2005, all UN member countries must have produced at least one progress report. Thereafter, every five years, a major progress report will be produced. However, countries are expected to continually monitor their progress on an annual basis. In addition, national human developments will be one tool supported by the UN that will be used in monitoring progress on MDGs. All UN development assistance in countries is now being tailored to the achievement of MDGs.

On the part of UN member states, Governments have begun anchoring MDGs as their development vision. In this regard, all national development strategies and planning frameworks are being tailored for the achievement of MDGs.

#### **Do Governance issues matter in achieving MDGs?**

Even though there are no goals, targets nor indicators on governance in the MDG reporting and monitoring process, the achievement of the MDGs requires that the Governance environment be enabling. In this regard, there is need to create objective conditions for development to take place because the policy process is not purely technical. Effective leadership at all levels, as well as political will is critical for the attainment of MDGs. There is no doubt that peace and sustainable development are interdependent for the achievement of the MDGs.

#### **How can we secure adequate and sustainable financing for the attainment of the MDGs?**

The challenge on sustainable financing is to put in place the sort of national policy reforms that focus on the needs of the poor. In this regard, nations should begin by restructuring national budgets to prioritise MDG related expenditures, which should include support to both productive and social expenditures. At the macroeconomic level, a stable operating environment and equitable access to productive assets are key to generating and sustaining growth, which is critical for poverty reduction. The issues of capacity to conduct international trade, market access, capacity to produce food, capacity to manufacture and investments will all need attention for effective reforms to take place. In addition to the above reforms at

the national level, there will also need to be policy reforms at the international level with respect to debt relief and development assistance.

#### **4. How can we ensure broad mobilization and participation of the poor majority in the MDG agenda?**

➤ Broad based mobilization of nations around MDGs remain a big challenge. There is need to have effective leadership at all levels to mobilize the nation around the MDGs and national targets. Effective partnerships between national governments, development partners, civil society organizations, private sector and communities are a prerequisite for the achievement of MDGs. In order for the poor to effectively participate in the MDG agenda, there is need to translate the MDG message to its simplest form, by using local vernaculars and the arts. Civil society by its nature is better placed to assume this critical role.

#### **What are the roles of the different stakeholders: the United Nations, Government, Private sector, Civil society, communities, households, and individuals?**

The UN's key role is to remain scorekeeper and continue offering to member states technical and financial assistance towards the achievement of the MDGs.

Government's key role is to exercise committed leadership for poverty reduction and for the achievement of MDGs. This includes redirecting national resources towards the attainment of these noble causes as well as providing a conducive operating environment.

The Private sector's key role is to work consciously within the national interest as they contribute to the creation of national wealth and employment.

Civil society's key role is to be effective advocates of national development, as well as strengthen the capacity of communities to realize the MDG vision at the grassroots level in partnership with local authorities.

The key role of communities, households and individuals is to become self motivated to contribute to development in general and to improving their general welfare. It is far easier to work with a motivated community, than one that has resigned to poverty.

#### **What mechanisms can we put in place to monitor and evaluate progress towards the achievement of MDG goals and 2015 targets.**

MDGs will need to be monitored at the policy, institutional and technical levels. This will require capacity strengthening in policy monitoring, technical and statistical capacity and institutional capacity development to deliver on the MDGs.

In conclusion Mr. Chairman: let me reiterate that failure to reach the internationally set MDG targets does not necessarily translate into failure of development at the national level. It is more important for countries to achieve, as far as possible, targets that have been set within their national context, as this reflects concerted effort by the country on its development roadmap.

Thank You

***APPENDIX 2***

**PROGRESS REPORT ON THE ZIMBABWE MILLENNIUM DEVELOPMENT GOALS (MDGs)**

A Paper Presented by

Leonard Turugari  
**Deputy Director for Policy and Special Programmes**  
**Department of Social Services**  
*Ministry of Public Service, Labour and Social Welfare*

**At the**

Civil Society Workshop “Towards Zimbabwe Civil Society Millennium Campaign – Drive to Implement “

**Sheraton Hotel, Harare**  
*7 July 2004*

## **INTRODUCTION**

On its Fifty Fifth Session in September 2000, the United Nations General Assembly adopted the 2015 Millennium Development Goals (MDGs). The MDGs sought to re-affirm the World Body's commitment to Development and poverty eradication so that no men, women and children will be subject to the abject and dehumanising conditions of extreme poverty. These goals centre on attaining the following targets by 2015:

- Halving extreme poverty and hunger;
- Achieve universal primary education;
- Promote gender equality and empower women;
- Reduce under five child mortality by two-thirds;
- Reduce maternal mortality by three – quarters;
- Reverse the spread of HIV/AIDS, Malaria and T.B.;
- Ensure environmental sustainability and
- Develop a global partnership for development, and target for aid, trade and debt relief;

## **MONITORING OF PROGRESS ON THE ATTAINMENT OF THE MDG**

In order to ensure that there is effective monitoring of the attainment of these goals, the Secretary General of the United Nations was tasked to report on progress every year and to produce a comprehensive report every five years. For this system of monitoring to work, member countries are expected to produce country progress reports on the MDGs. It is in this respect that the Zimbabwe Government has adopted the following country level modalities for the preparation of Zimbabwe's Report.

## **MDG MONITORING AND REPORTING STRUCTURES**

Government designated the Social Services Action Committee as the main national committee to oversee the preparation of the Country Progress Report on the MDGs. Below it, a Sub-Committee of professionals was formed to which in addition to the line social sector ministries, and four civic groups were incorporated. Membership of this Sub-Committee was, therefore, as follows:

- Ministry of Public Service, Labour and Social Welfare (Chair)
- Ministry of Finance and Economic Development
- Ministry of Health and Child Welfare
- Ministry of Education, Sports and Culture
- Ministry of Higher Education and Technology
- Ministry of Local Government, Public Works and National Housing
- Ministry of Lands, Agriculture and Rural Resettlement
- Ministry of Water and Rural Resources
- Central Statistical Office

## **NON-GOVERNMENTAL ORGANISATION**

- Association of Urban Councils
- Association of Rural Councils
- National AIDS Council
- NANGO

In line with the United Nations reporting requirements, this national team was complimented by a UN Country Team MDG Taskforce, which worked alongside the national team. The UNDP country office put

aside resources that could be used by the country team for possible outsourcing of additional technical and profession skills.

### Thematic Groups

The process of formulation of and reporting on MDGs at sector level was spearheaded by thematic groups that were chaired by the SSAC MDGs Taskforce representatives of the various ministries around which the thematic groups were formed. While the thematic groups were headed by the representative of the various ministries around which the thematic groups were formed, each of the Ministries invited its key stakeholders, public and private, to participate in the thematic groups. Additional stakeholders who did not participate in the thematic groups were co-opted in thematic retreats. The thematic groups for the various themes are as follows:

Health;  
Education;  
Agriculture and Social Development;  
Agriculture and Sustainable Development;  
Development and Global Partnership;  
HIV/AIDS; and  
Gender

### How Far Have We Gone?

The thematic group held two retreats and several meetings on their respective theme areas  
Attempts to cost some of the goals made and several meetings held with the consultant to discuss the costing methodology and assumptions  
Draft Report adopted by SSAC after submissions by chairs of thematic groups  
Final Report adopted and approved by Cabinet on 4<sup>th</sup> May 2004  
Report currently with printers

### What's Next?

Launch of the ZMDGs Report – on a date still to be advised  
Provincial dissemination workshops  
Mainstreaming and National Engagement: Each sector and its stakeholders to come up with sectoral plans of action for achieving the relevant targets  
Monitoring and evaluation

*APPENDIX 3*

CIVIL SOCIETY PERSPECTIVES ON MILLENIUM DEVELOPMENT GOAL 1:

*ERADICATE EXTREME POVERTY AND HUNGER*

**PAPER PRESENTED AT A ZIMBABWE CIVIL SOCIETY MDG WORKSHOP**

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**BY**

**Judith Kaulem**  
**Coordinator, Poverty reduction Forum**

## Goal 1: Eradicate Poverty and Hunger

Reduce by half the proportion of people living on less than a dollar a day.

Reduce by half the proportion of people who suffer from hunger.

### Introduction

#### **What is poverty?**

Poverty is defined in two ways: The money matrix which measures income in terms of the amount of money a person needs to afford certain basic commodities and services and also as Human Poverty. The indicators for the MDGs are income related and the question is; “ Is income alone enough as an assessment of poverty?”

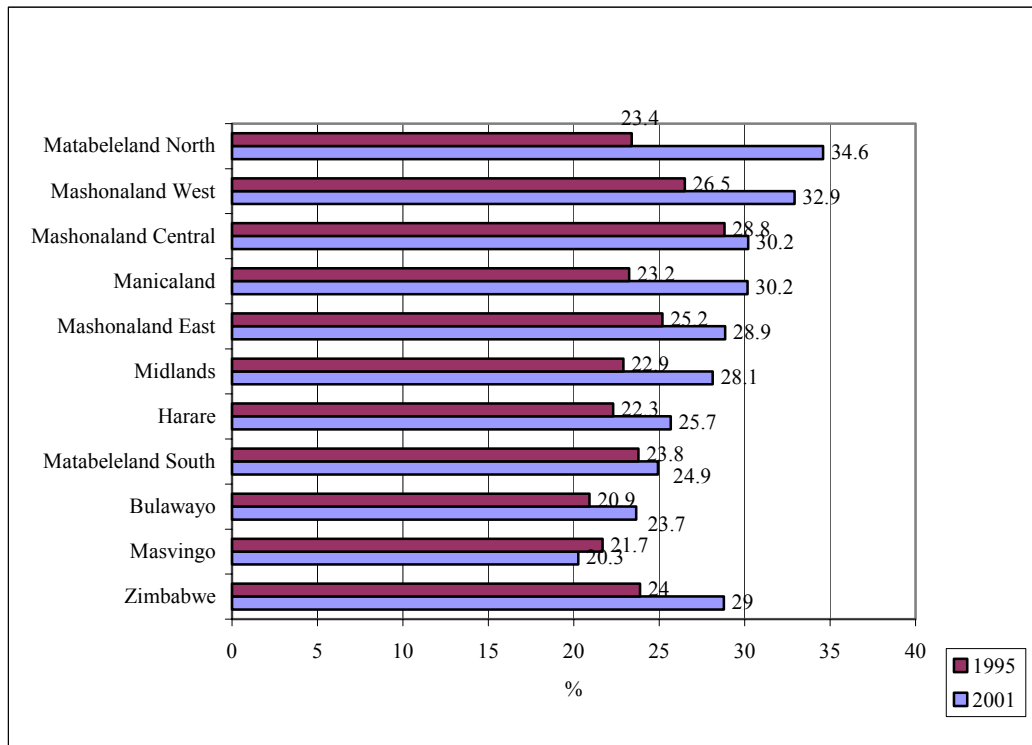
I believe that the goal for eradicating poverty and hunger is so that we improve the overall welfare of people or human development. According to the Zimbabwe Human Development Report (2003), the purpose of human development is to improve human lives through expanding the range of things a person could do and be i.e. a person’s functionings and capabilities to function which include; being healthy and well nourished, being knowledgeable and being able to participate in the life of the community. Our challenge therefore is to remove the obstacles to the things that a person can do and be in life such as, illiteracy, ill, lack of access to resources including income and employment opportunities, lack of access to a clean and safe physical environment, lack of human security, lack of civil and political freedoms and lack of general human dignity. By extension therefore, poverty is the denial and lack of access to all the listed things above. In this regard the MDGs agenda is on course for achieving Human Development since in principle the 8 Goals cover all these variables however, greatest challenge is on implementation.

