THE RISE OF A NEW DAWN

Transitioning from Millennium Development Goals to Sustainable Development Goals

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The Millennium Development Goals (MDGs) were developed out of the eight chapters of the United Nations Millennium Declaration, signed in September 2000. The eight goals and 21 targets are:

- **Eradicate extreme poverty and hunger**
  Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day. Achieve full and productive employment and decent work for all, including women and young people. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

- **Achieve universal primary education**
  Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

- **Promote gender equality and empower women**
  Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

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

- **Improve maternal health**
  Reduce by three-quarters the maternal mortality ratio. Achieve universal access to reproductive health.

- **Combat HIV/AIDS, malaria and other diseases**
  Have halted by 2015, and begun to reverse, the spread of HIV/AIDS. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

- **Ensure environmental sustainability**
  Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources. Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss. Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. Have achieved, by 2010, a significant improvement in the lives of at least 100 million slum dwellers.

- **Develop a global partnership for development**
  Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Address the special needs of least developed countries. Address the special needs of landlocked and small island developing States. Deal comprehensively with the debt problems of developing countries. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries. In cooperation with the private sector, make available benefits of new technologies, especially information and communications.
The vision of the Sustainable Development Goals (SDGs), largely informed by the past experience of implementing the Millennium Development Goals (MDGs), will be more comprehensive and inclusive. Whereas the primary MDGs dealt with poverty, education and health in the poorest countries, the SDGs, of which there are 17, will not only cover all the MDGs but also seek to tackle pertinent issues affecting all citizens of the globe, such as inequality, environmental issues and access to technology.

Given the challenges and opportunities the world has been going through in the past two decades, there is need to adopt a new approach to cope with emerging factors: there has been a breakthrough in communication technology through the digital revolution; a population explosion and related demographic challenges; climate change and increasing levels of vulnerability, and a move from hydrocarbons and fossils to renewable sources of energy.

So what is the new vision?

1. Is about understanding these dynamics and inventing a new game plan that will ensure healthy co-existence among these different factors, which could otherwise breed unproductive competition and lead to a trade-off in gains.

2. It underlines the importance of a convergence plan and the need for a rapid action beyond the rhetoric, as there is no time for protracted dialogue.

3. It spells out the need for adopting a strategy that will immediately reward efforts, without losing sight of the investment in long lasting and sustainable solutions.

4. It emphasizes the unprecedented consequences of delaying to meet these challenges, which could impact people on every continent and in every economic sphere.

15 years ago, world leaders gathered in New York at the United Nations General Assembly to wage a war on abject poverty. Their fight was to emancipate billions of people trapped in the vicious circle of poverty.

On 24 October 2015, after almost a decade and a half of persistent endeavor and positive strides, these leaders re-convened at the same forum. This time, they celebrated tremendous achievements, but also re-iterated their commitment to continue the war against poverty in order to make the world a better place for all.

The world leaders shared their beliefs and their plans to take the fight to the next level. In the future, they will be able address issues that extend beyond poverty and food insecurity, with a more all-embracing approach to sustainable development. In other words, their vision evolved from "The Millennium Development Goals" to "The Sustainable Development Goals."
The SDGs are the natural successors for the MDG’s. They are logically designed to complete the unfinished agendas of the MDG’s, as well as further their impact by building on the existing foundations. Through the MDG center, Institutions such as the Columbia Global Center |Africa (CGCA) who have been loyal to the cause of the MDGs from the start, will continue to stand by the African nations in their strides towards meeting the SDG goals.

We are proud of the role we have played in the past, with our three-tier structure that we adopted uniquely to serve this purpose: at the university level, we carry out research, innovations, and solutions; at the regional and national level, we facilitate policy advocacy and capacity building, and at the community level, implementation takes place through the millennium village program.

In preparation for the coming transition, we have dedicated a good part of our work to the final evaluation of the project. This process has now been completed in all the sites and once the data is collated and centrally analyzed, the final report should be released in July 2016. Additionally the much anticipated ‘MVP Book’ where individual country sites will author different chapters in the book, will be launched around the same time.

In 2015, CGCA has maintained its focus on a re-strategizing in order to incorporate SDGs into the programming framework. This included the redrafting of a new Strategy for CGCA for 2016-2020, and determining areas of intervention as well as required human and other resources which may include the injection of new expertise.

