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Millennium Development Goals:

A Commitment to the Eradication of Poverty

With 1.4 billion people throughout the world living on less than $1.25 a day (United Nations, *The Millennium Development Goals Report)*, 189 countries joined together in 2000 to sign the Millennium Declaration. In the Declaration, member states essentially developed "a blueprint for a better world" (Ki-Moon, 2009). The Millennium Development Goals (MDGs) set forth the framework for achieving this better world and set benchmarks for eradicating extreme poverty and hunger; achieving universal primary education; promoting gender equity and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other diseases; ensuring environmental sustainability; and developing a global partnership for development (Sweetman 2005).

The MDGs have targets for achievement set in 2015. The targets are standard across participating nations, however, many remain skeptic of a multitude of factors that hinder the reporting process. Issues ranging from the disaggregation of data, misreported statistics, and the failure of the MDGs to "address social and political marginalization where these are not linked to economic want" (Sweetman, 2005) (Heyzer, 2005; Barton, 2005).

MDG Criticisms

Feminist scholars have risen as the some of the most vocal critics of the MDGs. There are a number of issues that arise when examining the goals from a feminist perspective. In *Making*

the links: women's rights and empowerment are key to achieving the Millennium Development Goals, Noeleen Heyzer poses the question,

> "why should women's organizations pay attention to the MDGs when the need to tackle the roll-back in women's reproductive rights, the persistence of violence against women, and the rise in militarism, extremism, poverty, and inequality is so urgent… especially when, at face value, the MDGs are operational and are devoid of any analysis of power relations?"
>
> Heyzer 2005

Heyzer's question highlights one of the key battles facing the Democratic Republic of Congo (DRC) in their quest to achieve the MDGs. That is, how does a country, torn apart by war—and the associated famine and disease—make an effort to focus on anything other than peace?

The Democratic Republic of Congo: A History of War and Human Rights Violations

The Democratic Republic of Congo is a vast resource-rich region spanning a large portion of Central Africa. First colonized by Europeans in the 1870s, the country was officially controlled by the king of Belgium from 1885 and designated as private property of King Leopold. The Belgium parliament assumed responsibility of the nation in 1908, after the international community pressured the government to take away the private rights held by the king (Hochshild, 1998).

Under Belgium control of both forms, it is estimated that as many as 15 million Congolese, or half of the population at the time, perished from foreign diseases and through the hand of the colonial power (Hochshild). Colonial rule would end in 1960 with a successful coup organized by Patrice Lumumba. A series of coups led to the assent to power by Joseph-Desire Mobutu in 1965. Mobutu maintained control until 1997.

The country, after years of colonialism, dictatorship, and civil war, is once again reemerging as a world leader in exports of diamonds, gold, cobalt, and zinc (CIA, World

Factbook; Multiple Interim Poverty Reduction Strategy Papers). With these industries once again flourishing with renewed confidence in the democratic stability of the DRC, there is increased interest from private investors to continue to help the economy grow.

Under control of a dictator for more than 27 years, the DRC exploded in violence in 1997 after ethnic violence from Rwanda spilled over the border as Tutsi forces from the controlling Rwandan government chased Hutu rebels into the DRC countryside. Forces from Namibia, Zimbabwe, and Angola became involved in the war, assisting the DRC, in what is often referred to as the "African World War." After years of fighting, most foreign troops withdrew from the bloody battle in 2003, setting the stage for the first democratic elections in the country in more than four decades in 2006 (Bavier, 2008; McCrummen, 2007; Polgreen 2008; Robinson, 2009; WOAT, 2006)

As is the case with most international conflict, women in the DRC have felt the brunt of the pain borne by the waring country. International organizations such as the International Red Cross, the United Nations Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the International Rescue Committee have documented the human rights atrocities that plague the DRC landscape to this day. An estimated 3-5.9 million Congolese have been murdered (making the conflict the deadliest since World War II), the landscape that once supported nearly 80% of the nations workforce through agriculture has been decimated and residents are left as roaming refugees unable to even settle the land beneath them, and the culture of violence against women has exploded into what John Holmes, coordinator of UN emergency relief operations, calls a "cultural phenomenon" (quoted in McCrummen, 2007). In just one eastern DRC province, 4,500 rapes were reported in the 8 months from January to September of

2007. "Violence and rape at the hands of these armed groups has become all too common. The intensity and frequency is worse than anywhere else in the world" said Holmes.

Progress in the Democratic Republic of Congo

Although violence once again broke out in the eastern provinces of the DRC in 2009, a relative stability has been forged in the years following the first free election in 46 years. With an effective transitional government implementing a temporary constitution, and the recently elected parliament ratifying a second constitution, international confidence has rapidly increased (DRC, Multiple I-PRSP).