### The Challenge

Ladies and Gentlemen, GDPs, GNPs are important indicators of how we are doing economically as a nation, however, our social indicators are shown by the people’s well being. The targets for this goal is to reduce by half the proportion of people living on less than a dollar a day and reduce by half the proportion of people who suffer from hunger. I have problems with that – how do you determine the “half” to be saved. More so, given our current economic situation “ the one dollar a day is at what rate and is it enough anyway?”. Let me share with you our national Human Development Index and Poverty Indices as per the Zimbabwe Human Development Report 2003:

**Based on the 1995 and 2001 figures, the ZHDR 2003 shows that our Human Development Index has been going down, meaning that our poverty Human Poverty Indices are going up.**

Human Poverty Index by Provinces, Zimbabwe 1995 and 2001



The Human Poverty Index (HPI) comprises three composite indices, namely, the life expectancy deprivation index, the educational attainment deprivation index and the index of a decent living standard.

#### Human Poverty Index, Zimbabwe – 2001

Variable	%age
Non Survival 40 Years	41
Adult Illiteracy	12
Under 5 years Children Underweight	13
Population Lacking Access to Safe Water	10.4
Population Lacking Access to Health Care	5.1
*Living Standards Deprivation*	9.5
<b>Human Poverty Index</b>	<b>28.8</b>

\* These are people who are totally deprived of access to health, access to safe water and are malnourished.\*

Recent trends indicate that poverty is on the increase in both rural and urban areas. Poverty is more in the female-headed households than in male-headed households. Child malnutrition, a major problem associated with poverty, was recently estimated at 11 % of children in urban areas and 26.5% of the children in rural areas (June 2002 National Nutrition Assessment Study). A number of factors have been attributed to this decline including: rapid economic decline, rapid decline in agricultural production, high inflation levels, low disposable incomes, high structural unemployment, high prevalence of HIV and recurrent natural disasters.

Ladies and gentlemen, I strongly believe that the social is more important than the economic when it comes to development. When people have access to safe water, sanitation, education, health care,

information- the least can go on- they may not be rich in the economic sense, but they are developed, they are stable and dignified.

There is a strong link between Goal 1 and Goal 6 making the MDGs agenda even more challenging for Southern Africa being the epicenter of the HIV and AIDS epidemic and Zimbabwe in particular. Actually Goal 1 is not independent of all the other goals.

We are aware that, no government by itself can adequately provide everything that its people need. To that end, it is imperative to acknowledge the layers of connection and participation implicit in most civil society structures, if we are going to eradicate poverty and hunger. Civil society organizations are the bridge between policy-makers and communities who are meant to benefit from the policies and programmes emanating from them. I personally agree that we stand a better chance of meeting the challenges of eradicating poverty if we are integrated. Participation that is bottom-up, from the community level, working to redefine the meaning and purpose of development- where the output must benefit the poor people can not be under-estimated.

### Summary and Closing

We can not afford to be insular any longer if we are to meet our targets for eradicating poverty and hunger by 2015. Our government should therefore be committed to creating an attractive and enabling environment for supporting the development and operations of the civil society organizations and NGOs in the country. Mobilisation of grass-root support is imperative if we are to achieve our targets. For

successful grassroots support, there must be

Sustained political will from the top.

Broad popular support/ social mobilization

Empowered, committed, local authorities, CSOs with effective capacity.

Engaged, informed, organized citizens and civil societies.

Through social movements and innovations in popular participation, as citizens we can influence decision-making and be able to hold our authorities accountable for their actions.

Ladies and gentlemen, realizing the MDGs is a shared responsibility. Ownership by government and communities is the key to achieving the MDGs.

I THANK YOU.

## ZIMBABWE MILLENNIUM CAMPAIGN - 2004

Drive to Implement-Involve to Solve

Goal No. 2-Achieve Universal Primary Education by 2015

### Introduction

The Millennium Development Goals call for Zimbabwean ownership and political momentum to achieve sustainable results. They are the global community's shared vision for development, providing concrete, time-bound, quantitative targets for action. Universal Primary Education is important not only as a goal in itself, but also as a path towards achieving all the other goals. This paper sets out to share lessons and promising approaches that can be used collectively by all key actors in Zimbabwe in addressing challenges faced by Zimbabwe in attempting to achieve universal primary education and also in outlining specific actions into MDG policies and interventions.

It will also demonstrate a holistic approach, which gives communities the authority and opportunity to shape their destiny through enhancing their capacity to respond to challenges presented by illiteracy, HIV/AIDS and poverty in a dignified and sustainable manner. It will set a challenge to all of us that of building national partnerships that can enable our country to get closer to achieving the goal by 2015.

**I am Judith Kumire from CAMFED (Campaign for Female Education), an organisation that supports marginalized rural girls to access, remain, participate and complete schooling. At the heart of our work are the relationships we build with rural communities to ensure response to priorities is set by the rural communities themselves. CAMFED believes in and envisions a day when every child will be in school, safe and secure.**

Topics for Discussion

**Why achieve universal primary education**

**Zimbabwe Situation and challenges faced in addressing the goal**

**What efforts have been made to date**

**Sharing lessons learnt from CAMFED organisation**

**What this means**

**What is our next step**

Why Achieve Universal Primary Education

### **Education is gender neutral**

Education is a powerful tool that rewards both boys and girls equally in life. Being gender neutral is not about eliminating gender as this will result in the elimination of an intimate part of each and every one of us. Education assist in making people recognise the chance of sharing a future where we are different yet equal. It enables both sexes to appreciate and respect the role played by each and as result collective action to solve problems is instilled in people.

**It is a sound preparation for children's complete living**

**It provides an opportunity to every individual child to shape his/her life with a focused mind. Having an education means having choices.**

**It is a human right that combats poverty and ignorance**

**It has been proven that education emancipates people from actions that perpetuate poverty and ignorance. It creates a platform where an individual has space to think and act rationally making cost effective use of the available resources.**

**It is key to socio economic development**

**The economy alone cannot solve all the challenges we face today. Education is key to resolving some of the socio economic problems. Presented with a problem, it takes one the ability to utilise given resources in a more cost effective manner and promote sustainable rewards**

**It makes children conscious participants in community and national activities at a tender age.**

**Unlike being driven, there is need for children to be able to grow up in an environment of inspiration where they shape their responses to issues around them. Primary education is the baseline to promote such attitudes that will result in effective and active citizen.**

**It is a fight back strategy for HIV/AIDS**

**It is not heresy that HIV/AIDS is eroding our human resources. AIDS claims more than 6000 lives a week and has left more than 900 000 children orphaned. Education is a strategy that will see the AIDS pandemic stop feeding on the people we love, who leave children struggling and social support structures collapsing.**

Zimbabwe's present Situation and its Challenges

The current trends in economic and social development in Zimbabwe can be detrimental in attempting to increase the prospects of achieving Universal Primary education if we do not act now. In an environment marked by high uncertainty, more resources alone will not guarantee the achievement of complex development outcomes such as the universal primary education. What we need in addition are credible decisions by all stakeholders themselves about the political course we want to pursue.

Zimbabwe is faced with a number of challenges some of which are outlined below.

Lack of Coordinated efforts by various stakeholders

**Lack of Self Reliant oriented and Sustainable programmes**

**How free is "free primary education".**

**Deteriorating infrastructure**

**Frustration of teaching professionals-high staff turnover**

**Budgetary allocation**

**Provision of education in Resettlement areas.**

**The threat of and effects of HIV/AIDS on pupils, parents and teachers.**

**Rising poverty levels.**

**Worsening debt crisis**

Efforts To Date

For the past 2 decades the Zimbabwean NGOs, CBOs and communities have played a crucial role in the provision of education. They have contributed to enrolments, retention, and participation and completion rates of both primary and secondary education in various ways. Others have made great input in the monitoring and evaluation process. However, no studies have been carried out to establish the extent and reach of the collective civil society initiatives or even to quantify the resources they have injected into their programmes. Below are some of the efforts made on the ground.

The Govt in 1980s ensured that primary schools are within 5 kms walking distance from home to school. However in the 90s demand rose and the distance of 5 kms was difficult to observe  
 In 2003 the primary school enrolment rates increased to 2 606 468

**TABLE (I): PRIMARY SCHOOL ENROMENTS: 2000-2003**

Year	Boys	Girls	Total
2000	1 251 921	1 208 748	2 460 669
2001	1 287 522	1 247 274	2 534 796
2002	1 241 872	1 218 652	2 460 524
2003	1 317 191	1 289 277	2 606 468

Source: MOESC

The number of teacher graduates being produced have increased with the number of colleges established

Retention rates improved due to supplementary feeding programmes in schools (World Food Programmes by UN) and other players.

Awareness campaigns on abuse of children have been carried out by for instance UNESCO and UNICEF through the electronic media and CAMA (a network of rural young women supported through school by CAMFED and are now working with their communities to protect children) whose efforts have resulted in cases of abuse being unearthed and children being aware of what abuse is . Support and facilitation of Social Safety Net Schemes such as BEAM by the government and safety net scheme (in schools and by mothers) through platforms created by CAMFED organisation have ensured retention and enrolment rates at primary level remain high.

Community Mobilisation in active involvement of all stakeholders in support of all children's education e.g CAMFED organisation has ensured that in rural areas in the 12 districts that we are working in, the local rural young women role models educated through school by CAMFED take a leading role to conscientise the communities on the value of education.

Mobilisation of School Development committees and mothers by CAMFED to take an active role in ensuring that management of school finances and activities are within their control.

