

Critical Reflections on Progress Towards the Millennium Development Goals in Nicaragua

Brian Linneker and Ana Quirós Víquez

September 2005

Draft Report

International Cooperation in Development – ICD and
Centro de Información y Servicios de Asesoría en Salud - CISAS

Managua, Nicaragua

Abstract: This report critically reflects on progress towards the MDGs in Nicaragua and considers their relationship to the Poverty Reduction Strategy, funding issues and strategies for civil society engagement. While there has been both progress and fall backs on some 2005 intermediate indicators, none of the MDGs are likely to be achieved in Nicaragua by 2015. Despite many problems in the development of the PRS conditionality being imposed by the IFIs, the relatively lower quantitative and qualitative targets in some of the MDGs may reduce the pace of development in the provision of health, education, water and sanitation services. Women's organisations are fierce critics of the MDGs and the omission of important targets related to sexual and reproductive health rights have partly allowed governments to abandon earlier plans on implementation. The extent of the retreat from earlier UN declarations that the MDGs represent leave little for civil society organisations to engage with.

Key Words: Nicaragua, Poverty, MDG Progress, Aid, Debt, DR - CAFTA, Conditionality, Civil Society

Notes on Authors

Brian Linneker is senior research fellow in the Department of Geography - Birkbeck College, University of London and works in Nicaragua with the *Centro de Información y Servicios de Asesoría en Salud - CISAS*, with support from the British International NGO International Cooperation in Development – ICD, b.linneker@bbk.ac.uk.

Ana Quirós Viquez is Director of the *Centro de Información y Servicios de Asesoría en Salud – CISAS* Nicaragua, ana@cisas.org.ni.

Acknowledgements

The authors are grateful to Sarah Bradshaw and Maria Hamlin for comments and suggestions on an earlier draft of this report. Report – 27th of August 2005, not to be quoted without the author's permission - CISAS, Managua, Nicaragua, August 2005.

CONTENTS

Introduction

The Millennium Development Goals

The MDGs in Nicaragua

Links between the MDGs and the PRS targets in Nicaragua

Progress on the MDGs in Nicaragua:

G1 - Eradicate Extreme Poverty and Hunger

G2 - Achieve Universal Primary Education

G3 - Promote Gender Equity and Empowerment

G4 - Reduce Child Mortality

G5 - Improve Maternal Health

G6 - Combat HIV/AIDS, malaria and other diseases

G7 - Ensure Environmental Sustainability

G8 - Develop a Global Partnership for Development

MDG and PRS Financing

Conclusions: Ways Forward and Strategies for Engagement and Improvement of the MDGs

References

Annex 1 - The Millennium Development Goals, Targets and Indicators

Introduction

The Millennium Declaration was signed by the heads of state of 189 countries in September 2000, and sets a series of targets for global action against poverty. The current outcome of this process has been the Millennium Development Goals (MDGs). The MDGs represent the world's targets for reducing extreme income poverty, hunger, disease, exclusion, lack of infrastructure and shelter, while promoting gender equality, education, health and environmental sustainability (Millennium Project 2005).

For some organisations like Oxfam GB the MDGs represent an unprecedented global consensus around which to focus action against poverty (Fraser 2005). While for others the MDGs represent meaningless technical indicators, which bear little relationship to the essence of the rights based approach contained in the Millennium Declaration and fail to address the structural causes of the poverty they seek to reduce (Bradshaw 2004), and as such, are essentially a distraction (Antrobus 2005).

Even accepting the goals, it is unlikely they will be met. Inequality, both between and within nations, has become even more pronounced during the last decade (UNDP 2002:13) and many Sub – Saharan Africa and Latin American countries have been sliding further down the poverty ladder. At current rates the MDGs are unlikely to be attained by 2015. Only Goal 1 of halving those in extreme income poverty and moving the extreme income poor into general poverty is likely to be met, but this is mainly due to progress in a small group of countries in East Asia (Sachs 2005).