At CGCA, through the soon to be created SDG center, we have great pleasure in declaring our commitment to our ongoing partnership with the nations and citizens of Africa, as we move together into the SDG era. The fact that the center has been actively engaged in crafting the SDGs through the Sustainable Development Solutions Network (SDSN) since July 2012 demonstrates its readiness and commitment to move boldly and surely into the new frontier.
When the Millennium Villages Project (MVP) was launched in 2005, the organization pledged to ensure that all children regardless of gender would have access to quality basic education by 2015. Initially, education interventions focused on putting in place the human resources and physical infrastructure to accommodate all primary school age children. These efforts have been the major drivers of the increase in primary school participation across the MV sites. In addition to expanding and improving infrastructure, such as establishing schools and classrooms, refurbishing dilapidated infrastructure, building single-sex sanitary facilities, and introducing water and electricity, the MVP also provided school meals, secondary school scholarships, teacher training, distribution of sanitary napkins and community sensitization campaigns, and conducted capacity building programs for School Management Committees (SMCs) and Parent-Teacher Associations (PTAs). As a result, remarkable progress was made.

Completion of at least four years of education is commonly considered a prerequisite for a sustainable level of literacy. Various indicators like repetition, dropout, and survival rates are often used as measures of the efficiency and quality of the school system. Various interventions and strategies were initiated to enhance learning outcomes. We introduced Community Education Workers (CEWs) to follow up on age-appropriate school entrance, initiated literacy projects and learning assessments, and conducted targeted teacher training programs to equip CEWs with the skills to effectively teach literacy, particularly in the early grades, a crucial period of development and preparation for later schooling.

Activities during 2015 — the year that marked the end of the MDGs — revolved around closing remaining gaps in achieving MDG 2 targets as well as enhancing quality and learning across MVP sites. Further, given the proximity to the end of the MDG era, our attention was on transition, handing over and instituting mechanisms for sustaining education gains beyond 2015.

ENHANCING AGE-APPROPRIATE LEARNING

To increase age-appropriate enrolment at grade one, Community Education Workers (CEWs) conducted house-to-house campaigns and sensitized parents on the value of enrolling their children to school at the right age.

Koraro, Ethiopia, trained 24 CEWs and 44 heads of the Women Development Army, our team of female ambassadors. We trained village administrations, representatives of major organisations school directors and PTA members to conduct house-to-house enrollment campaigns. We enrolled 1,800 in our pre-school program and distributed 25,000 sets of stationary to 2,000 vulnerable students. Over 4,000 reference supplementary books were purchased and distributed to three secondary schools. Dertu, Kenya, installed swings and merry-go-rounds for early childhood development and education (ECDE) pupils in three primary schools.

The school meals program was another strategy used to attract children to school at the recommended age. With contributions from the communities, we provided school meals in over 110 schools in six MVP countries.

Mohamed, a grade four student at Kasisi, a primary school in Mbol, Tanzania

“I have benefited from the school meals as nowadays I do not have to go back home for my lunch. I attend school and all the periods without any problem. I understand teachers while I am in class thus getting good results during assessments.”

The focus in 2015 was on developing sustainable mechanisms for school meals as well as supporting communities to implement their program for minimal cost. We initiated homegrown programs, by providing farm inputs to enable parents to contribute towards school feeding. We formed school meal cooperatives, and mobilised land donations for school gardens projects.

One shining example, Kagobole Primary School in Mbol, Tanzania, already provides school meals to all 229 students without relying on external support. Since 2014 the school supports feeding at school through school farm harvests plus parents contributions.

The school meals improved the school academic excellence as the school moved from being among the worst ten schools to among the best ten schools in the district. The school meals motivated parents to contribute 21 bags of maize during the 2013-14 harvest. It also motivated MVP to provide 7 bags of fertilizers to sustain their activities. The school received a further 13 bags of maize despite the adverse weather conditions.”

Bazil John Massae, Head teacher, Kagobole Primary School, Mbol, MVP, Tanzania

STRENGTHENING GENDER PARITY IN EDUCATION

Physical body growth, menstruation, and reproductive health can all be daunting prospects for a young woman. To promote gender parity in education and empower adolescent young women, MVP supported girls’ empowerment clubs and forums in all six sites. The activities included inspirational talks, learning from role-models, life-skills, holding discussions on reproductive health topics and debates on key issues affecting gender parity. Ultimately, our interventions successfully reduced absenteeism. MVP also provided sanitary pads, which are taken for granted in many parts of the world and one of the simplest interventions to keep girls in school.

Given the emerging under-participation of boys, one site, Mwandama, Malawi, facilitated establishment of boys’ clubs in five schools. Mwandama also conducted mentoring sessions using an innovative mothers’ group model – the group mobilises resources for making re-usable sanitary pads.