Community Health Education in Schools by for instance CAMA a network of young rural educated youths and the Ministry of Health in a bid to prevent the spread of HIV/AIDS and other opportunistic diseases which has impacted greatly on children ..

Stakeholder involvement in decision-making and management of local resources.

Other organisations have provided shelter to street children and ensured that they access school.

There are individuals from various districts who have gone through their education and are now taking initiatives to plough back into their communities in rural areas by supporting the education of children in their local schools.

So many efforts are being made but limited resources do not allow for monitoring to be done effectively. There is a lot of fragmentation of activities by various organisations and the government, which result in all efforts going to waste. What strategies can we look at that will ensure effective follow-ups and monitoring of resources on the ground. For instance it would be very difficult for my organisation to do effective monitoring were it not for coordinated local structures that are at district and school level and also a network of young women volunteers who bring information on a monthly basis. There is need for effective support, which requires policy dialogue and a credible partnership with the governments and civil societies.

CAMFED's Work with Communities

**CAMFED has created platforms where local authorities inclusive of chiefs come together to make decisions, plan and implement initiatives that ensure all children access education.**

**CAMA a network of young rural women spearheading community led initiatives are working side by side with their parents to support the education of the young ones. They have become living examples of how education can be a springboard from poverty and prevention of HIV/AIDS. Through their own efforts the young women have supported more than 6 000 vulnerable children into school**

**Working with Chiefs and parents to fight abuse and challenge certain social and cultural practices that hinder girls from accessing, remaining, participating and completing education**

**Working with local authorities to address problems faced by girls at district and school level**

**Supporting Mothers in promoting economic and social initiatives that are managed by them to provide basic educational needs that force children to drop out of school and to create conducive environments in the community**

**Established a seed money scheme for young rural women to embark on economic projects as soon as they complete school.**

**Established a Community Health Education programme spearheaded by young women and mothers in schools that responds to social and psychological challenges paused by HIV/AIDS**

**We provide term time accommodation which is fully managed by parents, to girls who walk long distances to school. This reduces walking distances to school, creates more learning time and incidents of abuse.**

**Establishment of resource teams that are composed of heads of schools, mothers, young women and chiefs who can spearhead work at district, national and regional level.**

Evidence of Success to date

Supported the costs of education for 44032 children (5000 Camfed SNF, 37225 CAMA SNF and 1,807 core) in 387 schools across twelve rural districts.

Retention rate of girls in Secondary school programme was 98.1% of partner secondary schools achieved at least 50% representation of girls.

115 girls received safe term time accommodation in 2 community hostels

2000 young women are activists for girls' education across 12 rural districts.

387 rural schools and their communities have been reached by

CAMA and CAMFED SNFs, Core Programme and CHP.

Supported over 15 community-led and -initiated activities to raise funds to pay for children's costs in school

300+ CAMA members provided tutoring and mentoring to 900 children, up from 100 CAMA members in 2001 when the initiative was launched.

31 cases of abuse were reported to the authorities as a direct result of awareness raising on issues of sexual abuse and assault

235 young women were supported to open their own businesses in their communities

100,000 young people in 319 partner schools were reached through the Peer Health Programme

**15 traditional chiefs have joined forces with CAMFED since 2000 and become spokespersons for girls' protection and education; CAMA is working with the 15 chiefs in the 12 districts we work in, to fight abuse of children and ensuring that children affected and infected with HIV/AIDS have an opportunity to access school.**

**Chikomba:** Chief Mutekedza and Chief Hokonya,

**Wedza:** Headman Makwarimba and Chief Ruzane

**Nyanga:** Chief Hata,  
**Kwekwe:** Chief Gwesela,  
**Binga:** Chief Siachilaba  
**Nkayi:** Chief Skopokopo and Chief Tshugulu  
**Lupane:** Chief Mabhikwa  
**Mola:** Chief Mola and Chief Nebiri  
**Buhera** Chief Nyashanu  
**Matobo** Chief Malaba

CAMA members through their individual philanthropy paid over 6000 children's school fees.  
90 young, rural women, educated through the programme, qualified as nurses teachers, Police Force etc in their communities since 1998.

25 young women have completed University Studies to date:

Young women through a Seed Money Scheme have set up 500 businesses.

28 Mother Support Groups have been formed, reaching 30 schools and with membership of 300 women across 7 districts

8 CAMA enterprise centres were operational distributing information and coordinating activities in 8 districts

**Managed to bring local authorities, young rural women, mothers and chiefs to collectively provide support to children to complete schooling both in primary and secondary**

**Life skills building of all boys and girls in the 391 school communities we work with.**

**Build awareness among people not to discriminate against children.**

**Build awareness among young people of the threat of and an understanding of what constitutes risky behaviour.**

**Build the capacity of mothers to support children to school from their own initiatives. e.g In Nyanga Mother Support Groups are providing tuition fees and levies to 40 vulnerable children in their communities**

What This Means

**The realisation of all our efforts lies in the strength of our genuine partnerships and well-coordinated efforts. A lot of work is taking place on the ground but it appears we are failing to create concrete platforms to share good practices and replicate them in affected areas. Are we giving communities space to think and act on sustainable initiatives? CAMFED organisation covers 12 districts, what is happening in the other 40 and above districts. We have received numerous letters from other districts asking us to come and implement our programmes or to just have workshops on abuse. Our challenge has been the funding base. Also capacity to deliver, which we are at present trying to build using the resource teams which are voluntary, but still can we manage without collaboration from other stakeholders. Who is providing this support? How can we all see to it that these lessons are replicated in other districts?**

**Sector planning by both the government and the civil society will see us taking great strides in achieving the Goal. Fragmentation of our efforts is resulting in us as Zimbabwe failing to take stock of the great contributions we are all making. As a team, the road to 2015 becomes short and less thorny.**

Next Steps

I hope by the end of this workshop we will all have agreed on the first step to address our present challenges. There is great need to identify processes that will encourage greater accountability among

stakeholders. We need to develop, an institutional basis that ensures that funds are spent in an efficient and targeted manner.

### **Sector Approach for effective coordinated efforts.**

This requires extensive research and discussion by citizens, community leaders, community organizations and the Government hence more coordinated and complimentary approach. This will result in us avoiding the generalizations of comprehensive planning and the pitfalls of single issue or narrow scope planning are avoided. Approving the sector plan minimizes the inconsistencies resulting from parcel-by-parcel decisions.

### **Promoting Self Reliance and sustainable interventions among communities.**

**Against the background of donors scaling down in the country while others are withdrawing their support, there is great need to look at what is sustainable. Children cannot stop attending school because there are no supplementary feeding programmes anymore. Yes it might not be enough for the parents to contribute adequate resources but that which is there can go a long way. We need to look at strategies that will enable parents to look after the resources and be cost effective. Parents need to be taught to look at what resources they have available from their farm produces e.g. nyemba and sweet potatoes can be ground and porridge be prepared for the children to continue with their lessons.**

### **Enhancing ownership of programmes by communities**

Management of programmes in the communities needs to be led by the communities themselves. Decision making on the planning and implementation should not only involve them but they should actively participate to ensure that when all else is done they are able to share lessons learnt and manage other programmes that come into their communities.

### **Sharing and Replication of good practices.**

As indicated above, civil society needs to share best practices so that development moves from one stage to another so as not to continue to duplicate of the wrong practices. Of the work that is being done, we need to identify and replace poor practices and avoid reinventing the wheel. It will enable us to redirect and save costs through better productivity and efficiency. It will also reduce competition for resources by NGOs, which has resulted in other NGOs protecting their best practices and claiming other people's dues. Finally it will improve services to people.

#### **Translation of commitments to Action**

Holding this workshop does not mean much as many such meetings have been held before. The most important mark of its success will be what actions will be taken. Commitments have been made which have seen even the 2005 goals around the corner not showing signs of any achievement. Let us all work as a team to face this challenge and put Zimbabwe on the map. Remember it is only when jaws come together that they are able to chew and bite.

### **Enhancing the effectiveness of our campaigns.**

Through the partnerships that we are attempting to build now, we can go a long way in ensuring that our campaigns are effective. One such platform in education that can be effective is the Education Coalition Group. If it is properly coordinated and transparency prevails then it could be a starting point.

#### **Targeting women**

This is an area, which needs crucial decisions as we move toward achieving our goal. I believe women being the backbone of the society and educating them means we will multiply educated children. The

inspiration of a mother goes a long way in inspiring her children and this is the foundation for achieving the universal education. Through campaigns and various forms of support women can turn around the wheel in supporting everyone's efforts.

**Conclusion.**

Against this background attaining universal primary education will need concerted efforts from all sectors. We are all being called upon in our individual and organisations' capacity to commit ourselves to be in complimentary driving seats to ensure the goal is achieved.

## **APPENDIX 5**

### **Tracking progress towards the realisation of the Millennium Development Goal # 3**

By Tsitsi B Masvaure  
Managing Director,  
SHAPE Zimbabwe Trust

#### **Introduction**

The Millennium Development Goals (MDGs) were promulgated and adopted by 191 Heads of State in September 2000, with the intention of accelerating the pace of global development in eight key areas which encompass, *inter alia*, issues of poverty, education, health, gender and the environment. Short-term and long-term targets were set to meet some of the development objectives by 2005 and by 2015 respectively. As 2005 looms on the horizon, we are forced to take stock of the last four years and identify progress made towards achieving the eight thematic concerns of the MDGs. We are also forced to acknowledge that we are far from achieving any of the goals we set for ourselves and that major changes in strategy and implementation are needed if the MDG targets are to be met. Perhaps the greatest detractor to the attainment of some of the goals has been the devastating effect of the HIV and AIDS epidemics, which have seen women losing some of the gains made during the women's right movement. Young girls are increasingly being withdrawn from school because of lack of school fees as male breadwinners succumb to AIDS; women are taking on more care-giving roles to the detriment of any income-generating activities that they might otherwise have been involved in; violence against women has intensified and female representation in national parliaments has hardly improved since 2000. One can be forgiven for concluding that the MDGs have failed to improve the social, economic and political situation of African women and for questioning their utility. This paper will focus on progress made by African governments towards achieving the third goal, which advocates for the empowerment of women through improving their access to education, non-agricultural work and to political participation. This is by no means an expert nor exhaustive analysis of the third MDG, but rather an ordinary woman's view of fellow women's position in the African continent. Conclusions drawn here are based on the everyday experiences, observations and interactions that the author has had with everyday, ordinary women. Examples will be drawn from the Zimbabwean context in which these encounters are situated.