The UN General Secretary (Kofi Annan) set up the UN Millennium Project and it's ten thematic task forces to advise on improvements and strategies for achieving the MDGs. These have included recommendations to realign Poverty Reduction Strategies (PRS) to the MDGs - to be termed 'MDG-based Poverty Reduction Strategies' - by 2006. Other recommendations include a scaled increase in donor aid up to the 0.7 percent of GNP by 2015 to support the MDGs and allow increased public investment, along with the end of user fees for primary education and essential health services (Millennium Project 2005).

A number of civil society organisations from around the world have also come together under the Global Call to Action Against Poverty (GCAP 2005). The GCAP campaign (symbolised by the wearing of a white wrist band) has demands for more and better aid, debt cancellation, trade justice and national-level action, including the adoption of the promises in the global Millennium Declaration and application of the Millennium Development Goals to the national context. In addition to these actions, others have been manifest through high profile media event such as the Live8 Concerts and its 'list campaign' to lobby the 2005 G8 Summit in Gleneagles, Scotland to take action against poverty (Live8 2005).

In September 2005 the UN Heads of Government will meet in New York to review progress towards the MDGs. This article considers some critical reflections on the MDGs and an evaluation of progress in Nicaragua. The first sections consider the MDGs in general, the national application of the MDGs in Nicaragua and their relationship with the Poverty Reduction Strategy (PRS). Other sections include an evaluation of progress towards each of the MDGs in Nicaragua. The final sections consider aid and public financing issues

associated with the MDGs and PRS, and consideration of ways forward and strategies for civil engagement and improvement of the MDGs in Nicaragua.

The Millennium Development Goals

In the context of the new aid agenda the MDGs provide, a common framework agreed by all governments, measurable targets and indicators of progress around which governments, United Nations agencies, International Financial Institutions (IFIs) and civil society organisations can rally. They provide a strategic focal point for discussion on barriers to their achievement and a tool to hold both donor agencies and governments accountable.

The MDGs consist of 8 main goals, 18 targets and 48 indicators. The number of targets and indicators vary between the goals. Goal 1 to eradicate extreme poverty and hunger has 2 targets and 5 indicators, Goal 3 to promote gender equality and empower women has 1 target and 4 indicators, while Goal 8 on developing a global partnership for development has 7 targets and 16 indicators. The main goals are given in the table 1 below and a full list of targets and indicators are given in appendix 1.

Many criticisms of the MDGs are based on the somewhat spurious relationships between the goals themselves and their targets and indicators, and the extent to which the meeting of the target by fulfilling the indicator represents the achievement of the goal.

While the goals to be achieved are often broader and wider, the targets and indicators are often reduced to a set of simple ratios. For example, the promotion of gender equality and empowerment of women (Goal 3) is reduced to gender education ratios in primary and secondary education. Environmental sustainability is reduced to technical ratios of the proportion of those who have access to safe drinking water and basic sanitation.

The United Nations Millennium Summit in 2000 saw world leaders agree a set of priorities for the new millennium and these were laid out in the Millennium Declaration. The MDGs are said to be informed by the Millennium Declaration, which sought to 'distil' the agreements and resolutions of many of the world conferences organised by the United Nations in the 1990s. These included among others Rio 1992 on the environment, Vienna 1993 on human rights, Cairo 1994 on population, Copenhagen 1995 on social development, Beijing 1995 on women, Istanbul 1996 on habitats and Rome 1997 on food. The MDGs are also informed by the International Development Goals (IDGs).

The MDGs are not intended to supersede earlier agreements on other goals and targets reached at the world summits and global conferences during the 1990s (United Nations Development Group 2001) but nor do they make reference to them. Comparisons between the MDGs with the wider UN rights framework, including the Millennium Declaration and the IDGs, suggests them to be more of a retreat, rather than a development of these initiatives (Bradshaw 2004). Moreover, given the commitments under MDGs are lower than already established as legal principles it has also been suggested that the MDGs may undermine the strength and legitimacy of international rights based law (Symington 2004). It could be said that, rather than emerging from the UN rights based framework, the MDGs

actually replaces the rights framework with a narrow and linear set of technical targets and indicators, reflecting IFI influence.

