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MOZAMBIQUE

Researchers Ponder Value of Cash Transfers

Mercedes Sayagues

MAPUTO (IPS) - Their mud huts perch precariously on the eroded, high embankment of the Zambezi river, in the provincial capital of Tete, in central Mozambique. But watching their homes be washed away by erosion or floods is just another risk for the residents of Matundo and Matheus Sansao Muthemba bairros. Their lives are as precarious as their homes.

The bairros – or shantytowns – have no electricity, just a few taps and poor sanitation. A cacti grove doubles as the collective toilet in Matundo. Unemployment and poverty are rife.

A 2008 study of 500 households conducted by independent researchers Leonor Teresa Matine and Ambrosio de Fonseca found that two thirds of homes shelter between six to ten people, but few families manage to pull in the equivalent of a farm worker's monthly minimum salary of \$55.

They work hard to diversify their sources of income: they sell at the market and the bus station, cultivate small plots, build and rent out shacks, gather and sell firewood and re-plaster houses. Some sell sex. Some beg on the streets. A few have jobs as domestic help.

Fourteen percent, mostly elderly and mothers, receive the state poverty subsidy of \$4 a month per adult and



Mercedes Sayagues/IPS

Even one dollar a week makes a big difference in the ability of the poor to invest productively, say researchers.

\$2 per child, according to Matine and de Fonseca's study "Vulnerability and Survival Strategies among Families in the Periphery of the City of Tete: Studies of the bairros Matundo and Matheus Sansao Muthemba". Few can eat three times a day.

"They can never overcome their vulnerability," said Matine at a seminar on poverty dynamics and patterns of wealth accumulation, organised by the Institute for Social and Economic Studies in 2009 in Maputo.

Mozambique is touted as a success for keeping peace after a civil war that ended 17 years ago and

welcoming foreign investment. Yet, deep poverty remains relentless. Mozambique ranks 127 out of 135 countries in the human poverty index of the United Nations Development Programme (UNDP).

For many peasants, the average monthly cash income is one dollar, according to Joseph Hanlon, social scientist and senior lecturer in development policy and practice at the Open University in Milton Keynes in the United Kingdom. Child malnutrition is rising, says United Nations Children's Fund (UNICEF).

Several speakers argued that the best way to help the poor escape the poverty trap is to give them a bit of cash every month. Social protection through cash transfers has shown success in Latin America, especially in Mexico and Brazil, says the World Bank in its February 2009 report "Conditional Cash Transfers: Reducing Present and Future Poverty."

But can one of the world's poorest countries tackle such a scheme?

"For the elderly in remote areas, cash works better than food," reckoned Janet Duffield, director of Beira-based NGO HelpAge. "It gets people to hospital. It buys goods they need."

HelpAge is researching poverty among the elderly, at a time when

Erradicate extreme poverty and hunger



traditional social security systems based on inter-generational support and migrant workers' remittances are as eroded as the Zambezi shore in Tete.

"We see very rational thinking in spending among the poor," said HelpAge researcher Sydney Machafa. Even one dollar a week makes a big difference in the ability of the poor to invest productively, he says.

Currently, only 0.6 percent of Mozambique's state budget goes to direct social assistance through a fragmented array of schemes managed by several agencies focusing on orphans, women, the elderly and flood or cyclone victims. The food subsidy of the National Institute of Social Action reaches 140,000 elderly. But these schemes are partial, short-term and miss many needy people.

What is needed, say researchers, are regular cash transfers as opposed to short-term, ad hoc emergency aid.

"A universal social benefit would both protect the poor and stimulate rural economic growth," said social scientist and independent consultant Bridget O'Laughlin.

The logistics of doling out cash in this vast country of 880 square kilometres and 20 million people appear daunting. Yet, it is possible, as

shown when war-torn Mozambique managed to give demobilisation pay during two years to 100,000 soldiers after peace in 1992.

DONOR DEPENDENCY

To give the subsidy across the board to all Mozambicans would reduce administrative costs and opportunities for corruption in the selection, divisiveness, jealousy and accusations of witchcraft, researchers said at the conference. Still, in Mozambique, where donors pay for more than half of current government expenditure of about \$3.6 billion, some question the sustainability of social protection schemes.

Donors fear creating dependence because countries that have adopted the practice of cash transfers, such as Brazil and South Africa, treat the grants as a permanent social expenditure, part of state welfare. This means that outside donors would be roped into an unlimited amount of social aid or have to - against the aim of the cash transfer programme - limit implementation to a certain time period.

"The aid industry wants an exit strategy, a short-life scheme," explained Hanlon, who is currently working on a book about cash transfer systems all over the world. There is local resistance as well.

"A common view of senior politicians and civil servants is that the poor should help themselves out of poverty. There is enormous reluctance to institutionalise social protection as a right," said independent researchers Rachel Waterhouse and Gil Lauriciano in their 2009 study "Social protection in Mozambique: A new imperative".

If the cash transfer scheme does not get support from the Mozambican government, there is little possibility that it will be implemented in the country, as international donors will be unlikely to fund a programme that does not have a time and expenditure limit. Waterhouse and Lauriciano point out that a growing number of government people and donors support "a new and broader approach to social protection."