#### **Overview of the third Millennium Development Goal components**

The third millennium development goal seeks to "promote gender equality and to empower women". To track progress in the attainment of this goal, the following indicators were identified:

- the ratio of girls to boys in primary, secondary and tertiary education
- the ratio of literate women to men of 15-24 year olds
- the share of women in wage employment in the non-agricultural sector
- the proportion of seats held by women in national parliaments

Some of the gender goals that are to be achieved by 2005 include:

- to close the gender gap in primary and secondary education
- to remove all programme-related barriers to family planning
- to create and maintain non-discriminatory and gender sensitive legal environment by reviewing legislation with a view to removing discriminatory provisions by 2005 and eliminating legislative gaps that leave girls and women without protection of their rights and without effective recourse against gender-based discrimination

to develop and accelerate the implementation of national policies that promote advancement of women and women's rights and shared responsibility of men and women to ensure safe sex and empower women to have control over matters related to their sexuality and increase women's ability to protect themselves from HIV infection

#### **Taking stock of progress on gender equality and women's empowerment in 2004**

As 2005 draws near, what has been the progress towards attaining gender equality and women's empowerment? A look at the four indicators developed in 2000 shows that we are no where near to achieving any of them. In fact, a UNIFEM (2003) reports states that Sub-Saharan Africa has been the slowest, in the world, in achieving gender equality. The greatest limitation of the MDG's is that they are totally removed from the social, political and economic contexts in which they are to be implemented. It is no coincidence that Sub-Saharan Africa, which has had the slowest progress, also accounts for the majority of the world's HIV and AIDS cases, conflict and poverty. This paper will assess each of the four indicators for the gender equality and women's empowerment goal and use HIV and AIDS to illustrate why there is no ululation from African women as 2005 draws nigh.

##### *Indicator 1: increase the ratio of girls to boys in primary, secondary and tertiary education*

To help track progress towards gender equality and women's empowerment, a key indicator adopted by the Heads of States was the ratio of girls to boys in primary, secondary and tertiary education. Governments promised to have equal numbers of girls and boys at primary and secondary levels *preferably* by 2005, and definitely by 2015. On the eve of 2005, we are far from realizing this goal as, in 1999, girls represented just 82% of child enrolment in schools in Sub-Saharan Africa. Although this is an increase from 79% female enrolment in 1990, it represents a mere 3% increase over a 10 year period! In Zimbabwe the net primary school enrolment rose to 96%, in 2000, for boys and 90% for girls during the same period, up from 81.8% and 82% in 1994 respectively. Already gender disparities have begun to emerge in primary school enrolments threatening the goal of 100% female and male ratios in education by 2015. In secondary schools, 82% of males completed their education compared to just 73% of females in 2000 and enrolment ratios at secondary level were 42% for males compared to 40% for females. There are even fewer females enrolling for tertiary education. At the end of May 2003, there were just over 9,000 undergraduate students at the University of Zimbabwe and just over 2,000 were female. Female enrolment across five universities in Zimbabwe has increased by 2% from 30% in 2000 to 32% in 2001. The Zimbabwe Human Development Report of 2003 concludes that overally, enrolment of females at all levels of education still remains low in Zimbabwe.

While the indicator focuses on enrolment rates by gender, it does not assess the quality of education available to the girl-child and to the boy-child. For women to be truly empowered they need to be encouraged to pursue so-called "male subjects" like mathematics and sciences as such subjects lead to more prestigious careers and higher paying jobs. The quality of education accessible to a girl-child compared to the boy-child can also be measured in terms of how often a girl misses school for whatever reason, as this affects her ability to excel if she is absent from school regularly. This is an issue of concern in light of the HIV and AIDS epidemics as girls can miss classes regularly as they take on household chores and care-giving roles. The quality of education is also questionable nowadays as a result of high rates of HIV related morbidity and mortality among students and staff alike.

Poverty levels in Zimbabwe have been on a continual increase, with inflation rates of over 400% evidence of an incredibly diseased economy. In 2001 Zimbabwe was ranked 145<sup>th</sup> out of 175 countries on the Human Development Index. Research in the 1990's clearly illustrated the effect of economic hardships brought about by Economic Structural Adjustment Programmes on school attendance. A family finding it hard to make ends meet resorts to withdrawing the girl-child from school in favour of educating the boy-

child. As male breadwinners succumb to HIV and as mothers have less time on income generating projects, it is the girl-child who is withdrawn from school. Likewise, as children are orphaned and made vulnerable by HIV, the burden of survival for family members falls on the girl-child, who then drops out of school. Cases abound of girls as young as 12 going into commercial sex work as a survival strategy to keep bone and flesh together.

The extent to which the enrolment indicator takes these social and economic factors into account is uncertain and needs to be clarified if the goal is to be achieved. While education is essential to gender equality and women's empowerment, it is by no means a magic bullet or cure-all for women's unequal status in society. They will need to overcome more barriers even after attaining their degrees and diplomas as they try to enter the wage market, where they are pushed into lower-paying and less prestigious "feminine" jobs or where they become victims of sexual harassment and sexism.

*Indicator 2: increase the ratio of literate women to men of 15-24 year olds*

A second indicator adopted by Heads of State to assess whether the goal of gender equality and women's empowerment is to compare men and women's literacy levels. In sub-Saharan Africa, 30% of females compared to 20% of males aged 15-24 are illiterate. As at 1999, Zimbabwe recorded impressive literacy rates of 98.1% for young males and 98% for young females aged 15-24. However, a Canadian report produced in 2001, shows overall adult literacy in Zimbabwe at 93% for men and 85% for women. In terms of the Millennium Development Goals Zimbabwe appears to be on track and should be able to demonstrate 100% literacy rates among 15-24 year olds by 2015—all things being equal. For literacy among women to translate to their overall empowerment in society, cultural beliefs and traditional practices will have to be challenged. For instance, the level of violence against women has soared in recent years, again closely entwined with HIV and AIDS, poverty and conflict in Sub-Saharan Africa. In fact UNIFEM has declared that "violence against women has reached epidemic levels just like HIV and malaria. Women in Zimbabwe have remained vulnerable to HIV infection despite their relatively high levels of literacy and this illustrates that literacy alone is not enough to ensure gender equality and women's empowerment. No amount of literacy among women will protect them from HIV infection if they can not negotiate for safer sex with their partners. As we implement the MDG on gender equality, we need to begin to make men accountable for their actions and to challenge male privileges. Again, it is not clear how the implementation of the goal takes these contextual factors into account.

*Indicator 3: increase the share of women in wage employment in the non-agricultural sector*

Women in developing countries still produce up to 80% of the planet's food needs and they still dominate in agricultural work. This situation has not changed since the MDGs were drawn up. Where women are employed in the formal sector, they dominate in teaching and nursing and very few occupy senior positions in their workplaces. By 2002, 30% of senior positions in the civil service (Zimbabwe's largest employer) were occupied by women, up from 22% in the year 1997. The target is to reach the 50% mark by 2015. As a result of the HIV scourge, we see more women in AIDS Service Organisations and in home-based care work. However, even in care work, poor women are treated more as volunteers and are often not on a salary. Women therefore now spend more time tending to the sick, or making unpaid "careers" out of care-giving. This is just an extension of the domestic role assigned to the woman and we are further entrenching that as a society and further overburdening the poor woman, who now has less time to spend on getting an education for herself or on generating an income. After care-giving in the community, she still has to play her traditional role as a mother and wife. Educated women who make it into paid non-agricultural work still earn less for the same work as their male counterparts and they still have to deal with discriminatory practices relating to promotions and training opportunities, among other things. Classic examples would be the 10 universities in Zimbabwe, which are all headed by males, except the Women's University in Africa and the Zimbabwe Open University. At the University of Zimbabwe, less than 3 out

of 10 faculty deans are female and the situation worsens when one looks at the ratio of female department chairpersons in the 93 departments. This situation is representative of most institutions today and the pace at which women are promoted to occupy top posts needs to be accelerated.

*Indicator 4: increase the proportion of seats held by women in national parliaments*

The goal set by the Beijing Platform of Action of 1995, to have 30% of parliament seats occupied by women is still a pipe dream away. Currently, women make up a mere 15% of national parliaments globally. This represents a 2% increase since 1990 and a meagre 0.6% since 2002. As at 2000, women made up 11% of Zimbabwe's parliament, while in the year 2003 only 3 out of 21 cabinet ministers are female. Decision-making is still therefore very much a male preserve in the country and this poses a threat to the achievement of gender equality goal. It is not clear how governments have attempted to make it easier for women to enter the political arena. In fact, women are expected to campaign and resort to under-hand dealings that men resort to during their campaigns. Because of men's relatively high economic power they are able to "buy" votes (eg by providing beer, T-Shirts etc) and hire campaign managers. The low status of women in Africa makes it hard for them to employ similar tactics, and in some instances women who run for political office have been ostracized in their communities and have even suffered violence at the hands of their male partners. Attaining 30% representation of women in national parliaments will therefore not just happen by 2005, if the context in which women are expected to run for office is not addressed.

## **Conclusion**

If African governments are truly committed to achieving gender equality and women's empowerment by 2015, they will need to demonstrate political will to the third MDG. As it stands right now, six months before 2005, we have hardly anything impressive to report. If anything, the quality of life for women and girls appears to be on a steady decline in Zimbabwe because of HIV and AIDS and poverty. If the Zimbabwean government is committed to gender equality, a good starting point to affirm this commitment will be to remove completely, or amend Section 23 of the Zimbabwean Constitution. Zimbabwe has been party to international instruments aimed at improving girls and women's situations, such as the Declaration on Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention of the Rights of the Child; we have even introduced Affirmative Action for female students in universities and introduced the Basic Education Assistance Module and still gender equality has not been realized. We need to see governments doing something differently to convince us that the MDG's will not join our archives as "excellent, well-meaning documents", but that our governments will breathe life into them by taking drastic measures such as amending gender-insensitive national constitutions and taking definite positions against violence against women especially in the home and making men much more accountable for their actions. There have been some gains made towards realizing gender equality in the last four years, I am sure, but from where stand I see very little to ululate about...

## APPENDIX 6

### Discussion points on Millennium Development Goals 4 and 5

Prepared by Edinah Masiyiwa

The 2003 – 2007 Strategic plan document acknowledges that the gains that had been made in the health delivery system have been eroded by the situation we are in. “Post independence gains in reproductive health could soon be eroded owing to prohibitive costs of maternity services in most health institutions throughout the country.” (*Herald 15 June 2004*)

The deterioration in the public health delivery system has had a negative impact on maternal and child health. The public health delivery system is failing to cushion the poor, who are the major consumers of the health system. The low income population can no longer afford to get ill because they cannot afford the expensive curative services. They also cannot afford to fall pregnant. This was quite apparent in the case of women who were detained at Harare Hospital after delivery because they could not pay the maternity fees.