Table 1 The Millennium Development Goals*

No.	Goal	Key Targets
1	Eradicate extreme poverty and hunger	Halve the proportion of people living on less than US\$ 1 a day by 2015. Halve the proportion of people who suffer from hunger by 2015.
2	Achieve universal primary education	Ensure by 2015 that all children complete a full course of primary schooling.
3	Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education by 2005, and in all levels of education by 2015.
4	Reduce child mortality	Reduce the mortality rate of children under 5 by two-thirds by 2015.
5	Improve maternal health	Reduce by three-quarters the ratio of women dying in childbirth by 2015.
6	Combat HIV/AIDS, malaria, and other diseases	Halt and begin to reverse the incidence of HIV/AIDS and other major diseases by 2015
7	Ensure environmental sustainability	Halve by 2015 the proportion of people without access to safe drinking water and basic sanitation.
8	Develop a global partnership for development	Develop a non-discriminatory and rules-based trading system. Provide more and generous aid. Deal comprehensively with the debt problem.

For Antrobus (2005) the MDGs must be understood in the context of the emergence of the forces of economic and religious fundamentalisms that have followed the ending of the Cold War and the rise of neo-liberal ideology. The MDGs emerged in the context of the spread of religious fundamentalism and the male backlash against women's rights, and economic fundamentalism that emerged in the form of the neo-liberal agenda of privatisation and trade liberalisation enforced by the World Trade Organisation (WTO). Both of these were partly further driven by rightwing control of the current US administration. These contextual considerations have not only produced a weak set of MDG targets but have actually placed them in jeopardy.

* The UN maintains a Millennium Indicators Database which currently shows the latest available data as of April 2005. The figures presented in this report are more recent and derived from a number of differing sources see Table 2.

Much of the evidence of the past decade has been that development policy regimes being imposed on poor countries have largely been associated with increases in peoples poverty, vulnerability and social exclusion. Civil Society organisations often see pressures to privatise essential public services and liberalise trade difficult to reconcile with the targets of poverty reduction, access to safe drinking water, and improvements in the lives of the poor. For some, what is incredible is the lack of acknowledgement of the extent to which the neo-liberal policies and frameworks have impaired progress towards the achievement of goals now partly embodied in the MDGs, in the past (Antrobus 2005).

The UN conferences of the 1990s remain much more important platforms for action than the somewhat diluted technical indicators which the MDGs represent. Indeed, in relation to some goals such as health and education and in the face of pressure from the Catholic Church and the conservative right, the omission of targets and the weaker commitments in the MDGs have actually restricted progress in sexual and reproductive health rights and allowed the national governments to abandon earlier plans to implement policies in these areas. The very omission of MDG targets on sexual and reproductive health rights agreed at other UN conferences have arguably slowed human development in this area.

The spatial scale at which the MDGs are being applied and evaluated is also important since meeting the targets overall could focus resources at a few specific geographical areas where progress can be quickly made to the detriment of regional, national or sub-national targets and achievements.

The MDGs in Nicaragua

The MDGs applied in a national context presents poor countries like Nicaragua with exceptional challenges since to a large extent the weakening of the role of the state through neo-liberal policy agendas of the past, has seriously reduced the ability of the state to provide services and contribute to the achievement of the goals and targets of the MDGs. Indeed, the macro economic policy of the country was largely agreed with the IMF in 2002 under Poverty Reduction and Growth Facility (PRGF).