"I am wary of donor fashions that come and go," concluded O'Laughlin. "But the issue of cash transfers needs to be debated. Accumulation of wealth and inequality keep reproducing poverty in Mozambique."

Discussions around the possibility of cash transfers have just begun in Mozambique, and it will take a few more months, or even years, before a decision pro or against cash transfers will be made. - Inter Press Service



Achieve universal primary education

ANGOLA

Teenage School Programme Gives Drop Outs Second Chance at Education

Louise Redvers

LUANDA (IPS) - Free primary education for all is an Angolan government policy, but unfortunately this has not translated into a reality that sees all children receiving education.

About one third of the country's boys and girls do not attend school, believes international non-governmental organisation Save the Children. Decades of civil war destroyed many of Angola's schools, and investment in teacher training ground to a halt.

After the end of the war in 2002, the situation slowly started to change as high oil prices caused an economic boom in oil-rich Angola. Some of the profits are being converted into investment in education.

The government claims to have recruited and trained more than 70,000 teachers, and glossy videos shown on state television tell of an ambitious programme to rebuild hundreds of schools destroyed during the war and train up more teachers to work across the country.

Despite these efforts, however, the demand for education is not being met, and under-qualified teachers are taking on up to 60 pupils per class.

This lack of capacity means that although schools don't charge fees, some teachers have been known to accept financial or other gifts to guarantee pupils' enrolment. With the average Angolan family having five or more children, few can afford to secure all their children places.

Girls, it seems, are the biggest victims, often missing out on their chance for education because they are kept at home by their parents to run the household and look after siblings.

"When my father died, my life stopped and I had to stop going to school to help my mother," said 15-year-old Aminosa Miranda, who has recently started attending classes again. "Now I'm here studying again, and I really like it because I have learnt how to do lots of things, like make baskets and do crochet," she added.

The fact that girls are expected to help with household responsibilities is opening up a gulf in literacy rates between the two sexes. According to 2007 figures from the United Nations Children's Fund (UNICEF), 84 percent of boys and only 63 percent of girls were literate.

In addition, high teenage pregnancy rates are perpetuating the problem,

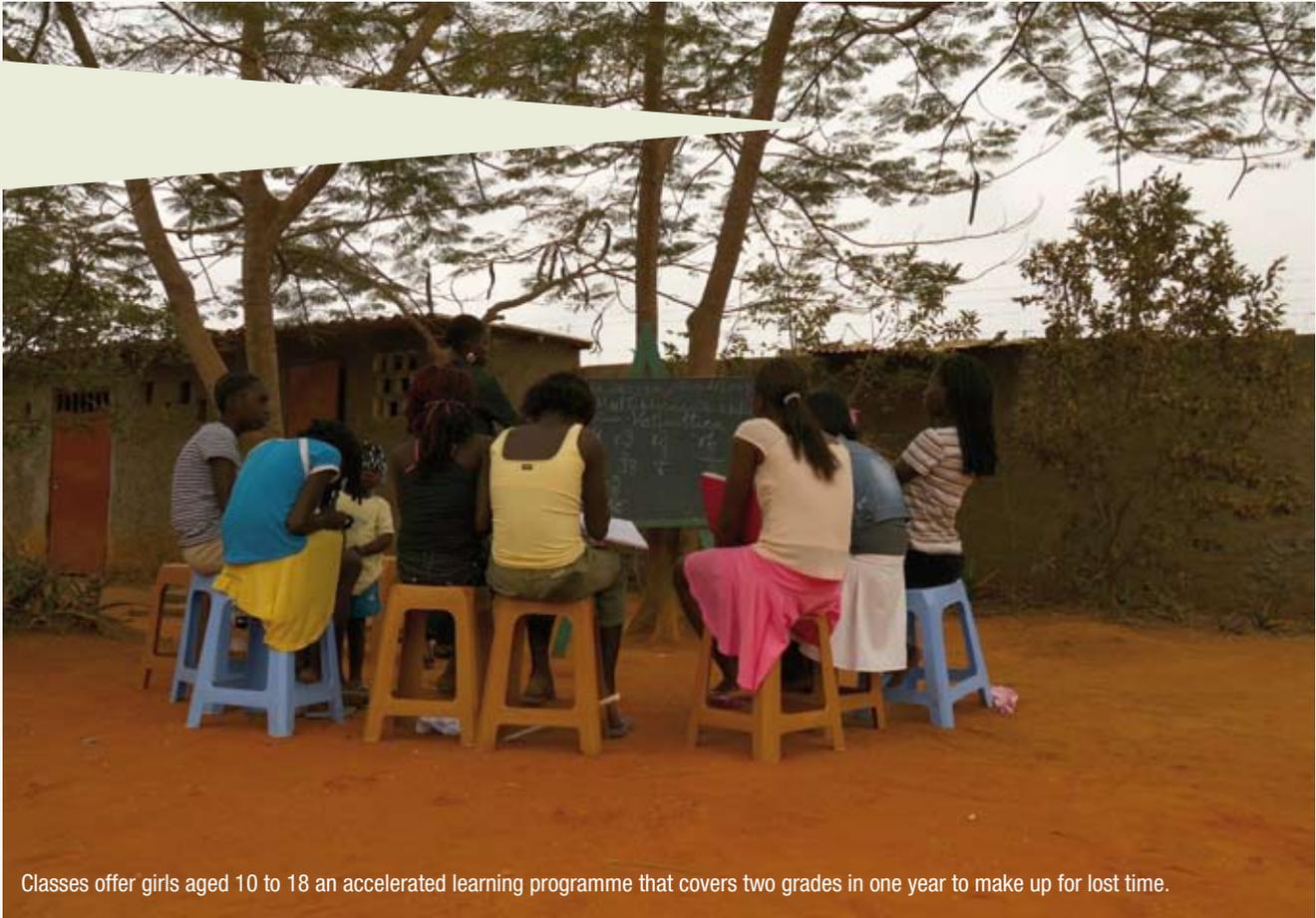
trapping many young women in a life of poverty. More than half of Angolan girls between the ages of 15 and 19 have at least one child, noted a United Nations Development Programme draft report in 2009.