There has been reference to the 3Ds, which contribute to the rise in maternal mortality. These three are delay at home, delay at the clinic and delay at the central hospital.

#### Delay at home

In most cases a pregnant woman will not make a decision to go to a health centre on her own. She will need the husband and the whole family to agree that she goes to the health centre. Decision making is at the core if at all there is meaningful reduction of maternal mortality rate. Women lack the empowerment that is needed to make decisions about their health.

With introduction of cost recovery women are now delaying to book for antenatal care or they do not book at all. This means possible complications are not detected early enough for intervention.

#### Delay in getting to health centre

Once decision to go to the health centre has been made there could be a delay to get to the health centre. There could be no transport to take the pregnant woman to hospital.

#### Delay in the hospital

There can be delay in attending to the woman once she is in the hospital or health centre mainly because of the following factors:

No skilled personnel

No drugs

No communication to transfer patient if there is no phone.

#### Resettlement

With people having been resettled another challenge is the distance to the health center.

#### Access to safe abortion

Unsafe abortion is another factor contributing to maternal mortality. The post abortion programme that has been introduced by the Ministry of Health and Child Welfare is commended. More work needs to be done in this area. “ With effective contraception, women will no longer need abortions”. This is a myth.

Women continue to have unsafe abortions despite available contraceptives.

Has anyone asked why women continue to have unsafe abortions despite the fact that these abortions are illegal.

“Without money you can even die” (Mrs. Chenai Gumbo – Herald 15 June 2004)

What choices do women have?

Women are now choosing to deliver at home because:

Health centres are too far away

They cannot afford the cost

Health worker attitude

**HIV and AIDS**

Compromised health of HIV positive people is continuing.

Child mortality rate especially the under 5 years is increasing due to HIV and AIDS. Children are succumbing to AIDS before they reach age of five.

The prevention of mother to child transmission of HIV programme is welcome. However there is need to reflect on its effect on maternal mortality. Women are being used as safe passages to deliver healthy babies. No one cares about the mother whose health is already compromised by the pregnancy.

**Poverty**

Increasing levels of poverty are also contributing to an increase in child mortality. Children are dying because they do not have enough food.

There is need to address the economic environment to ensure the two millennium development goals discussed above are a success.

*APPENDIX 7*

Zimbabwe Civil Society MDG Workshop

7-8 July 2004

by ZERO

Topic: Combating HIV&AIDS, Malaria & other Diseases

## 1. Introduction

The millennium development goals are very noble declarations but may not, as what has happened with other declarations, harness efforts of all to make a meaningful and measurable impact. This paper outlines some of the reasons for skepticism, the challenges faced and some suggestions that could be taken into consideration in strengthening the Millennium Development Goals Campaign with specific focus on Goal No 6. The views expressed do not express the presenter's organizational perspective but are based on the experiences in working in AIDS Service Organisations, the operating environment, and observations from the first Zimbabwe National HIV & AIDS Conference.

## 2. Summary of Goal No 6 - Combat HIV&AIDS, Malaria and other Diseases

**Target 7:** Halt and begin to reverse the spread of HIV and AIDS

### **Indicator for prevalence:**

Levels of the HIV & AIDS epidemic tracked on the basis of the estimated prevalence rates in the population 15-49

Indicator for progress in prevention

Percentage of people who know the basic facts on HIV&AIDS

Indicator of children orphaned by AIDS

Ratio between school attendance of orphans to school attendance of non orphans

Target 8: Halt and begin to reverse the incidence of malaria and other major diseases

No of young children 0-4 dying from malaria

Percentage of children who sleep under insecticide-treated bed nets

Percentage of those treated with anti-malaria drugs

Tuberculosis

Prevalence rates in the total population

Number of deaths from TB

## 3. Who Subscribes to this Goal?

Judging from the numerous members of ZAN, attendances at the National AIDS conference, the players contributing to this goal are many. The question however is how many of these understand what the Millennium Development Goals are and are working consciously towards them? It would be interesting to run a rapid assessment to find out this statistic. More important however if we do not have baseline information on the stakeholders participating towards this goal, means of capturing their efforts, the train may run without a driver and the danger is it may crush. This is not to say nothing is happening, this workshop is testimony of the effort, we have noted the UN making efforts to strengthen the Ministry of health capacity, sponsoring the conference to take stock is another such effort. The challenges are however many: Data particularly in NGO and Private sector is lost. Many organizations and players in the field do not know and /or understand what the Millennium Development Goals are about hence their contribution and effort is lost.

## Current Efforts and Related Challenges

Prevention

a) VCT

the number of VCT centres is still very low and can be scaled up by provision of VCT in PMTCT centres. Mobile outreach VCT service provision has managed to bring services closer to the people. The challenges to this have been coordination and packaging the services so that communities are mobilized, services are provided regularly, support systems are available for the tested. Some sites have revealed very high HIV positivity rates calling for closer analysis of factors fuelling HIV spread in those pockets and assessment of effectiveness of behaviour change strategies being used.

## **b) PMTCT**

Provision of this service has been scaled up significantly. The challenge is to apply a holistic approach to the problem. Do we want to increase the numbers of orphans knowing the child without a mother faces? Who has been mobilized to take up the PMTCT plus?

While the choice of having a baby is a human right how do we measure the success of PMTCT looking at reducing prevalence? More proactive prevention strategies need to be engaged. People need to make informed choices about having children not just bounce onto PMTCT programme.

## **c) Awareness and Education**

Many rapid assessments have reported very high levels of awareness on HIV and AIDS. Yet behaviour change remains a problem. It would again appear like our strategies are not facilitative enough. AIDS prevention programmes were introduced in schools and now very little of them is talked about.

Entertainment and Education was once the thing and seems to have died down as focus shifts. If over 80% of Zimbabweans are Christians in this country, where is the church and what role is it playing? Does it maintain a silence? Are church leaders equipped enough to deal with issues of HIV? Judging from the prevalence of extra marital relationships, premarital sex, alarms raised at the National HIV and AIDS conference when a female pastor called for banning of polygamy in this country it is evident that we cannot fool ourselves in thinking that we really a god fearing nation that can rely on promotion of moralistic behaviours to prevent HIV spread. Yes the churches should be mobilized to play their part vigorously but there is need to do things differently if we are going to get results. The policy needs urgent review so it can allow certain things to happen. Why can't HIV infection be treated like any other STD? People have over and over called for this, this means then health personnel can diagnosis freely, partner/partners can be notified, caregivers can take precautions, stigma can be reduced, condoms can be promoted more freely. We are spending lots valuable time trying to deal with stigma and discrimination while creating more of it when we could be moving on. This is not to say there won't be any negative effects with taking this direction but the benefits outweigh the disadvantages.

## **4.2 Care**

Many players are participating in provision of care. Some of the key activities include:

Home Based Care- Guidelines /Manual launched years after the existence of programme and still not available for use after the launch

Care of orphans and vulnerable Children- Policy developed but not readily accessible to end users

Nutrition –noted to be playing a vital but no scientific evidence shared to strengthen adoption. Guidelines running behind: just launched these yet so many initiatives being implemented by various NGOs

Traditional Medicines being encouraged by various NGOs. Communities coming up with lots of herbal gardens but very little information on doses and uses.

Treatment of opportunistic infections

Anti retroviral treatment provision

These efforts also impact on the goal 6 of halting and beginning to reverse the spread of HIV and AIDS in that the infected can be educated not to pass on the virus to partners and care givers, life and productive years of the infected are increased. Orphan hood is delayed and/or reduced. In some cases viral load is reduced so much, offering HIV positive people opportunity to have an HIV free baby. However the guidelines and protocols are running behind programmes. There is need to be more proactive.

Many organization are promoting many herbal and traditional treatments for HIV. The Nutrition guidelines just launched did not take this into consideration. Not much literature or research is available on the uses and doses of these. Their effectiveness is based on the use by some PLWA.

Guidelines on use of antiretroviral drugs have been developed but to whom have these been channeled. Antiretroviral drugs are coming into the country; people who can afford are buying antiretroviral drugs from pharmacies. The viral load tests and the CD 4 cell counts are not done in many instances because

people cannot afford them. Since public health institutions cannot afford to cater for all those who require these drugs what measures are being taken to ensure that the private sector is facilitated to scale up services correctly?

We know that there are measures to strengthen the health care system. In the absence of adequate resources the strategies are taking long and people are adopting whatever coping mechanisms they can. Perhaps there is need to look at some of the strategies that were adopted after independence in order to scale up services to people in the community and resettlement areas.

Needs of the elderly need to be addressed and these include food security issues, care of the sick, orphans and vulnerable children.

In addressing all these issues there is need for true community participation and involvement for sustainability.

### **Other Diseases**

Considerable efforts by the UN to assist Ministry to control diseases such as Malaria, TB, cholera and rabies are noted. More however needs to be done to reduce morbidity and mortality from these diseases.

### **5. Recommendation**

There is need to aggressively tackle poverty

True community involvement and participation required

Our strategies could be more coordinated so that there is continuum. The ministry, technical and umbrella bodies need to aggressively address this issue.

More needs to be done to mobilize stakeholders to be committed to the achievement of these goals. A statement of commitment or MOUs could facilitate commitment and access to data.

There is need to strengthen the capacity of the Ministry to coordinate and direct efforts. For example, it could help if it was mandatory for all AIDS Service Organizations to submit their data to Ministry. Simple formats could be adopted. Ministry needs to be capacitated to collect, analyse and feedback information to direct efforts.

More proactive development of guidelines and wide circulation is required not just documentation of what has been happening in the field.

There is need to create a supportive environment for adoption of HIV and AIDS preventive strategies (reduce poverty, capacitate churches to deal with HIV, increase availability of VCT, PMTCT, condoms etc)

### **6. Conclusion,**

The millennium development goals are very noble. The challenges are many. The driving forces and stakeholders need to critically look at the past to pave the future and not hope to get different results from doing the things in the same manner.