The Nicaraguan Government has been developing an anti-poverty policy as part of the conditionality for entry onto the HIPC II initiative since 1999 (Government of Nicaragua 2001). The development of the Poverty Reduction Strategy (PRS) in Nicaragua has been the subject of much debate in relation to the extent of participation, ownership and aid effectiveness in the face of top down IFI policy imposition (Bradshaw and Linneker 2003; Linneker, Bradshaw and Quirós 2004). In the context of the November 2001 elections some even suggest that the PRSP was approved,

"mainly due to pressure from US high-level foreign policy officials, who argued that failure to endorse the PRSP in the months before the elections would have destabilised Nicaragua and made a Sandinista victory more likely - something the US government wanted to prevent at all costs." (Dijkista 2005:450).

The PRS process was supposed to better coordinate donor aid and effectiveness under national ownership and leadership. To date the PRS has largely failed to do this due to the extent of IFI policy imposition and lack of national ownership and domestic political

approval. Rather than abandon this process there have been suggestions to recast the PRS within the MDG framework (Millennium Project 2005). To this extent the MDGs represent yet another donor imposed framework for supposedly prioritising poverty reduction and social expenditure in addition to the PRS.

The MDGs and PRS targets and indicators depoliticise debate on development and poverty reduction by defining it as a set of technical problems where donors can provide financial assistance towards improvement. Again there is a lack of ownership within domestic political priorities, and little interest on the part of donors on the ability of governments to implement policies toward the MDGs and associated funding conditionalities.

Despite a number of problems associated with the production of the Poverty Reduction Strategy and other national plans, the PRS represents the main national policy instrument for operationalising the majority of MDGs. In many ways the MDGs applied nationally in Nicaragua are in part weaker and less stringent targets than those contained within the PRS.

The government of Nicaragua has already produced a first evaluation of progress towards the MDGs in Nicaragua in December 2003. However, there has not been a great deal of civil society engagement with the MDGs since in part they have been trying to influence what for many see as the not unproblematic commitments and targets contained in the PRS.

Links between the MDGs and the PRS targets in Nicaragua

To some extent the Poverty Reduction Strategy produced in July 2001 reflects the majority of MDGs and will contribute to its aims. However, not all the MDG goals are embraced by the PRS initiative and there are gaps in coverage (see Table 2). Of the MDGs, Goal 3 focussed on women's equality and empowerment, Goal 6 on HIV/AIDS and Goal 8 concerning a global partnership for development are largely absent from the PRS. The other MDG goals have some overlap with the PRS goals.

The Poverty Reduction Strategy Paper (PRSP) was based on four themes of broad based economic growth and structural reform, better investment in human capital, protection of vulnerable groups, governability and institutional development. The National Development Plan is supposed to complement the PRSP, especially economic growth and has a program of investment with external resources of US\$ 1.149 billion (Gobierno de Nicaragua 2003). However, this plan largely changes national priorities to economic growth and external investment from those of poverty reduction and social spending associated with the PRS and MDGs.

While the ten PRS goals and 14 targets tend to be limited in subject and thematic coverage compared to the MDGs, the PRS reflects the greater poverty focus and country specific concern. The PRS sets more stringent short-term intermediate targets than the MDGs and have annual intermediate targets between 1999 and 2005, which are used to monitor progress (Government of Nicaragua 2001).

Progress on the poverty related goals of the MDGs and PRS, are being monitored by the World Bank and civil society organisations. Table 2 attempts to summaries progress on the

2005 and 2015 development goals and targets in Nicaragua based on currently available data and information.

Some MDG 2015 targets are narrower in their focus and less ambitious in their aims than the targets in the PRS. For example the PRS contains the target of increasing to 100 percent national water coverage and 95 percent access to sanitation (Government of Nicaragua 2001). The MDG target is to only halve the proportion of people without access to safe drinking water and basic sanitation.

This evaluation considers progress on the 2005 intermediate targets of the PRS and prospects for the achievement of the 2015 MDGs. Public services such as health and education are major drivers behind the MDG targets. Health related targets and issues are contained in Goals 4, 5, 6, and parts of 1 and 7, while education targets and issues in Goals 2 and 3. Economy and environmental issues are mainly contained in Goals 1, 7 and 8. While the structure of the report follows those of the individual MDGs, it must be remembered that the goals themselves cannot be seen in isolation. The MDGs are inherently related and interconnected through many differing social structures and forces, in particular cultural and patriarchal structures, which perpetuate inequality both within and between societies.