MDG Progress

The DRC completed its Interim Poverty Reduction Strategy Paper (I-PRSP) in March 2002 and the poverty reduction and growth strategy paper (PRGSP) in 2007. The strategy is comprised of five pillars: (i) promoting good governance and consolidating peace; (ii) maintaining macroeconomics and growth; (iii) improving access to social services and reducing vulnerability; (iv) combating HIV/AIDS; and (v) improving community dynamics (Shafer and Boote, 2007). The pillars selected do not reach many of the eight MDGs, however, they do begin the process and given the recent emergence of the country from armed conflict, the state of governance, and the need to invest in critical productive sectors, the five pillars establish a good base for additional strategies in the future to address the MDGs.

Promoting good governance and consolidating peace

The DRC proposed a Governance Compact with their PRGSP to be upheld by the government as a demonstration to the Congolese citizens of their attempts to reform government and establish a stable system (PRGSP 2007; Republique Francaise 2007). The compact includes

a number of issues such as natural resources management, justice, administrative reform and financial management.

The issues addressed by the compact are two-fold, one to deepen the roots of democracy in the fragile republic, and two, to comply with what many international donors equate to "good governance", "limited social spending and reduced regulations on private capital, whether internal of foreign" (Jaquette and Staudt 2006). The dichotomous relationship between building social capital through governance initiatives and appeasing a neoliberal ideology of good governance may prove that the DRC's first pillar will do little to establish much ground in the eyes of the World Bank and International Monetary Fund toward a MDG. The goal most directly related to the good governance pillar may be the 8th goal of establishing a global partnership for development; a nation practicing good internal governance is much more able to establish partnerships with foreign investors and governments.

Maintaining macroeconomics and growth

The goal for economic growth over the three-year period from 2006-08 in the DRC is an average real GDP growth of 7.7 percent (Shafer and Boote, 2007). On many levels, this growth seemed attainable. Strategies to increase mining activities and public infrastructure investment suggested that the level of growth was attainable. One indicator for MDG 1 is the growth rate of GDP per person employed and this indicator further suggested the ability to reach the 7.7% goal. After years of double digit declines in this indicator, the DRC began to see a turnaround in 2002, with minimal gains, and by 2008 saw a 5% increase in the growth rate of GDP per person employed (United Nations, Millennium Indicators). Furthermore, an increase in privately-funded public infrastructure investments was planned at more than 10% (DRC, Second Progress Report). However, due to the global economic crisis of 2007-2009, growth has slowed and the

actual average real GDP growth was closer to 6.5% (Shafer and Boote, 2007), still a considerable achievement.

Improving access to social services and reducing vulnerability

The third pillar of the PRGSP addresses MDG 2, 3, 4, and 6 through education strategies and health care initiatives. While the education goal explicitly draws on the idea of gender parity, it does not offer any strategies to definitively eradicate the gender gap. Additionally, the health care initiative, while measuring infant mortality and maternal health, also does not explicitly address issues of gender in health care.

The DRC measured the net enrollment as a ratio only once in the past decade. In 1999 approximately a third of boys and girls were enrolled in school (34.4% for boys and 32.4% for girls). Additionally, as a ratio of males to females, the DRC saw an increase of 3% (78-81%) from 2002 to 2007. However, they saw a decrease in the ratio for secondary students in the same period (58-53%) (United Nations, Millennium Indicators).

The primary strategy for health care initiatives in the DRC is the development of health zones (Shafer and Boote, 2007). The plan calls for the addition of 117 zones (DRC, I-PRSP 2). The zones include supervisory teams, promotion of grassroots communities in the implementation of health policy, and strengthening of the system through partnerships with religious groups and NGOs.

While failing to intentionally address issues of gender equity in health care, the expansion of health zones seems to be an effective tool for improving all millennium indicators. From 2000 to 2006, of the indicators measured in both years, children under 5 mortality rates fell 9 points(179 deaths per 1,000 births to 161 per thousand), infant mortality fell by 4 points (116 per thousand to 108 per thousand), children under 1 immunized rose by 33 points (46-79%), and the

percentage of births attended by skilled health care personnel rose more than 13 points (60.7-74%) (United Nations, Millennium indicators. Other indicators did not include longitudinal data, however, it is likely that progress was seen in the other indicators as well.

The third pillar also includes social protections for vulnerable populations. The four targeted groups are woman and vulnerable children, disabled persons, the elderly, and displaced persons and refugees (DCR, Poverty Reduction and Growth Strategy Paper). All vulnerable groups were assigned a list of strategies for promoting their social well-being. As with other indicators, however, the group of women and children lists only strategies for children.

