

MDG 2012

COUNTDOWN

Working Together Towards 2015

Fostering Peace and Security by Meeting Basic Needs

Although it will be a challenge in many places, meeting basic needs such as health, food, and security is essential for supporting peaceful and productive communities. Progress is being made, but more needs to be done. By providing the foundations such as more open, capable, and accountable institutions and governments, nations can become stable and grow.



Students in a successful USAID-funded midwifery project in Bamyan Province, Afghanistan. Photo credit: USAID

MDG 5 | Afghanistan's Progress towards Improving Maternal Health

A decade ago, Afghanistan's health system collapsed, leaving crumbling and neglected infrastructure, widespread prevalence of malnutrition, infectious disease, and some of the highest maternal mortality rates the world had ever seen. Over the last decade, the Ministry of Public Health, in a strong partnership with the international community, has made major progress in improving the health of Afghan mothers and children. National programs to improve the quality of, and increase access to, basic health services and essential hospital services, along with programs to increase the number of trained female providers including midwives, and improved community-based healthcare, contributed to these significant achievements.

The 2010 Afghanistan Mortality Survey, the first population-based survey of its kind in Afghanistan, found that women's use of modern methods of family planning had doubled from 10 to 20% since 2003. The maternal mortality ratio decreased from an estimated 1,600 deaths per 100,000 births to 327 per 100,000 births. Under-five mortality declined from a previous estimate of 172 to 97 deaths per 1,000 live births, and infant mortality decreased from an estimated 115 to 77 deaths per 1,000 live births. UNICEF's June 2012 Multi Cluster Indicator Survey shows similar trends in select indicators, including Under Five Mortality, Infant Mortality, Contraceptive Prevalence, Skilled Birth Attendance, and Institutional Delivery.

MDG 8 | CGIAR drought tolerant maize varieties—Horn of Africa

The CGIAR is a global strategic alliance that works to reduce poverty, improve food security, and improve nutrition and health. It is made up of 15 centres across the world working closely with hundreds of partner organisations, including national and regional agricultural research institutes, civil society organizations, academia, and the private sector. As part of this work CGIAR centres use scientific advances to build resilience to hunger and climate change in the Horn of Africa. Practical measures such as drought-resistant seeds, irrigation, rural infrastructure, livestock programs are needed to combat the effects of climate change.

Over the past five years, CGIAR centres have led to the creation of more than 34 new drought tolerant maize varieties. The International Maize and Wheat Improvement Center (CIMMYT) coordinates the work on this in partnership with the International Institute of Tropical Agriculture (IITA) and national partners from 13 African countries. With maize already Africa's main staple crop, the drought tolerant variety is designed to take advantage of whatever little water it receives at the critical times of germination and flowering. These innovative maize varieties have been given to over two million smallholder farmers in sub-Saharan Africa, empowering them to cope with climate change impacts on their livelihoods and food security. The 10-year goal of the project is to increase average maize productivity under smallholder farmer conditions by 20-30% on adopting farms, with the aim of helping more than 30 million people in sub-Saharan Africa.



Drought tolerant maize route out of poverty for community-based seed producer, Kenya. Photo credit: Anne Wangalachi/CIMMYT

Creating Healthy Families Through Empowered Women

Girls and women continue to bear a disproportionate burden of poverty. With access to education, essential services, and family planning, it is possible to end preventable deaths, enable families to invest more in their futures, and empower women to become catalysts in fighting and ending global poverty.



Prevention keeps mums and babies healthy from conception to first birthday. Photo credit: Pippa Ranger/DFID

MDG 4 | The Odisha Health Sector Project in India

The Odisha Health Sector Project is helping save the lives of mothers and babies by providing more and better health services—recruiting and training doctors and nurses and getting them to outlying clinics; training village community health workers; and making sure families in the remotest villages benefit from services. A behaviour-change communications campaign reaches 40,000 villages across Odisha—helping pregnant women, new mothers, and health workers get the latest advice on nutrition, health and sanitation. Local women self-help groups also supply nutritional food supplements to the community health centres, meaning in the last three years, 50,000 more vulnerable children received nutritional services.

Odisha accounts for one third of all malaria deaths in India. The project distributes anti-malaria bed nets to pregnant women to help prevent malaria related deaths of infants and pregnant women, meaning 12,000 fewer babies are dying in Odisha in 2010 as compared to 2006. Local community health workers have also been trained to give care and support to mums-to-be in every village, as well as give family planning advice, across the state of Odisha.