"There is a definite gender inequality," Douglas Steinberg, national director for Save the Children in Angola, told IPS. "What we are finding is at the first enrolment and in the early grades, it's pretty equal in terms of boys and girls. But by fourth grade, we are seeing a lot more girls dropping out, often because of family pressures and taking on household responsibilities.

C" And many girls who do make it to middle school are getting pregnant and drop out anyway," he added.

Girls who drop out while still barely literate or numerate have little opportunity of improving their economic situation and mostly end up as informal street traders.

Dominga Carla Consumala, a teacher in Cazenga, one of Luanda's poorest and most overcrowded neighbourhoods on the edge of the capital, works at the Adolescent Girls' Education Project that gives girls who have dropped out of school a second chance.



Classes offer girls aged 10 to 18 an accelerated learning programme that covers two grades in one year to make up for lost time.

She says the cycle of girls staying out of school and getting pregnant had to be broken: “We are fighting to change this. Our country is in peace now. There are lots of opportunities to work and if girls don’t study, they won’t have a future,” said Consumela.

The classes, for girls aged 10 to 18, offer a free of charge, accelerated learning programme that covers two grades in one year. There are also additional literacy classes held in the evenings for those who don’t have time to attend during the day.

Structured by Save the Children, the programme is supported by Brazilian Catholic mission Congregação Irmãs Catequistas Franciscanas, Angolan NGO OSCI (Children’s Organisation of Saint Isabela) and American oil giant ExxonMobil.

As well as basic literacy, high up on the curriculum are questions of sexual and personal health, as well as

nutrition. Teenagers who have children can bring them to the classes, where they are being looked after while the young mothers are taught.

Apart from school education, the girls learn to make bags and household linen to generate a small income. “The idea is to give the girls skills for the future,” Consumala explained. “So they can have a sustainable income when they leave school.”

For these girls the classes are a second chance at life. One pupil, Maria de Fatima Manuel Antonio (16) said: “I had measles and it affected my memory, so I stopped going to school. But then I found out about these classes and it’s helping me learn to read and write again.”

Aminososa and Mara are among 490 girls who are part of the programme. This, of course, only scratches the surface. With nine million people under the age of 18 and three million under the age of five, who all need

education, pressures on Angola’s school system are going to grow.

The challenge has been recognised by government, which has pledged one third of its 2009 \$33.3 billion budget on social spending, including education.

But Steinberg remains cautious. “There’s been huge improvement and investment,” he said, “But the problem is that the quality of education is still quite low. A lot of the teachers don’t have a lot of education themselves, and they haven’t been adequately trained.”

He believes Angola won’t be able to turn around the education system in the next couple of years, as government promises. “Two or three years is too short to see major improvement. I think we’re really looking at a much longer-term transition to the education programme.” Inter Press Service



Promote gender equality and empower women

Little Progress in Achieving Gender Equality

by Sally-Jean Shackleton*

Across the globe, women's rights defenders have been campaigning for an end to violence against women. South Africa is no exception. Workshops, launches, exhibitions, training events and celebrations take place across the country and the region, intensifying during national and global campaigns, such as the 16 Days of Activism to end Violence Against Women, an event taking place every December.

On the surface of it, there is much to celebrate - South Africa's progress towards achieving the Millennium Development Goal (MDG) 3 that aims to achieve gender equality and empower women by 2015, included.

However, a closer look reveals that significant obstacles in women's development still exist, and South Africa is lagging behind in reaching the MDG targets, particularly when it comes to the inter-relationship between gender inequality, violence against women and HIV.

We have to urgently address the continuous high levels of violence against women and girls, which have a direct impact on increasing HIV infections rates in the same group. South African women between 20 and 25 years are six times more likely to

be HIV-positive than young men of the same age, according to a 2007 study by the Health Science Research Council (HSRC) of South Africa.

We must make the Millennium Development Goals themselves more gender aware, our strategies to achieving them cognisant of gender and our evaluation of progress uncompromising."

"Many suggestions for how to tackle the inter-relationship between HIV and gender inequality are nothing but superficial, short-term responses. In Mozambique, for example, where widows are 'cleansed' by being forced to have sex with their late husband's brother, traditional leaders recommended dealing with the risk of HIV infections by asking men to wear condoms.

As another example, some international organisations recommend responding to child-headed households - who are mostly caused by HIV/AIDS and run by girl children - by providing "modest levels of material support and training in effective parenting". Surely this cannot be believed to be an honest attempt at solving the problem.