MDGs campaign Taskforce (Confirmed)

Organisation	Contact Person	Address	Email, telephone & fax
Africa Forum & Network on Debt and Development (AFRODAD)	Charles Mutasa	207 Fife Avenue, 10 <sup>th</sup> Street, Harare	T: 702903 F: 702143 Email: <a href="mailto:charles@afrodad.co.zw">charles@afrodad.co.zw</a>
Community Organisations Regional Network (CORN)- Zimbabwe	Mr. Israel Mabhoo		Tel: 771 333 Mobile: 091 924 151 Fax: Email : <a href="mailto:itmabhoo@yahoo.com">itmabhoo@yahoo.com</a>
Confederation of Zimbabwe Industries (CZI)	Acting CEO Mr. Farai Zizhou	31 J. Chinamano Av, Harare	T: 251495/6 F: 252 424 Email: <a href="mailto:fzizhou@czi.co.zw">fzizhou@czi.co.zw</a>
Environment Liaison Forum (ELF) ( <i>lead</i> )	Mrs. Irene Sharp	Mukuvisi Woodlands Park	Tel: 747859 Mobile: 091 308 827 Fax: 47411 Email : <a href="mailto:mashwild@utande.co.zw">mashwild@utande.co.zw</a>
Federation of African Media Women Zimbabwe (FAMWZ)	Sinikiwe Musipa		T: 771071 F: 770480 Email: <a href="mailto:famwz@mweb.co.zw">famwz@mweb.co.zw</a>
Geography Dept. UZ	Dr. Zanamwe	University of Zim Geo. Department	Tel: 303 211 _1265 Mobile: 023- 315 119 Fax: 322 059 Email : <a href="mailto:zanamwe@arts.uz.ac.zw">zanamwe@arts.uz.ac.zw</a>
Girl Child Network (GCN)	Betty Makoni	131 Diriri Road, Unit F Chitungwiza	T: 070- 31132 F: 21505 Email: <a href="mailto:gcn@zol.co.zw">gcn@zol.co.zw</a>
Glen Forest Training Centre (GFTC) ( <i>lead</i> )	Mr. John Chitekuteku	2 Torfell Close Box BW 309, Borrowdale, Harare	Tel: 860 972 Mobile: 011 400 435 Fax: 860 971 Email :
Intermediate Technology Development Group (ITDG) ( <i>Lead</i> )	Mr. Alex Mugova	3 <sup>rd</sup> Floor, Coal House Cnr L. Takwira/N. Mandela Ave P O Box 1744, Harare	Tel: 780 995 / 750880 Mobile: Fax: 771 030 Email: <a href="mailto:alexm@itdg.org.zw">alexm@itdg.org.zw</a>
MWENGO	Thomas Deve	20 McChlery Ave Eastlea	<b>Tel</b> : 721469/700090 <b>Mobile</b> : <b>Fax</b> : 738310
National Association for non-governmental Organisation (NANGO)	Mrs. Judith Chaumba	19 Selous Avenue, Harare	Tel: 708 761 Mobile: 091 241 583 Fax: 794 973 Email : <a href="mailto:info@nango.org.zw">info@nango.org.zw</a>
Poverty Reduction Forum (PRF)	Dr. ChimaniKire	Institute of development Studies, University of Zimbabwe	T: 333341 / 3 F: 307907 Email: <a href="mailto:dpchimanikire@science.uz.ac.zw">dpchimanikire@science.uz.ac.zw</a>
Technology Development	Ebbie Dengu	870 Wilton Avenue,	T: 303885 / 495 093

Services Africa (TDSA)		Strathaven, Harare	cell: 091 235 100 Email: <a href="mailto:ebbidengu@comone.co.zw">ebbidengu@comone.co.zw</a> <a href="mailto:tdsafrica@comone.co.zw">tdsafrica@comone.co.zw</a>
Young Generations Development Organisation of Zimbabwe	Mr. Aurther Machokoto	18 Mitchell Road Greendale, Harare	Email: <a href="mailto:Zimnet@samara.co.zw">Zimnet@samara.co.zw</a> Phone: 496 105 Fax: 496 105 Cell: 091 246 865
Zimbabwe Coalition on Debt & Development (ZIMCODD)	Mr. D. Malungisa	5 Orkney rd. Eastlea, Harare	T: 776830/31/35 F: Email: <a href="mailto:zimcodd@africaonline.co.zw">zimcodd@africaonline.co.zw</a>
Zimbabwe Congress of Trade Unions (ZCTU)	Mr. Tafadzwa Mahere	88 Speke Avenue 9 <sup>th</sup> Fl. Chester House	Tel: 794 742 / 793093 Mobile: Fax: 728 484 Email : <a href="mailto:worker@africaonline.co.zw">worker@africaonline.co.zw</a>
Zimbabwe Cross Border Traders Organisations Network (ZIBCON)	Mr. Augustine Tawanda  Mrs. Jiri	959 Unit G Seke, Chitungwiza  43 Bradley Road, Waterfalls, Harare	Tel: N/A Mobile: 091 259 620 Fax: N/A Email : N/A  Mobile: 091 907 933 Fax: N/A Email : N/A Tel: N/A
Zimbabwe Networking Environment Trust (ZIMNET)	Mr. Tasosa	18 Mitchell Road, Greendale, Harare	T: 496105 F: 496105 Email: <a href="mailto:zimnet@samara.co.zw">zimnet@samara.co.zw</a>
Zimbabwe Women's Bureau (ZWB)	Ms. Betha Msora	43 Hillside Road, Harare	T: 747809 / 905 F: Email: Email: <a href="mailto:zwbtc@africaonline.co.zw">zwbtc@africaonline.co.zw</a>
Zimbabwe Women's Resource Centre Network (ZWRCN)	Isabella Matambanandzo	288 H. Chitepo Ave Harare	<b>Tel</b> : 737435 <b>Mobile</b> : N/A <b>Fax</b> : 720331

- ZERO REGIONAL ENVIRONMENT ORGANISATION  
**MILLENNIUM DEVELOPMENT GOALS (MDGs) WORKSHOP**  
**7 & 8 JULY 2004, SHERATON HOTEL**

**ATTENDED**

<b>Network/ Organisations</b>	<b>Contact Person/ Position</b>	<b>Address</b>	<b>Contact Details</b>
City of Mutare	Lovemore Chitima	P O Box 910 Mutare	Tel: 020 68724 Cell: 023 410 625 Fax: Email
Urban Councils Association of Zimbabwe	Alson Darikayi		Tel: Cell: Fax: Email:
PRESS	Frank Chikowore	P O Box 3951 Harare	Tel: Cell:023 273 572 Fax: Email:francochikowore@yahoo.com
Labour & Economic Development Research Institute of Zimbabwe (LEDRIZ)	Prosper T M Chitambara	9 <sup>th</sup> Floor Chester House	Tel:793093 Cell:091 949 679 Fax:728484 Email:ledriz@africaonline.co.zw
Consultant	Sifiso Chikandi	135 The Chase Mount Pleasant Harare	Tel: 744268 Cell:091 333 321 Fax: Email:sifisoch@ecoweb.co.zw
Unicomm	Francis Mukuzunga		Tel: 308935 Cell: 023 309 082 Fax: Email: unicommfranco@yahoo.com

## PARTICIPANTS HARARE

<b>Network/ Organisations</b>	<b>Contact Person/ Position</b>	<b>Address</b>	<b>Contact Details</b>
✓ African Forum and Network on Debt and Development (AFRODAD)	Mr C Mutasa Programme Officer	31 Atkinson Drive Hillside Harare	Tel: 776837 Cell:091 415 720 Fax: 747767 Email: <a href="mailto:afrodad@afrodad.co.zw">afrodad@afrodad.co.zw</a>
✓ African Forum and Network on Debt and Development (AFRODAD)	Ms M Chidaushe	31 Atkinson Drive Hillside Harare	Tel: 778531/778536 Cell:011 735 328 Fax: 747767 Email: <a href="mailto:moreblessing@afrodad.co.zw">moreblessing@afrodad.co.zw</a>
✓ African Institute for Agrarian Studies Trust (AIAS Trust)	Prof. S Moyo	19 Bodle Avenue Eastlea Harare	Tel: 795751 Cell: 011 221 675 Fax: 795754 Email: <a href="mailto:sammoyo@ecoweb.co.zw">sammoyo@ecoweb.co.zw</a>
✓ Campaign for Female Education (CAMFED)	Ms J Kumire Education Programme Manager	288 Herbert Chitepo Ave P O Box 4104 Harare	Tel: 737435 Cell:091 398 188 Fax: 720331 Email <a href="mailto:jkumire@camfed.org">jkumire@camfed.org</a> <a href="mailto:camfed@zwrn.org.zw">camfed@zwrn.org.zw</a>
✓ Community Organisation Regional Network (CORN)	Mr I T Mabhoo Chairman	15295 cnr 1 <sup>st</sup> /8 <sup>th</sup> Crescents Sunningdale 2 Harare	Tel: 589625 Cell:091 924 151 Fax:799600 Email: <a href="mailto:k:itmabhoo@yahoo.com">k:itmabhoo@yahoo.com</a>
✓ Community Technology Development Trust (CTDT)	Mr A Mushita The Director	286 Northway Road Waterfalls P O Box 7232 Harare	Tel: 576091 Cell : 011 607 732 Fax : 576108 Email: <a href="mailto:andrew@ctdt.co.zw">andrew@ctdt.co.zw</a>
✓ Consultant	Ms U Chari	6 Normanton Road Marlborough Harare	Tel: 300871 Cell091382982 Fax: 300871 Email: <a href="mailto:chari@mango.zw">chari@mango.zw</a>
✓ Development Consultant	Mr R Mpande	17231 Borrowdale West Harare	Tel: 851243 Cell: 011403571

			Fax: 720331 Email: <a href="mailto:mpander@ecoweb.co.zw">mpander@ecoweb.co.zw</a>
✓ Environment Africa	✓ Ms C Hewat Director  ✓ Sophie Mutsekwa	3 Durham Road Avondale West P O Box CY385 Causeway Harare	Tel: 302886 /302236 Cell: 011 408 864 Fax: 339691 Email: <a href="mailto:charlie@eafrica.utande.co.zw">charlie@eafrica.utande.co.zw</a>  Tel: Cell: 011 418 872 Fax: Email: <a href="mailto:africapr@utande.co.zw">africapr@utande.co.zw</a>
✓ Environmental Liaison Forum (ELF)	Ms I Sharp	P O Box GD800 Greendale Harare Mukuvisi Woodlands Environment Centre	Tel: 747859/500 Cell: 091 308927 Fax : 747174 Email: <a href="mailto:mashwild@utande.co.zw">mashwild@utande.co.zw</a>
✓ Environmental Liaison Forum (ELF) (The Zambezi Society)	Mr F Mugadza	P O Box HG774 Highlands Harare	Tel: 747004 Cell: 091 246 705 Fax : 747002 Email:
✓ Federation of African Media Women Zimbabwe (FAMWZ)	Ms S Musipa Acting Director  ✓ Patience Zirima	102 Samora Machel Avenue West P O Box UA 439 Union Avenue Harare	Tel: 771071, 770480, 756466/7 Cell: Fax: 770480 Email: <a href="mailto:famwz@moweb.co.zw">famwz@moweb.co.zw</a> Tel: 771071 Cell: 023 414 964 Fax: Email: <a href="mailto:patiencezirima@yahoo.co.uk">patiencezirima@yahoo.co.uk</a>
✓ Friedrich Naumann Foundation (FNF)	Mr E E Moyo	5 Bath Rd Belgravia Harare	Tel: 793445/6; 790610 Cell: 091 320446 Fax: 708760 Email: <a href="mailto:moyo@earth.co.zw">moyo@earth.co.zw</a>
✓ Friedrich Naumann Foundation (FNF)	Mr R Ngwenya	5 Bath Rd Belgravia Harare	Tel: 793445/6; 790610 Cell: 091 256 326 Fax: 708760