INCREASING ACCESS AND RETENTION IN SECONDARY EDUCATION

Connect To Learn awarded more than...
Accessing post-primary education, which can transform the prosperity of entire families, still presents a major challenge to low-income students. Koraro, Ethiopia, supported 41 girls through the Connect-To-Learn (CTL) scholarship fund to access university preparatory levels. Other sites contributed secondary school fees, focusing in particular on providing scholarships to the most vulnerable.

There is no doubt that my future is bright because my educational needs are fully taken care of by the Connect to Learn Scholarship. The scholarship provides me with what my mother as a single parent could not afford.”

Elia Mulangeni, St. Anthony Community Day Secondary School, Mwandama, Malawi

Mwandama, Malawi, celebrated the graduation of one scholarship beneficiary from University of Malawi. In Ruhiira, Uganda, five students supported by the Millennium scholarship graduated from locations that faced insecurity. The surge in population which resulted in a mass exodus of teachers from the region leading to a dire shortage of professionals across all levels of education. Dertu MVP sourced funds to support eight qualified teachers at Dertu Primary school and eight teachers in Dertu Girls’ Secondary School. The schools agreed to fully absorb these teachers after a six-month period.

In all other sites where operations continued without major disturbance, MVP invested heavily in teacher training and curriculum management. For instance, Mayange, Rwanda supported training for 45 teachers in learner-centered methodology, while Ruhiira, Uganda, facilitated training for a total of 346 teachers on literacy and numeracy. Ruhiira further trained 20 head teachers on curriculum management.

ADDRESSING TEACHER SHORTAGE AND TRAINING NEEDS

In Dertu, Kenya, 2015 was marked by terrorist attacks, which seriously affected the education sector. They resulted in a mass exodus of teachers from the region leading to a dire shortage of professionals across all levels of education. Dertu MVP supported three affected schools.

The problem of the teachers’ shortage at Dertu primary school was compounded by an influx of pupils displaced from locations that faced insecurity. The surge in population, from 917 in March 2015 to 1,067 by the end of May, was overwhelming and put a huge strain on the already limited facilities at the school. To address these challenges, Dertu, in partnership with the government Sub-County Education Office, conducted training for 12 untrained teachers. Dertu MVP sourced funds to support eight qualified teachers at Dertu Primary school and eight teachers in Dertu Girls’ Secondary School. The schools agreed to fully absorb these teachers after a six-month period.

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ENHANCING LITERACY SKILLS

Great libraries can inspire generations of readers, and with that in mind, we invested in creating comfortable and enjoyable spaces for students to read and learn. Mayange, Rwanda, introduced a reading and writing festival designed to boost the reading culture in Mayange schools. Reading-related events and competitions culminated in the publishing of a book, written by children for children, entitled, ”Nowhere safe to live and other stories”. The book was launched at a high level event graced by key district and education board officials.

BOOSTING NATIONAL EXAM PERFORMANCE

Students without prior experience of exams can find them difficult, and practice improves performance. To this end, Mayange, Rwanda, organized sector level examinations for all primary schools candidates to familiarize them with standard examinations and revise for the national examinations, which over 1,126 pupils sat.

In Mayange Rwanda, the CEW approach was taken up by a number of organisations. The government recognised their roles and is encouraging villages to set up community committees that specifically focus on education issues in the villages. In Mayange, Rwanda, the Government defined a pre-primary/Early Childhood Care and Development (ECCD) policy and is calling on parents and communities to set up at least two ECCD centers of their own per village. We introduced an ECCD diploma course at the Government’s College of Education at the University of Rwanda, and the ECCD budget allocation under Ministry of Education has been slightly increased.

Mayange, Rwanda, constructed safe houses at a number of schools for girls during menstruation to wash, change and rest. This has greatly reduced girls’ absenteeism and dropout. The Government has since called on all schools with a secondary section to allocate a safe room for girls during menstruation.

In Sauri, Kenya, the sanitary towel program was embraced by the government and distributed to all schools.

READING-RELATED EVENTS AND COMPETITIONS

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LESSONS LEARNT

• Partnerships with communities are essential to understand unique needs, strengths and challenges
• Reducing drop-out rates requires buy-in from parents, school boards and local administrators
• Pre-schools boost age-appropriate enrolment
• Schools, Government agencies, Donor agencies and communities must cooperate to build quality schools
• Communities are capable of charting their own development agenda
• Schools are capable of reducing the cost to parents with innovative income-generating schemes
• Schools can encourage good practice, for example in Mbola, Tanzania, where parents bought shoes for children to qualify for borrowing library books

POLICY IMPACT

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TRANSITION, HANDOVER AND SUSTAINING INNOVATIONS

To support the transition to sustainability, sites identified existing local structures to work with, in some cases mobilizing local communities to establish community-based organizations. Mayange, Rwanda, has been closely working with the community to ensure ownership: community members have been contributing to all education interventions both financially and in kind. The government, a key partner, will take over some of the interventions that the project has been implementing. Local and international NGOs will take over other interventions in Mayange, including the Rwanda Education NGOs Coordination Platform (RENCP), which brings together NGOs with interventions in Education to share experiences and work together. Rwanda also supported the community in the establishment of a Local NGO, Millennium Community Development Organization (MCDO), to maintain and sustain MVP interventions beyond 2015.