When two women were stripped and sexually assaulted at a taxi rank in South Africa's metropolis Johannesburg in February 2008, some politicians suggested it was women's fault - they should dress more moderately and travel in groups to protect themselves against violence. This is yet another attempt at diverting attention from the real cause of the problem.

Teachers train children to "say no!" to those who want to abuse them, even though it should be obvious to anyone working with children that they don't have the power to defend themselves against a criminal by just saying 'no'.

Generally speaking, campaigns to "end violence against women and children" tend to focus on behaviour change of survivors of violence and potential victims, instead of that of perpetrators. The also conflate the terms women and children when the issues facing these two groups require very different strategies.



If we want to make headway towards women's empowerment and gender equality, we need to start questioning the existence of child-headed households and the 'cultural' practice of rape rather than suggesting band-aid solutions. It is not feasible to give responsibility for saying 'no' to a child with little power or curtail women's freedom for their safety.

Civil society organisations must take on the critical role of examining, evaluating and changing existing approaches to achieve lasting change for women and girls, as well as for men and boys. We must ensure that our work transforms gender inequality, rather than supports the status quo for short-term gains.

We must make the Millennium Development Goals themselves more gender aware, our strategies to achieving them cognisant of gender and our evaluation of progress uncompromising.

*Shackleton is the director of WomensNet, South Africa.



LESOTHO

Cultural Beliefs Threaten Prevention of Mother-Child HIV Transmission

Thabo Mohale

MASERU (IPS) - A health centre in one of Lesotho's poorest districts has scored significant success in implementing a prevention of mother-to-child HIV transmission (PMTCT) programme, but health experts warn that a number of factors, including cultural beliefs and stigma, threaten to derail it.

"It was the most difficult decision to make in my life, but I knew that I had to do it for the sake of my unborn child. The pre-testing counselling we received also helped a great deal," recalled 24-year-old Nthabiseng Rannyali who decided to undergo HIV testing to protect her unborn child.

Rannyali, who tested HIV-negative, was among a group of expecting mothers who were advised by doctors at St James Mantsonyane Mission Hospital, in Thaba Tseka district, about 200 kilometres outside Lesotho's capital Maseru, to undergo HIV testing.



The Mantsonyane health service district is one of the poorest in Lesotho, where only about 15 percent of residents have access to salaried employment. The majority have to survive on farming and occasional community projects run by government and sometimes non-governmental organisations (NGOs).

The mission hospital supervises a network of nine health facilities, serving a population of 64,000 spread over an area of 2,000 square kilometres.

The PMTCT programme is part of the Lesotho government's initiative to accelerate universal access to HIV prevention, treatment, care and support by 2010. It aims to increase the number of HIV-positive pregnant women who receive a complete course of ARV prophylaxis to reduce the risk of mother-to-child transmission by 80 percent.

Health personnel say the response to Lesotho's PMTCT programme has been encouraging. The number of facilities providing PMTCT has risen from nine in 2004 to 166 by the end of 2008. The number of women who received PMTCT and subsequent antiretroviral (ARV) treatment increased from 421 in 2004 to about 5,000 by end of last year, according to 2009 National AIDS Council statistics.

However, the clinics have started to face a number of unexpected challenges. Chief among them are cultural beliefs and stigma associated with HIV and AIDS.

Primary health care coordinator at St James Mantsonyane Mission Hospital, Khanyane Mabitso, says stigma and cultural beliefs make it difficult for medical personnel to follow up on HIV-positive mothers and their babies.

"There is still a lot to be done after delivery. We have to keep advising the mothers on personal hygiene, nutrition, drug taking and other issues, but some women disappear soon after delivering when they know of their HIV-positive status," he said.

"Due to stigma still associated with the disease, they fear people in the community might get to know about their status and look down on them," Mabitso explained.

Apart from stigma, cultural beliefs prevent women from returning to the clinic where they know health workers will advise against exposing their babies to traditional rites and herbal medicine. Some women, for example, feed their newborn

babies with herbs to make them strong, while others believe that feeding or bathing babies with shrubs help them fight diseases and make them immune to attacks from witches.

Moreover, a local myth stipulates that if a baby refuses to breastfeed, its mother committed adultery during pregnancy. As a result, HIV-positive mothers are reluctant to choose exclusive formula feeding.

HIV-positive mothers who have given birth to HIV-negative babies through PMTCT are counselled to bottle feed their babies, because of the high risk of infection through breastfeeding.

"There is a high level of illiteracy in this area, and we work to ensure that mothers know how to choose [between breast and formula feeding] and how to use the formula milk," Mabitso told IPS, adding that many women continue to ignore health workers' advice and alternate between feeding methods, often due to pressure from older, female family members who think they know better.

On the upside, more and more women, such as Rannyali, now understand the need to undergo HIV testing when they fall pregnant, to protect their unborn babies.

The introduction of PMTCT in the St James Mantsonyane Mission Hospital also helped "to promote HIV prevention messages across many communities within the health service area," according to independent consultant Ascension Martinez. The programme also encouraged people to come for voluntary counselling and testing and attend support groups.

"We can now safely say that more people have information about HIV and AIDS through education and training, but it is still difficult to evaluate [the programme's] influence on behaviour change," Martinez observed.