			Email::
✓ General Agriculture and Plantation Workers' Union of Zimbabwe (GAPWUZ)	Ms G Hambira Education/Child Coordinator	14 McLaren Road Milton Park Harare	Tel: 741937 Tel/Fax: 797918 Cell: 011 411 842 Email <a href="mailto:gapwuz@africaonline.co.zw">gapwuz@africaonline.co.zw</a> (n/work)
✓ Girl Child Network	Ms B Makoni	131 Diriri Road Unit F Chitungwiza	Tel: 070- 21509 Cell:091 288 251 Fax: 070-31132 Email <a href="mailto:gcn@zol.co.zw">gcn@zol.co.zw</a>
✓ Glen Forest Development Centre	Mrs E Marowa Coordinator	P O Box BW46 Borrowdale Harare	Tel:862074 Cell:091 241 307 Fax: Email:
✓ Glen Forest Training Centre (GFTC)	Mr Chitekuteku Director	2 Torfell Close P O Box BW131 Borrowdale Harare	Tel: 860972 Cell:011 400 435 Fax: 860971 Email:
✓ Intermediate Technology Development Group Southern Africa (ITDG)	Mr A Mugova  ✓ E Mupinga	4 Ludlow Road Newlands Harare	Tel: 750880-2/775480/759827- 8/ 780992-5/776107/788157 Cell:091 402 896 Fax: 788157 Email: <a href="mailto:ernestm@itdg.org.zw">ernestm@itdg.org.zw</a>  Tel: 776631-3 Cell: 011 207 160 Fax: 788157 Email: <a href="mailto:ernestm@itdg.org.zw">ernestm@itdg.org.zw</a>
✓ IRED-Development Innovations & Networks	Mr Mwaniki The Director  ✓ Patience Shanduka	1 Harvey Brown Milton Park Harare  P O Box CY3 Harare	Tel: 799597 -9 Cell: 011 211 584 Fax: 799600 Email: <a href="mailto:ired@africaonline.co.zw">ired@africaonline.co.zw</a>  Tel: 799597

			Cell:023 295 568 Fax:799600 Email:pshanduka@yahoo.com
✓IUCN-The World Conservation Union - Regional Office for Southern Africa (IUCN-ROSA)	Dr J Murombedzi Director  M Gomera	6 Lanark Road Belgravia P O Box 745 Harare	Tel: 728266/7,706261,705714 Cell:011 410 894 Fax:720738 Email <a href="mailto:james.murombedzi@iucnrosa.org.zw">james.murombedzi@iucnrosa.org.zw</a>  Tel: 728266 Cell: 091 333 397 Fax: 720738 Email: maxwellg@iucnrosa.org.zw
✓James Mobb Immune Enhancement	Dr R Nywenya	132 Josiah Chinamano Ave Harare	Tel:701847/702019 Cell:011 746 661 Fax: Email:jamesmob@africaonline.co.zw
✓Life Explosion Trust	Mr Wazara	25 Selous Ave Harare	Tel: 795988 Cell: 091 600 603 Fax:252446 Email 600603@ecoweb.co.zw
✓Municipal Development Programme	✓Mr T Mubvami Programme Officer  ✓S Mushamba	7 <sup>th</sup> Fl. Hurudza House 14-16 N. Mandela Ave Harare	Tel: 774385/6 Cell: 011 607732 Fax : 774387 Email: tmubvami@mdpafrika.org.zw Tel:774 385/6 Cell:091 234 990 Fax:774387 Email:smushamba@mdpafrika.org.zw
✓MWENGO	✓Mr T Deve  ✓Grace Chikoda	20 McChlery Ave Eastlea Harare	Tel: 700090Cell: 091 204 793 Fax : 738310 Email: Thomas@mwengo.org.zw Tel: 700090 Cell: Fax: 721469

			Email: <a href="mailto:vivagee@hotmail.com">vivagee@hotmail.com</a>
✓ National AIDS Council (NAC)	Mr A Mpfu	100 Central Avenue Box MP1311 Mount Pleasant Harare	Tel: 791172/8 Cell: 011 417 719 Fax: Email: <a href="mailto:ampofu@nac.co.zw">ampofu@nac.co.zw</a> <a href="mailto:secretariat@nac.co.zw">secretariat@nac.co.zw</a>
✓ Poverty Reduction Forum Institute of Development Studies	Mrs J Kaulem	University of Zimbabwe P O Box MP167 Mount Pleasant Harare	Tel: 307907 Cell:011 860 696 Fax: 307907 Email: <a href="mailto:jkaulem@prf.org.zw">jkaulem@prf.org.zw</a>
✓ Scientific & Industrial Research & Development Centre (SIRDC)	Ms J Tagwireyi	154 Alpes Rd Hatcliff	Tel: 860320-31 Cell:011 410 980 Fax: 860350 Email: <a href="mailto:juliatag@mweb.co.zw">juliatag@mweb.co.zw</a>
✓ Southern Africa HIV/AIDS Information Dissemination Service (SAFAIDS)	Ms L Lunga  ✓ Cecilia Mhiti	17 Beveridge Road Avondale Harare	Tel: 336193/4 , 307898 / 9 Cell: 091 240 224 Fax: 336195 Email: <a href="mailto:lois@saf aids.org.zw">lois@saf aids.org.zw</a> Tel: 336193 Cell: Fax:336195 Email: <a href="mailto:info@saf aids.org.zw">info@saf aids.org.zw</a>
Shape Zimbabwe	Mrs Tsitsi Masvaure Deputy Director	UZ Students Affairs Building Office 8 P O Box MP138 Mount Pleasant Harare	Tel: Cell: 091 323 944 Fax: Email: <a href="mailto:tmasvaure@yahoo.com">tmasvaure@yahoo.com</a>
✓ Technology Development Services in Africa (TDS-Africa)	Mr E Dengu	870 Wilton Ave Strathaven Harare	Tel: 303 885 Cell:091 235 100 Fax: Email: <a href="mailto:ebbidengu@comone.co.zw">ebbidengu@comone.co.zw</a>
✓ Trade Centre	Mr A Makochenwa	3 Downie Avenue Belgravia	Tel: 790423 Cell:091 361 509

		Harare	Fax: 790431 Email: <a href="mailto:amakoche@yahoo.com">amakoche@yahoo.com</a> <a href="mailto:Tradesc@africaonline.co.zw">Tradesc@africaonline.co.zw</a>
✓ University of Zimbabwe	Ms D Mushayavanhu Lecturer Faculty of Law	P O Box MP167 Mount Pleasant Harare	Tel: 333556/301084 Cell: 091 400382 Fax: 333556 Email: <a href="mailto:vamusha@ecoweb.co.zw">vamusha@ecoweb.co.zw</a>
✓ University of Zimbabwe Department of Teacher Education	Dr O Shumba	P O Box MP167 Mount Pleasant Harare	Tel: 303211 Cell: 011 805 568 Fax 303291 Email <a href="mailto:oshumba@yahoo.co.uk">oshumba@yahoo.co.uk</a>
✓ University of Zimbabwe Geography Department	Dr L Zanamwe Lecturer	P O Box MP167 Mount Pleasant Harare	Tel: 303211 Ext. 1265 Cell: 011 762 264 Fax: 322059 Email: <a href="mailto:zanamwe@arts.uz.ac.zw">zanamwe@arts.uz.ac.zw</a>
✓ Women's Action Group (WAG)	Ms Masiyiwa The Director	11 Lincoln Road Avondale Harare	Tel/Fax: 339292 Cell: 091 272 422 Email <a href="mailto:wag@wag.org.zw">wag@wag.org.zw</a>
✓ Women and AIDS Support Network (WASN)	Ms E Gunduza The Director  ✓ Anna Colletor	13 Walterhill Avenue Eastlea Harare	Tel: 791401/2/4 Cell: Fax: 791401/2/4 Email: <a href="mailto:director@mweb.co.zw">director@mweb.co.zw</a> <a href="mailto:Wasn@mweb.co.zw">Wasn@mweb.co.zw</a> Tel: 790401/3 Cell: 091 382 858 Fax: Email:
✓ Women and Law in Southern Africa (WLSA)	Ms S Chirawu	C/o Wildaf 2 <sup>nd</sup> Floor Zambia House Kwame Nkrumah Avenue Harare	Tel: 771959 Cell: 091 314 904 Fax: 781886 Email: <a href="mailto:schirawu@yahoo.com">schirawu@yahoo.com</a> <a href="mailto:Wlsazimbabwe@africaonline.co.zw">Wlsazimbabwe@africaonline.co.zw</a>
✓ World Vision International	Mr F Kaitano Area Development Programme Manager	59 Joseph's Road Mount Pleasant P O Box 2120	Tel: 778228 Cell: 011 211 225 Fax: 301330