Combating HIV/AIDS

Pillar four aggressively addresses the pandemic of HIV/AIDS and, for the first time in the strategies, calls out initiatives to promote awareness to women, provides condom programs, and explicit assistance to victims of sexual violence (DRC, PRGSP 2006).

While the use of condoms among married women is still low (3.4% in 2006), the rate rose by approximately 50% from 1999 (2.3%). Furthermore, the rate of condom use at the time of the last high-risk sexual encounter, while not measure over time, was more than 8% higher for men then women (17.1-25.9%). The disparity in condom use suggests the need for the aforementioned condom program, but is also closely related to the HIV/AIDS rate disparity among men and women. In 2006, 1.3% of men were living with HIV/AIDS compared to 1.6% of women (United Nations, Millennium Indicators).

Improving community dynamics

The final pillar of the DRCs PRGSP focuses on promoting local initiatives. Due to a lack of strong governance systems in the country after 40 years of strife, a number of grassroots organizations filled the void left by the government. These networks are a vital component in the

revitalization of the the Congolese economy. The PRGSP suggests a decentralization policy aimed at creating prime conditions for these organizations to assist in the implementation of MDGs. There are no specific measurable associated with the pillar, however, there is a goal to establish a community development fund to support the initiatives of grassroots organizations, with an emphasis on initiatives directed toward women and children (DRC, PRGSP 2007)

Tomorrow in the Democratic Republic of Congo

With the establishment of a functioning, democratic government, the DRC has witnessed tremendous growth in their economy, once essentially nonexistent, and a renewed faith in their ability to support international investment, expand human rights, and combat human rights violations, and increase the health of their citizens. Albeit tremendous steps, the DRC has plenty to do to even come near the benchmarks set forth in the MDGs in the year 2015. An aggressive human rights campaign that allows greater access for females to education, health care, and even political power will allow the DRC to come that much closer to the MDG goals.

Education for all

Females in the DRC still face an uphill battle in attending all levels of school. Illiteracy rates among women still are more than 50% higher then men (Seager, 2009). Education increases an individuals "human capital", any form of capital "influence[s a persons] poverty in the short and long terms, including their ability to withstand economic and other shocks" (Rakodi 1999, quoted in Jacquette and Summerfield). Therefore, a more educated population, male and female, eliminates some of the need for government spending to sustain the population in crisis. The DRC could expand their current education goal of informing families of the importance of primary education. By targeting parents of females, the government would begin to whittle away at the gender gap. Additionally, a program targeted at the most at-risk females could provide

food, cooking oil, and other necessities to the families of daughters attending school. By providing the family with much needed resources, the DRC would reduce the risk of families pulling their female children out of the classroom to assist with the ongoing search for food, water, and other valuable resources.

Health care for all

Women of the DRC are still dramatically disadvantaged in the battle against sexually transmitted infections, specifically HIV/AIDS. Furthermore, the culture of sexual violence puts females at a greater risk for contracting STIs with no agency in the matter. Programs to educate women on safe sex are not enough for this situation. While effective for women who can make the decision to protect themselves, they neglect the women who contract the infection through abuse. A more robust legal system that fully prosecutes suspected rapists, holds them accountable, and protects the rights of the woman in the process would reduce the number of sex abuse cases and alternatively reduce the rate of HIV/AIDS cases.

Political power for all

The parliament of the DRC is drastically under representative of women. Since 2006, women have controlled 42 of 500 seats, or 8.4%, in the national parliament. A total of 49% of neighboring Rwanda's parliament is female. This rate, the highest of any country in the world, was achieved largely by a constitutional provision requiring 30% of all seats to be held by women (Seager, 2009).

Creating a culture that demands the influence of women in the government is important, but a strict mandate may be too much for the young republic to handle. After years of forced leadership, a constitutional provision may leave the Congolese feeling as though, once again, their leaders are not their own. A more effective approach may be to deliberately target potential

female leaders through the grassroots organization the government proposes to support through their fifth pillar. A program that identifies potential leaders, provides training and education on leadership and values, and supports these women with achievable projects in their communities would increase the voice of females and allow them greater access to the election process.

Conclusion

Few countries face the hurdles that the Democratic Republic of Congo faces in achieving the Millennium Development Goals. With a recently establishing a democratic government, waring factions in the eastern provinces, a general distrust for government, extreme poverty, the lasting wounds of colonialism, and a poorly educated populace, the DRC has an uphill battle to reaching economic independence and gender equity.

Conversely, the DRC has a number of resources available to them to entice effective development. Lush natural resources, a hunger for government reform and action, and the network of non governmental and grassroots organizations all promote the pillars of the Poverty Reduction and Growth Strategies. Initiatives that produce more active citizens, educate and provide greater health care to men and women alike, and promote gender equity will further encourage development.

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