Progress on the MDGs in Nicaragua

The First Annual Progress Report by the joint staffs of the World Bank and the IMF on the PRSP in 2002 suggested that the indices of poverty and extreme poverty had decreased relative to 1999 and that there had been considerable progress in achieving medium term PRS goals (IDA-IMF 2002b). However, the extent to which these achievements are due to the PRS is questionable given that little in the way of PRS implementation had been undertaken by the time of the first report. In this respect some of the intermediate goals are too low, and can be achieved without full implementation of the PRS. If the 'do nothing situation' is likely to contribute to the PRS goals in a significant way it seems to suggest the need to evaluate the counterfactual situation and assess the extent to which the PRS policy actions are actually reducing poverty.

Earlier World Bank evidence on progress on the MDGs and intermediate PRS goals has been mixed. Access to primary education was exceeded in terms of the 2001 data indicators and seems to be on target for 2005. Reductions in the maternal mortality rate, and the infant mortality rate were noted as being on target for 2005, while reductions in the under fives mortality rate were only partly on target for 2005 (World Bank 2003).

Access to reproductive healthcare was not achieved and was noted as being only partly on target for 2005. Reduction of chronic malnutrition was just short of the target and was on target for 2005. Access to water was also just short of target but was noted as being partly on target for 2005. Access to sanitation was met but was also only partly on target for 2005. Illiteracy rate was also short of target and was not on target for 2005 (World Bank, 2003).

The third annual PRS progress report compares progress on some 29 indicators relative to 2004 intermediate targets. However, progress data is only available for 19 of the indicators and 6 are reported as being fulfilled with respect to the 2004 target, 5 in education and 1 in

water and sanitation (Gobierno de Nicaragua 2005).

A review of current projections on fulfilling the majority of the MDG targets by 2015 is not very encouraging. The extreme poverty reduction target is noted by the World Bank as being 'possible' to achieve, and targets related to children's education appear to be on course to be achieved by 2015 (World Bank 2003). However, it seems unlikely that chronic malnutrition will be reduced to 7 percent, maternal mortality rates reduced by three quarters, and national water coverage increased for all by 2015. In addition, it is very unlikely that additional PRS targets relating to the provision of access to reproductive health services for all, and a decrease in the illiteracy rate to 10 percent by 2015, will be met (see Table 2).

Table 2 The MDGs, PRS and other Development Targets in Nicaragua

MDG	MDG and Key Targets to 2015	National PRS Target to 2005	National PRS Target to 2015	Note	Actual 2003 or 2004	PRS Target 2005	On Target PRS 2005	Target 2015	Forecast 2015	On Target MDG 2015
1	<p>Eradicate extreme poverty and hunger:</p> <p>Halve the proportion of people living on less than \$1 a day by 2015</p> <p>Halve the proportion of people who suffer from hunger by 2015.</p>	Reduce Extreme Poverty by 17.5%	Reduce Extreme Poverty by 50% by 2015 with respect to 1995 for people whose income is less than the extreme poverty line		15.1%	16%	Yes	9.7%	11.5%	No Possible
		Reduce chronic malnutrition in Children under 5 to 16% in 2004 from 19.9% in 1998	Reduce Chronic malnutrition to 7% by 2015		17.8%	16%	Yes	7%	12.3%	No Unlikely
2	<p>Achieve universal primary education:</p> <p>Ensure that all children complete a full course of primary schooling by 2015</p>	Increase net primary enrolment rate to 83.4% from 75% in 1999	Raise Primary Education Access to 90%	National target 10% less than MDG (83.5 % in 2003) worse Not an MDG target	82.6%	83.4%	Yes	90%	83%	No Possible
		Reduce Illiteracy Rate to 16% by 2004 from 19% in 1998	Reduce Illiteracy Rate to 10%			18.7%	16%	No	10%	16.4%
3	<p>Promote gender equality and empower women:</p> <p>Eliminate gender disparity in primary and secondary education by 2005, and in all levels of education by 2015.</p>		Eliminate gender disparity in primary and secondary education by 2005, and in all levels of education by 2015.*	Not a PRSP target						No Possible*