Lesotho's National AIDS Council plans to implement the PMTCT programme in all of the country's 128 district councils over the next few years. – Inter Press Service

"We can now safely say that more people have information about HIV and AIDS through education and training."



Improve maternal health

SWAZILAND

Bringing Men on Board to Reduce Maternal and Child Mortality



MBABANE (IPS) - Swazi men have very little involvement in caring for newborns and mothers, yet they are critical partners in ensuring their well being.

"Getting men involved in maternal and child health care is a serious challenge because of cultural dynamics and practices," said Rejoice Nkambule, the health department's deputy director of public health services.

For example, custom prohibits a Swazi man from physical contact with his newborn baby and its mother for a minimum of six months.

A major grant from the Japan Social Development Fund (JDSF) is now trying to change this. In July, the Japanese government awarded Swaziland \$2.57 million over three years to improve maternal and child healthcare programmes in the country. The programme, which is expected to start later this year, will be chiefly rolled out in the poverty-stricken Lubombo region in the eastern part of the country.

A key part of the grant will be spent on community mobilisation initiatives aimed at getting men involved in caring for the health of their wives and children.

Research has shown that lack of male involvement in maternal and child healthcare slows down the mother's healing process after giving birth and hinders the development of the baby.

According to Zanele Dlamini, director of the

Swaziland Infant Nutrition Action Network (SINAN), a non-governmental organisation that promotes maternal and infant health through breastfeeding, mothers need their partners' assistance after giving birth because they are usually too weak to handle the baby on their own, and many mothers experience mood swings, hormonal imbalances, insecurity and emotional depression after giving birth.

"When the man shows [his partner] affection, her stress level goes down and, most importantly, the womb heals faster, reducing chances of developing cervical cancer," said Dlamini.

She further explained that fathers also benefit from a close relationship with mother and baby. "For instance, when the father massages her when she is breastfeeding, love circulates among the three people, and the baby will have a strong bond with both parents," said Dlamini.

She points out that because Swazi men generally do not participate in antenatal or postnatal care, women become vulnerable to pressure from in-laws to follow traditional practices that are often against health workers' medical advice.

"What we've discovered is that, while we promote exclusive breastfeeding for six months, in-laws force mothers to give their babies traditional medicines and food against the doctor's advice," said Dlamini. "Men fail to give the women support because they are ignorant about maternal and child health issues."

According to Nkambule, lack of male involvement in maternal and child healthcare contributes to the fact that Swaziland has one of the highest maternal and child mortality rates in the world.

The other main reason for the high mortality rate is HIV/AIDS, as 26 percent of the reproductive age group of 15 to 49 years is HIV-positive, she explains.

A 2009 State of the Swaziland Population report estimates maternal mortality at 589 deaths per 100,000 live births, far beyond the World Health Organisation's target of 146 deaths per 100,000 live births. The report further puts infant mortality at 85 deaths per 1,000 live births.

This is a dramatic increase from 1991 maternal mortality rates, which stood at 229 deaths per 100,000 live births, and 1997 child mortality rates of 78 deaths per 1,000 live births.

What further perpetuates the high numbers of maternal and child mortality – in addition to gender roles and HIV – is the lack of well-trained staff and modern equipment at public health institutions.

"Health issues are very dynamic, which is why we need a vigorous training of health personnel and also update our equipment," said Nkambule.

Health experts criticise the Swazi government for failing to fulfil the Abuja Declaration, signed by African leaders in 2001 in Nigeria, which demands countries to allocate 15 percent of their national budgets to health. Swaziland has currently only allocated 11.5 percent.

Family Life Association of Swaziland (FLAS) director Dudu Simelane noted that many women, especially in rural areas, die during childbirth because of the absence of emergency obstetric care. "Training of nurses and midwives should include the management of (emergencies)," she said.

Simelane hopes the grant, which will also be used to increase the capacity and effectiveness of community health workers with regard to maternal and child healthcare, will help to change the situation. A number of mobile clinics will provide family planning, HIV counselling and testing, sexually transmitted infections care and treatment in remote, rural areas. – Inter Press Service

MAURITIUS

Diabetes Wreaks Havoc

Nasseem Ackbarally

PORT-LOUIS (IPS) - Every year 400 Mauritians undergo amputations, another 400 have heart surgery; 175 people's eyes are under the knife every week - all due to a disease that is easily prevented, Type 2 diabetes.

"It seems that the whole population is ill," lamented Mauritius' health minister.

Mauritians' health is seriously threatened by a disease that could easily be avoided with good nutrition and exercise, health experts say. A quarter of the 1.2 million population is suffering from diabetes, while almost 30 percent more are pre-diabetic. Many others are unaware of their condition, according to a new study by the national health department.

Almost all diabetes patients of the island state suffer from Type 2 diabetes, a metabolism disorder where the body struggles to break down glucose. Type 2 diabetes is mainly caused by unhealthy lifestyle choices, in contrast to type 1 diabetes - which accounts for less than one percent suffer of cases in Mauritius - in which a person's own body has destroyed the insulin-producing beta cells in the pancreas.

Fifty-six-year-old Naden Sooprayen has been suffering from Type 2 diabetes for the past 16 years. He says did not know about the disease until he was diagnosed.