MDG 6 | Zambia Alliance for Community Action on HIV and AIDS

The work of the Alliance for Community Action on HIV and AIDS in Zambia has heightened awareness of the importance of HIV positive mothers protecting their babies in order to achieve a generation born free from HIV. The work of the Alliance has meant an increase in the prevention of mother-to-child transmission services, as more women opt to deliver at health care facilities. This has substantially increased their chances of delivering their baby safely and HIV-free. When prevention of mother-to-child transmission services are used the chance of a baby born to an HIV-positive mother becoming infected is less than 1%. Without these services, there is a 20-45% chance.

As HIV prevention advice often contradicts traditional norms, community champions and peer educators are key when engaging tribal, religious and community leaders who are the entry point to the rest of the community. This is why the Alliance for Community Action on HIV and AIDS has spent time investing in good relations with these key individuals.



Women at Bwfano. Photo credit: International HIV/AIDS Alliance



Local population and Rwanda Army forces after training on prevention of Sexual and Gender-Based Violence and promotion of healthy families. Photo credit: Jean Claude Butera/ RWAMREC

MDG 3 | Rwanda Men's Resources Centre

In 2006, like-minded men with diverse experiences in gender and other social sciences founded the [Rwanda Men's Resources Centre](#) (RWAMREC), prompted by national challenges to end gender-based violence and gender inequalities. By partnering with donors, public and private institutions, civil society organizations, and local communities, RWAMREC demonstrates extraordinary leadership in Rwanda on gender-focused development.

RWAMREC trains men and boys to serve as role models in promoting positive masculine behaviors, support women's leadership, and contribute to the eradication of men's violence against women. RWAMREC is also partnering to mainstream male engagement into health promotion, particularly in sexual and reproductive health and in the prevention of HIV/AIDS.

RWAMREC's strategic approach focuses on sensitization and raising awareness of gender equality; organizing campaigns to fight against sexual and gender-based violence and HIV/AIDS; and capacity building for civil society organizations.

Building the Bridge from Poverty to Economic Progress

Bridging the gap between poverty and economic stability is not an easy task. What is needed is good infrastructure and local services, where communities have access to education and health care—creating conditions for growth and investment, jobs, markets, and opportunities for people to lift themselves out of poverty.



Off to work: Joytara, one of the women whose life has been changed for the better through JITA. Photo credit: Kathryn Richards/CARE

MDG 1 | “Jita” Rural Sales Programme in Bangladesh

Women can be economically empowered to lift their families out of poverty, even in the poorest contexts, especially when we move beyond aid and stimulate local economies. Bangladesh’s “Jita” Rural Sales Programme generates income and employment opportunities for the rural poor. This is done through a rural sales-force of destitute women called “Aparajitas” or “women who never accept defeat”.

The Business Innovation Facility helped the project transition to a social enterprise. There are now 2000 Aparajitas selling products of major companies including BATA, Unilever, Grameen Phone, Advanced Chemical Industries Ltd and Grameen-Danone Foods Limited. The project has also helped private companies to enter rural markets and local producers to distribute their products.

MDG 2 | Strengthening Basic Education in El Salvador

El Salvador has made considerable progress toward reaching universal primary

education, from 86% in 2001 to 93.7% in 2011, but challenges remain in guaranteeing the quality of education, especially in rural areas. The Strengthening Basic Education Program, launched by USAID in partnership with the Salvadoran Ministry of Education (MINED), seeks to equitably improve student learning achievement at the primary school level.

Major achievements of the Strengthening Basic Education Program over the last six years include:

- **Curriculum/Materials Development:** Developed national Spanish language curricula materials for grades 1-6 in 5,300 public schools nationwide.



School San German: Students are using the textbooks on the competencies-based language curriculum. Photo credit: USAID

- **Public Private Partnerships:** Established to provide rural schools with additional educational materials and technology which has increased enrollment, especially among girls.
- **Outreach to out-of school youth:** Activities implemented to keep students in school and to recruit children who were not attending classes.

According to 2005-2008 assessments, student achievement in schools participating in the program improved at more than double the rate of average improvement in public schools nationwide.



Hello, water: children at Gang Langgar Dukur, Surabaya, East Java Province practice hand-washing with soap with clean water provided by PDAM Surabaya. Photo credit: USAID

MDG 7 | Case Study: Environmental Services Program in Indonesia

An estimated 100 million Indonesians lack access to clean water. In urban areas, only 40% of citizens receive water from a household tap; the rest collect it from contaminated rivers and lakes, often leading to disease.

In response to these challenges, the **Environmental Services Program (ESP)** worked with local communities and all levels of government to improve natural resources management and increase access to clean water and sanitation services, improving the health of over 1.8 million Indonesians, rehabilitating over 50,000 hectares of degraded land, and improving management of over 200,000 hectares of high conservation value forests. The ESP also supported innovative water meters and microfinance loan partnerships that enabled communities to access funds to pay for high-cost water installation fees, one of the main barriers to water access.