		Harare	Email: francis.kaitano@wvi.org
✓ World Vision International	✓ Mrs M Hatendi  ✓ Monica Mandiki	59 Joseph's Road Mount Pleasant P O Box 2120 Harare	Tel: 301178/80 Cell:091 226 279 Fax: 301330 Email: <a href="mailto:mercy_hatendi@wvi.org">mercy_hatendi@wvi.org</a> Tel:301178 Cell:011 418 154 Fax: Email monica_mandiki@wvi.org
✓ Young Generation Development Organisation of Zimbabwe (YGDOZ)	Mr Nyakuromba	c/o Zimbabwe National Environment Trust 18 Mitchell Road Greendale Harare	Tel: 496105 Cell:023 280 576 Fax: 496105 Email: nyakuromba@yahoo.com
✓ Zimbabwe Coalition on Debt & Development (ZIMCODD)	Mr D Malungisa The Director  ✓ Dewa Mavhinga	5 Orkney Rd Eastlea P O Box 1524 Harare	Tel/Fax: 776830/31/35 Cell:023414827 Email: <a href="mailto:dmalungisa@zimcodd.co.zw">dmalungisa@zimcodd.co.zw</a> or <a href="mailto:zimcodd@africaonline.co.zw">zimcodd@africaonline.co.zw</a> Tel: 776830/1 Cell: 091 300 971 Fax: 776830 Email: dewa@zimcodd.co.zw
✓ Zimbabwe Coalition on Debt & Development (ZIMCODD)	Mr J Mabenge Senior Policy and Advocacy Officer Trade, Privatisation and Globalisation	5 Orkney Rd Eastlea P O Box 1524 Harare	Tel/Fax: 776830/1 Cell:091 904 479 Fax: 776 830/1 Email: mabenge@zimcodd.co.zw or <a href="mailto:zimcodd@africaonline.co.zw">zimcodd@africaonline.co.zw</a>
✓ Zimbabwe Congress of Trade Unions (ZCTU)	Dr G Kanyenze or Representative Chief Economist  ✓ Vimbai Mushongera	10 <sup>th</sup> Floor Chester House Speke Ave Harare	Tel: 793093/794742/702 Cell: Fax: 728484 Email: <a href="mailto:ledriz@africaonline.co.zw">ledriz@africaonline.co.zw</a> Tel: 793093/794742 Cell: 091 243 048 Fax: 728484

	✓Elijah Mutemeri (ZCIEA Informal)		Email: <a href="mailto:sg@zctu.co.zw">sg@zctu.co.zw</a> Tel: 793093 Cell: 011 610 715 Fax: Email:emmanuel mutemeri@yahoo.com
✓Zimbabwe Cross Border Traders' Association (ZCBTA)	Mr A Tawanda Secretary	959 Unit G Seke Chitungwiza	Tel: Cell: 091 259 620 Fax: Email
✓Zimbabwe Community Based Organisation Network (ZIMCBONET)	Ms T C Jiri Representative	43 Bradley Road Waterfalls Harare	Tel: Cell: 091 907 933 Fax: Email tendyjiri@yahoo.com
✓Zimbabwe Decentralised Cooperation Programme (ZDCP)	Mr S Kudhlande Regional and Monitoring Coordinator	46 Lawson Avenue Milton Park P O Box A1782 Avondale Harare	Tel: 252027/9 Cell:091 347344 Fax: 251811 Email: skudhlande@zdcpc.org
✓Zimbabwe Farmers' Union (ZFU)	Mrs L Kujeke-Goliati Women & Youth Coordinator	102 Fife Avenue Cnr 2 <sup>nd</sup> Str P O Box 3755 Harare	Tel: 251861-8 Cell:091 319 226 Fax: 250925 Email: zfuhq@africaonline.co.zw
✓Zimbabwe National Environment Trust (ZIMNET)	Mr A Mutasa	18 Mitchell Road Greendale Harare	Tel: 496105 Cell: N/A Fax: N/A Email:
✓Zimbabwe Opportunities Industrialisation Centre (ZOIC)	Mr P Bohwasi Executive Director	Room 39, Block 3 Makombe Complex Harare Street	Tel: 252767 Cell:091601914 Fax: 252768 Email: phillip@zoic.co.zw
✓Zimbabwe Trust - Zimtrust	✓Mr C Chinhoyi  ✓Mr V Nyakaza	3 Allan Wilson Road Belgravia Harare	Tel: 708841/730543 Cell:091 221 575 Fax: 795150 Email: <a href="mailto:chinhoyi@zimtrust.org.zw">chinhoyi@zimtrust.org.zw</a> Tel:708841

			Cell: 023 419 405 Fax: Email:nyakaza@hotmail.com
✓ Zimbabwe Women's Bureau (ZWB)	Ms. B Msora Director	43 Hillside Road Hillside P O Box CR 120, Cranborne Harare	Tel/Fax:747809/747905/747433 Cell:011631532 Email: zwbtc@africaonline.co.zw
✓ Zimbabwe Women Lawyers Association	Mrs E Muchawa Director	17 Fife Avenue Greenwood Park Harare	Tel:706676/703766 Cell: Fax: 706920 Email zwala@zol.co.zw

#### **PARTICIPANTS - OUTSIDE HARARE**

✓ Africa 2000 Network	Mr O Mugweni	17 Wistaria Road Rhodene Masvingo  C/o 60 Selous Avenue P O Box 477 Harare	Tel: 039 64008 Cell: 011 202 312 Fax: 039 64008 Email: mugweni@zol.co.zw  Tel:700939 Cell: Fax:700946 Email: africa2000@africaonline.co.zw
✓ Kariba AIDS Network	Mr F Jeché District Environment Health Officer	P O Box 95 Kariba	Tel: 061 2382/3 Cell: N/A Fax : 061 2384 Email
✓ Kushanda Pre-Schools	Ms E Muzavazi Training Officer	Federation of Kushanda Pre-School Box 647 Marondera	Tel/Fax: 079-24698 Cell:023 808 867 Fax: 079 25355 Email

✓ Midlands Chamber of Industries (Constituent Chamber of the Confederation of Zimbabwe Industries)	Mr A Mazhambe Chamber President	P O Box 449 KweKwe	Tel: 055 21203 Cell:091 417 950 Fax: 055 21205 Email: artsunshine2002@yahoo.co.uk
✓ ORAP	Mr Ndiweni Executive Coordinator	16 Boone Ave Richmond Box 877 Bulawayo	Tel(09) 201332 Cell:091 259 965 Fax(09) 214288 Email orapmail@orapdcc.org.zw
✓ St. John's Mission, Juru	Sr P Munatei Chair of Home-based Care	St John's Mission P Bag 50 Juru	Tel: 074-2698 Cell: Fax: Email
✓ Youth Employment Summit	Mr M Nyoni National Co-ordinator	107 Main Street/11 <sup>th</sup> Ave P O Box 1818 Bulawayo	Tel: 09 60310/69868 Cell: 091 249 134 Fax: 09 72127 Email:memezi@mweb.co.zw
✓ Young Generation Development Organisation of Zimbabwe (YGDOZ) - Mutare	✓ Mr J Dodo  ✓ Fungai Takodza	c/o Zimbabwe National Environment Trust 18 Mitchell Road Greendale Harare 'O' 67 Mzilikazi Bulawayo	Tel: c/o 496105 Cell:023 280 576 Fax: c/o 496105 Email: <a href="mailto:c/ozimnet@mweb.co.zw">c/ozimnet@mweb.co.zw</a>  Tel: (09)201861 Cell: Fax: Email

#### U N A G E N C I E S

✓ United Nations Development Programme (UNDP)	Mr B Mokam (representing Mr J C Angelo -Resident Representative	8 <sup>th</sup> Floor Takura House 67-69 Kwame Nkrumah Ave Harare	Tel: 792681/6 708101 Cell: Fax:728695 Email: j.victor.angelo@undp.org
✓ United Nations Development Programme (UNDP)	Dr J Chipika Senior National Economist and Unit Head -POEM	8 <sup>th</sup> Floor Takura House 67-69 Kwame Nkrumah	Tel: 792681/6 Cell: Fax:728695

		Ave Harare	Email: <a href="mailto:jesimen.chipika@undp.org">jesimen.chipika@undp.org</a>
✓ United Nations Development Programme (UNDP)	Mr U Etukudo Programme Manager and Macroeconomic Advisor Poverty and Economic Management Unit -POEM	8 <sup>th</sup> Floor Takura House 67-69 Kwame Nkrumah Ave Harare	Tel: 792681/6 Cell: Fax: 728695 Email: udo.etukudo@undp.org
✓ United Nations Development Programme (UNDP)	Ms D Mukarakate Environment and Land Support Unit	8 <sup>th</sup> Floor Takura House 67-69 Kwame Nkrumah Ave Harare	Tel: 792681/6/708101 Cell: Fax: 728696 Email: daisymukarakate@undp.org
✓ United Nations Development Programme (UNDP)	Alwin Nijholt		Tel: Cell: Fax: Email: alwin.nijholt@undp.org
✓ United Nations Development Fund for Women (UNIFEM)	Ms C Ncube MDG Focal Point	7 <sup>th</sup> Floor Takura House 67-69 Kwameh Nkrumah Ave P O Box 477 Harare	Tel: 792681/4 Cell: 091 250 478 Fax: 704729/728695 Email: cecilia.ncube@undp.org
✓ United Nations- Millennium Campaign	Mr S Shetty Director	304 East 45 <sup>th</sup> Street Room FF 604 New York, N.Y. 10017	Tel: (212)-906-5126 Cell: Fax: (212) 906-6057 Email: Salil.shetty@undp.org

#### GOVERNMENT

✓ Ministry of Social Services and Labour	Mr L Turugari	P O Box 7707 Causeway Harare	Tel: 794564,791563 Cell: 011 406513 Fax: 794568 Email: lturugari@sdf.org.zw
✓ Ministry of Agriculture and Resettlement	Mr F Magande	Private Bag 7701 Causeway	Tel: 706081-9 Cell: 011n424 682

		Harare	Fax: 704058 Email: fmagande2001@yahoo.com
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### MEDIA

✓ The Independent	D R P Matondi	1 Kwame Nkrumah Avenue Block 1 3 <sup>rd</sup> Floor Harare	Tel:773934/8 Cell: Fax:773941 Email: pmatondi@ecoweb.co.zw vincent@zimind.mweb.co.zw
✓ Media Communication Consultant	Ms S Mubi	11 Crowlands Road Bluff Hill Harare	Tel:331349 Cell: Fax: Email:
✓ Zimbabwe Broadcasting Corporation	Sifiso Mpfu	Pockets Hill Highlands Harare	Tel: 498641/498603 Cell:011 760 581 Fax:498650 Email

### CHURCHES

✓ Catholic Commission for Peace and Justice in Zimbabwe	The Director Mr Chaimba	Africa Synod House 4 <sup>th</sup> Street/Selous Ave Harare	Tel: 791053/792380 Cell:091 413 485 Fax: 724971 Email: ccj pz@mango.zw
✓ Catholic Development Commission	Mr Utete The Director	Africa Synod House 29/31 Selous Ave P O Box CY738 Causeway Harare	Tel: 731915 Cell: Fax: 704001 Email:

✓Evangelical Lutheran Church (Zimbabwe)	Rev C S Mlilo	P O Box 2175 Bulawayo	Tel: 09 254991/2 Cell: Fax: 09 254993 Email: elczhead@mweb.co.zw
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