"I am living on diabetes pills since all these years, and I don't think I'll ever stop taking them because doctors say I may get serious health complications," he explains, referring to the medication that helps him to control his blood glucose levels.

"Had I been aware of the damages caused by this disease, and that healthy foods, vegetables and physical activities can prevent it, I would have gone for them," says Sooprayen, who works as a messenger at a publishing company in Mauritius' capital Port-Louis.

Sooprayen is one of about 300,000 Mauritians who suffer from this disease, according to the National Service Framework for Diabetes (NSFD), which was set up this year by government in a concerted effort to fight the disease.

NSFD figures paint a dismal picture of Mauritians' health: 30 percent of Mauritians are hypertensive, 38 percent are either overweight or obese, 45 percent have high cholesterol, and 75 percent of men and 90 percent of women are not physically active. Rapid economic development during the 1990s has led to unhealthy changes in the lifestyle.

Health minister Rajesh Jeetah told journalists at a press conference in August 2008 that thousands of diabetics are suffering from serious eye and kidney conditions caused by the disease, and many require hospitalisation.

Health experts note that the high rate of diabetes among Mauritians is not caused by leading unhealthy lifestyles alone. They believe that the Asian genetic background of the population might as well play a role.

During a presentation to the health department in August, Dr Jeremy Jowett, head of genomics and system biology at the Australian Heart and Diabetes Institute, confirmed that Asian populations suffer most from the disease. About 80 percent of the Mauritian population is of Asian descent.

The Mauritian government has now commissioned research to better understand the genetic reasons that cause diabetes.

Health officials are concerned that prevalence of diabetes will remain high because there is not enough awareness among the population about the seriousness of the disease. Dr Mahboob Kureemun, a private medical doctor, told IPS that most new cases of diabetes are only discovered when a patient requires a medical check-up for other ailments.

He is also worried that many diabetics, once diagnosed and put on treatment, do not take their medication consistently and don't make any lifestyle changes.

"Many diabetics take their pills only a day or two before their next doctor's appointment instead of every day, (hoping to improve the results of the blood test). This makes control of the disease really difficult," he observes.

Believing that the health department cannot solve the issue alone, government officials have now enlisted the support of the private sector and civil society organisations in the fight against this disease.

The Holy Welfare Association, for example, is a non-governmental organisation that educates young diabetics under the age of 35 about healthy lifestyle choices, nutrition and the importance of sport.

"Most Mauritians eat an unhealthy diet and too much fast-food," says Holy Welfare Association chair Vinay Narrainen.

Moreover, government is encouraging the local media to regularly broadcast talk shows and give out information on diabetes and other non-communicable diseases regularly, while public health facilities now offer free medical check-ups almost everywhere on the island. A number of health clubs and support groups have been formed to help diabetics deal with the disease on a day-to-day basis and to counsel patients on how to lead a healthier lifestyle.

In a bid to protect the younger generations from this disease, the sale of soft drinks, sugar candies and salty snacks, loaded with fat, in school canteens has been banned by the education department. - Inter Press Service