There has been a notable rise in community awareness of development in various sectors. Villagers’ thinking, mindset and perceptions of social, economic and environmental development have changed. Their attitude and willingness to continue supporting their own development is an encouraging and necessary step for improving living standards.
Mayange A Pre-schools during break time. Mbье pre-school in a class session.

Ruhira organized 21 schools into two registered school meals co-operatives. Ruhira also procured two maize mills and is constructing two maize factories for the school feeding cooperatives, with funding from Islamic Development Bank (IDB). On completion, they will be handed over to the district education officer and cooperative management committees.

“We contribute some money on a monthly basis which we have used to purchase two plots of land. We are going to plant trees on our land, which will help us to accumulate income for our children’s education in future.”

Mr. Bwogi, Chairman Kabuyanda Scholarship Association, Ruhira, Uganda, which is working to ensure the sustainability of existing ICT programs. Also in Sauri, Parents contribute maize and beans to the school meals program, plus cash for cooks and firewood. Due to fuel saving stoves in the school kitchens, very little fuel is required nowadays. Local artisans have been trained on cost-effective measures to repair and maintain the modern cooking stoves, to save on repair costs.

ADOPTING CHANGE

It is extremely encouraging to see communities, local authorities and national governments adopting structures and policies that will ensure the life of the MVP interventions after 2015 has drawn to a close. The remarkable tenacity of individuals involved, and pupils themselves, to ensure a quality education for all truly deserves recognition and praise.

In this final year of implementation, the MVP’s Health Sector approach was two-pronged: continued implementation of activities to sustain our gains, and the transfer of operations and infrastructure to host governments, non-governmental organisations and communities.

STRENGTHENING SYSTEMS

The Community Health Worker (CHW) program remains the cornerstone of the MVP health system. MVP is proof that elected, trained, supervised and motivated community members can transform the health status of the community they live in. With the project drawing to a close, our CHWs intensified their efforts. They yielded exemplary performance indicators and improved indicators across the board.

As a result, host governments have embraced the CHW concept. In Mwandama, Malawi, all MVP CHWs were absorbed into the government system and the Ministry of Health even expressed interest in adopting related programs such as CommCare and Verbal Autopsy. In Kenya, Siaya County has opted to support the MVP CHWs beyond 2015 with a monthly stipend. Additionally, Siaya’s Ministry of Health appointed ten Community Health Extension Workers to support the CHWs.

The collection and use of data to make decisions on healthcare delivery is another pillar of our approach. One innovative application of data is the Verbal Autopsy program, in which predetermined questions are put to the guardians or next of kin of the deceased, to determine the contributing factors—scientific and non-scientific—to any death. The program primarily focused on children under five and pregnant mothers. In the last 12 months, program staff tabulated the deaths that occurred at the cluster sites, visited affected households within a month of the death, carried out an interview and recorded responses on a mobile phone, sent the data to a central server and, by using decision support algorithms, arrived at a probable cause of death. Every six weeks, health teams held discussions on specific cases to identify preventable social or medical reasons that could have led to the deaths. Health-care teams greatly reduced child and maternal mortality and designed strategies to care for the underprivileged after the lifetime of the project.

In order to ensure optimal outcomes for both mother and child it is desirable that every pregnant mother delivers under the care of a skilled birth attendant. This year, MVP boosted skilled birth attendance rates in Sauri, Kenya, and Ruhira, Uganda, by improving 24-hour services with the construction of staff houses in selected facilities.

SEAMLESS REFERRALS

Efficient and cost effective referral mechanisms are key to the success of any healthcare system. We want to ensure a seamless referral system, from telephone communications to transport systems, that guides patients from household to health facility and beyond to higher-level facilities.

This year, sites strengthened referral systems by refurbishing ambulances and negotiating with governments to ensure maintenance of services after 2015. In Ruhira, Uganda, MVP rolled out a novel approach with remarkably successful: using trained, supervised and incentivized motorcycle riders, locally known as ‘boda-bodas’, to quickly and safely transport patients on covered stretchers where the terrain allowed. The approach proved revolutionary and, in some cases, life-saving, for critically ill patients and pregnant mothers who lived far from a health facility.