Standing in the cockpit of an airplane one is struck by the number of gauges and dials; indicators for airspeed, fuel, landing gear. The experienced pilot uses these indicators to maintain an optimum course [1]. Communities are far more complicated than airplanes, and authorities need to have and effectively use available information to maintain the communities’ heading toward the best development path.

African states have signed the declaration to achieve the MDGs by 2015. Many of these countries have also signed additional World Health Organisation (WHO) and United Nations (UN) conventions for monitoring and reporting progress towards goals within the health sector and for eradication, elimination, control, and surveillance of specific diseases. With five years remaining to achieve all the MDGs, Africa is at risk of not meeting all the goals except in the North Africa region according to the UN [2], the World Bank and the International Monetary fund [3].

Millennium Development Goals

Country MDG reports serve as catalysts for stakeholder participation and public mobilisation aimed at mapping development priorities and policy formulation. The MDG reports are driven by indicators defined for each goal. Targets are also defined for each goal. There are eight Millennium Development Goals which range from halving extreme poverty to halting the spread of HIV/AIDS and providing universal primary education, from a blueprint agreed to by all the world’s countries and the entire world’s leading development institutions. They have galvanised unprecedented efforts to meet the needs of the world’s poorest people. The eight goals are listed below. An example of set targets for Goal 1 follows.

- Goal 1: Eradicate extreme poverty and hunger.
- Goal 2: Achieve universal primary education.
- Goal 3: Promote gender equality and empower women.
- Goal 4: Reduce child mortality.
- Goal 5: Improve maternal health.
- Goal 6: Combat HIV/AIDS, malaria and other diseases.
- Goal 7: Ensure environmental sustainability.
- Goal 8: Develop a global partnership for development.

Fig. 1: The WASH Atlas.

Target 2: Between 1990 and 2015 halve the proportion of people who suffer from hunger. This goal has two targets – the income target and the nutrition target. Data on the income metric are scanty, sparse or unavailable for many countries. Very few countries have recent household surveys and the few household surveys that exist are too outdated to be useful for analysis. However, data on nutrition are more complete. Hence, progress on hunger is easily reported on.

Monitoring, evaluation and reporting tools

Effective monitoring and evaluation (M&E) and reporting tools are at the core of attaining the MDGs. A strong M&E and reporting system facilitates gap mapping and furnishes governments and other stakeholders
tools, such as the WASH Atlas. This atlas presents a clear overview of "who is doing what where" and is aimed at improving evidence-based planning and programming as well as coordination of WASH interventions. This CD-ROM was developed to facilitate interpretation and utilisation of WASH intervention data.

The Nutrition Intervention Atlas

Today, about 150-million children under five worldwide are under-nourished. Under-nutrition is a key contributor to more than 3-million preventable child deaths every year. Effective, cooperative joint nutrition action at all levels is required to achieve the first Millennium Development Goal (MDG) of halving, by 2015, the proportion of people who suffer from hunger and under-nutrition. Nutrition interventions contribute to achieving the MDGs related to child mortality, maternal health, primary education, gender equality and HIV/AIDS.

In Zimbabwe, UNICEF is the lead United Nations agency in the nutrition sector. Coordination of sector interventions takes place within the context of the nutrition cluster, which brings together local and international NGOs, donors, UN agencies and relevant government departments. To strengthen its coordination role, UNICEF started in 2006 with the development of sector-specific planning tools, such as the Nutrition Atlas. This atlas presents a clear overview of "who is doing what where" and is aimed at improving evidence-based planning and programming as well as coordination of nutrition interventions. This CD-ROM was developed to facilitate interpretation and utilisation of nutrition intervention data.

Conclusion

Operationalising the time bound-MDG targets within national planning frameworks involves preparing strategies that are sufficiently ambitious, comprehensive enough to address all requirements and areas, grounded on robust financing strategies and macroeconomic framework and anchored on an implementation strategy incorporating measures addressing capacity constraints. The world is on track to meet the MDGs, but Africa is not. Basing indicators on a consistent monitoring and evaluation and reporting system allows for meaningful sectoral and spatial disaggregation, and enables progress towards specific targets set in the MDGs as well as cross-sectoral
impacts to be consistently assessed. The tools highlighted in this article are a good example of an effective MDG indicator reporting tool which will help African states in meeting MDGs.

The UN system through UNDP continues to build a critical mass of planners from government, civil society organisations, UN agencies and other cooperating partners, with the capacity to undertake needs assessments of interventions that are essential in meeting the national development goals and costing of the next National Development Plans. The private sector especially those involved in IT and GIS can help by developing effortless yet sound reporting tools for governments and implementing organisations thereby contributing to the attainment of MDGs by 2015.

References


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