Not enough Mauritians have their blood sugar levels tested



Ensure environmental sustainability

ZIMBABWE

Farmers Go to War Against Lantana Camara

Phyllis Kachere

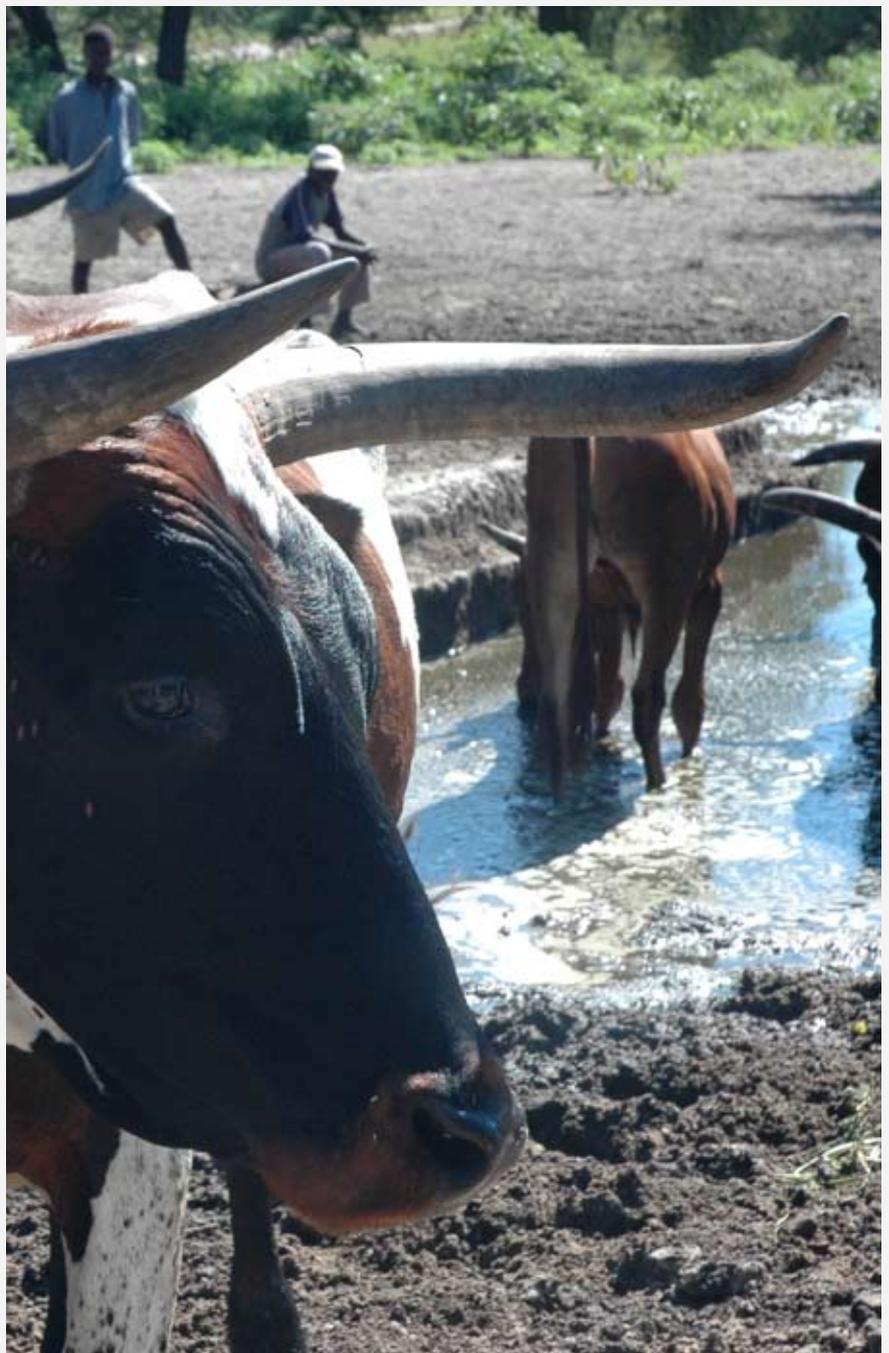
HARARE (IPS) - Armed with picks, axes and hoes, a group of enthusiastic villagers break into song: “Randana kamara wakaipa, Randana kamara wakashata. Watora ufuro hwezvipfuyo, wauraya mombe.” (“Lantana camara, you are evil. You have taken over grazing land for our livestock, you have killed our cattle.”)

They lash out at their common enemy, lantana camara, an invasive exotic plant, also known as black cherry. The shrub, which can grow more than two metres tall, is threatening to take over their fields and grazing land.

Lantana camara forms a dense and impenetrable thicket that suffocates indigenous vegetation. The plant also smothers trees, impacting on local bio-diversity and reducing the amount of food available to livestock or wildlife. The shrub has heavily lined itself along the Nyahoko river, a branch of the Mazowe River, and alongside other small streams in Shamva district of Mashonaland Central province.

“We have to take action because our very life is under threat. This plant is dangerous. See how it has taken over our grazing land and how it is threatening our sources of water. See the havoc it has created on the Nyahoko banks,” lamented Chief Shaw Bushu.

“Since we spotted [lantana camara] here in the late 1980s, we have lost count of the number of cattle that



has died after eating its poisonous leaves and branches,” he further explained.

To fight the invasive plant that is killing their livestock, villagers have organised themselves into groups that take regular turns to remove the menacing plant.

Schoolchildren, in support of their parents, sing along and pull out small *lantana camara* shrubs with their hands. In fact, teachers at the local primary school have started educating pupils about the dangers of what they commonly call the “monster plant”.

Although official estimates of the size of arable area taken over by the black cherry plant could not be obtained, Chief Bushu said the area now covered by *lantana camara* was big enough to threaten the livelihoods of members of his community.

“When we first spotted it here in the 1980s, it was only a few shrubs, but now whole parts of grazing land and crop fields have been chewed up. The rivers and streams have not been spared,” he explained.

Threatening biodiversity

Introduced to the country from Argentina in the early 1920s, *lantana camara* was widely used as perimeter hedge to protect vegetable gardens against livestock. But soon, the once favoured hedge encroached onto the very gardens it was meant to protect, while cattle that consumed the evergreen but poisonous leaves died in droves.

“I first used *lantana camara* to fence off my field from stray cattle and goats in 1991, but little by little, the shrub encroached into my field. The agriculture extension officer told me that I will end up with no field at all. And this field is what my family’s livelihood is based on,” said Esinath Swiza, a widow whose field has to feed her five children and two orphaned nieces.

Revesai Mhembere, another farmer, says that although only one cow from his herd of eleven died after eating *lantana camara* last year, other neighbours had lost three or more animals.

“Reports of more than ten cattle deaths per month were common. Now it is down to two or three. I think the cattle have become clever and avoid eating it,” Mhembere told IPS.

Killing livestock

Not only is *lantana camara* killing livestock, it has taken over vast swaths of arable land and is threatening local riverbanks where it grows lavishly. It is even threatening Zimbabwe’s world heritage site, the Victoria Falls.

In a speech to mark International Biological Diversity Day, on May 22, Minister of Environment and Natural Resources Management, Francis Nhema, said *lantana camara* had not only reduced grazing land around the country but is threatening the rain forest at Victoria Falls.

He explained the Zimbabwean government lacked resources to efficiently fight the plant: “In 2000, the national park [authorities] in Nyanga and Chimanimani estimated their annual budget for control of invasive species to be \$3,600, while the timber companies were using up to \$100,000 annually to manage invasive alien species on their estates.”

In collaboration with seedling and nursery officers of the local forestry authorities as well as Agriculture, Research and Extension Services, Chief Bushu ordered some of his headmen to organise teams of ten that take turns to axe and burn off the dangerous shrubs, while other teams dig up its roots.

Communications officer of Harare-based non-governmental organisation Environment Africa, Deliwe Utete, lauded the villagers’ initiative, saying *lantana camara* was destroying entire eco-systems.

“Rural people depend on the land and livestock for their livelihood, and if that is to be destroyed by invasive plants like *lantana camara*, we have serious trouble. Unfortunately, because of the economic situation Zimbabwe finds itself in, chemicals to fight the plant are not [available]. So the best method for now is to physically remove it,” she explained.
– Inter Press Service

Acknowledgements

In 2000, 189 nations committed themselves to effectively respond to the world’s main development challenges by 2015. They set themselves eight Millennium Development Goals (MDGs)

The Countdown to 2015 project was started with support by the Southern African Trust (SAT) in 2006.

Halfway to the 2015 deadline, Inter Press Service (IPS) Africa sought to examine progress towards these goals in Southern Africa. Through insightful reportage, commentary and analysis from throughout the SADC region, the project looked at successes and failures in the quest to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and women’s empowerment, reduce child mortality, improve maternal health, combat HIV/Aids, malaria and other diseases, ensure environmental sustainability and develop a Global Partnership for Development.

To re-use any of the articles in this newsletter or on the Countdown to 2015 project, contact Abdullah Vawda at avawda@ips.org.



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Develop a global partnership for development



SOUTH AFRICA

The Key is Economic Growth for People

Kristin Palitza interviews TERENCE CORRIGAN, researcher, South African Institute for International Affairs (SAIIA)

JOHANNESBURG (IPS) - Countries around the world have committed themselves to reach eight Millennium Development Goals (MDGs) by 2015. MDG 8 seeks to develop a global partnership for development, including sustainable debt and an open, rule-based and non-discriminatory system of trade and finance.

Economist Terence Corrigan reflects on how well the South African government has been doing to achieve good governance, fair trading mechanisms and economic growth.

IPS: MDG 8 is to develop a global partnership for development. What has the South African government done to reach this target?

Terence Corrigan: South Africa has relationships with various developmental agencies, the United Nations and African initiatives, but it could do more for global political engagement with development.

An issue close to government's heart is reorienting the World Trade Organisation (WTO) and global financial institutions to not just focus on free trade but also on development issues.

South Africa is on course to meet the MDGs in the numerical sense. For example, the number of children enrolled in [primary] schools will meet the target, but the quality of the education system is still lacking. Or, the country has made lots of progress in reducing poverty by introducing social services, but leaning heavily on social grants is not ideal because it creates dependency.

At the moment, we have about five million tax payers versus 13 million grant recipients. We need to turn those figures around and we need an entrepreneurial ethic to do this.

IPS: How successful has South Africa been in working towards debt relief?

TR: When South Africa became a democracy, its macro-economic decision was not to fall into the debt trap. We paid off a lot of debt after 1994. We are not entirely debt-free, but certainly in a good



position. Debt is not a big issue in South Africa. There are even some who say South Africa is 'under-borrowed'.

South Africa raises money through tax, which is not that common in Africa. This means it can finance programmes through its own sources. In fact, we have a lot more resources than we are using effectively. South Africa is in a very positive position, and I hope government will maintain this.

IPS: What financial and trade strategies could South Africa implement to bolster poverty reduction and development?

TR: The key issue is to have economic growth that produces growth for people. South Africa needs to identify hindrances to doing business to get there. Issues of education and qualification need to be addressed as a matter of urgency.

The role of technology is important, too. We need to focus on innovation. For example, South Africa's water supply is extremely stressed. We need a high-tech water management system to make the most of smaller resources.

I am wary of protectionism to create economic growth. It will have a blow-back on competitiveness and could trigger inflation, which would have an especially negative impact on the urban poor.

IPS: Part of MDG 8 is the aim to achieve good governance. What areas could the South African government improve upon?

TR: Good governance and democracy

have an ambivalent relationship with economic growth and profits. Measuring the quality of governance depends on the type of economy you want. My hope for South Africa is that it develops as an advanced, innovative economy.

There are four key issues that need good governance: First, we need a better education system for a skilled workforce. Second, we need high quality management to build up and maintain our infrastructure. Third, we need accountability and fight corruption, and fourth, we need to manage our resources well. But whatever government decides to do, it needs to do it competently.

IPS: What role has the African Peer Review Mechanism (APRM) played in this?

TR: There are key governance issues that crop up again and again throughout the continent. There is lack of constitutionalism, and parliaments [in Africa] are emasculated.

A useful set of recommendations has come out of the APRM. It's a process that could go a long way towards improving governance, but it needs follow up to be effective. Unfortunately, the responses from governments haven't always been enthusiastic. We haven't seen many African heads of state holding their peers to account. This would need a lot of integrity.

The APRM could be a catalyst for reform, but at this stage, it remains in the realm of potential. – Inter Press Service