Table 2 The MDGs, PRS and other Development Targets in Nicaragua (Continued)

MDG	MDG and Key Targets to 2015	National PRS Target to 2005	National PRS Target to 2015	Note	Actual 2003 or 2004	PRS Target 2005	On Target PRS 2005	Target 2015	Forecast 2015	On Target MDG 2015
4	Reduce child mortality: Reduce the mortality rate of children under five by 2/3 by 2015	Reduce Infant Mortality Rate to 32 per 1000 live births from 40 per 1000 in 1998	Reduce infant and Under 5 mortality rate by 2/3 by 2015 with respect to 1994		31	32	Yes	20	26.6	No Possible
		Reduce under 5 Mortality Rate to 37 per 1000 live births from 50 per 1000 in 1998			40	37	No Partly	24	34.5	No Possible
5	Improve maternal health: Reduce by ¾ the ratio of women dying in childbirth by 2015	Reduce Maternal Mortality Rate to 129 per 100,000 live births from 148 per 100,000 live births in 1999	Reduce Maternal Mortality Rate by ¾ by 2015 compared to 1994	83.4 in 2003 96.4 in 2004 worse	96.3	129	Yes	40	63.4	No Unlikely
		Access to reproductive health care services:	Provide access to reproductive healthcare services to all interested individuals of appropriate age	Target not in MDGs	17.4%	23%	No	100%	39.8%	No Very Unlikely
		Reduce to 24.8% the unsatisfied demand for family planning among women with partners in the 15 –19 age group from 27.1% in 1998		2003	19.8%					
		Reduce to 18% the unsatisfied demand for family planning among women with partners in the 20 –24 age group from 19.7% in 1998		2003	17%					

Table 2 The MDGs, PRS and other Development Targets in Nicaragua (Continued)

MDG	MDG and Key Targets to 2015	National PRS Target to 2005	National PRS Target to 2015	Note	Actual 2003 or 2004	PRS Target 2005	On Target PRS 2005	Target 2015	Forecast 2015	On Target MDG 2015
6	Combat HIV/AIDS, malaria and other diseases Halt and begin to reverse the incidence of HIV/AIDS and other major diseases by 2015			Not a PRSP target Incidence 4.1 per 100,000 people in 2003	4.1**		No 8.2 projected for 2005	4.1	28.7***	No Very Unlikely
7	Ensure environmental sustainability: Halve by 2015 the proportion of people without access to safe drinking water and basic sanitation	Access to Water: Increase National Coverage of water to 75.4% from 66.5% in 1999	Increase to 100% national water coverage		74.5%	75.4%	No Partly	100%	84.5%	No Unlikely
		Access to Sanitation: Increase national access to sanitation to 88% in 2004 from 84.1% in 1998 Increase access to safe water and sanitation in rural dispersed areas to 53.5% from 39% in 1999	Increase to 95% national access to sanitation	Not an MDG target Safe Water only figures	86.2% 48.6%	88% 53.5%	No Partly	95%	87.9%	No Possible
		Have the national sustainable development strategy implemented by 2005		Not an MDG target			No Partly			
8	Develop a global partnership for development Develop a non-discriminatory and rules based trading system: Provide more and generous aid: Deal comprehensively with the debt			Not a PRSP target						No Unlikely

Source: Unless otherwise stated World Bank (2003) and Gobierno de Nicaragua (2005)

*. Gobierno de Nicaragua (2003) Metas de Desarrollo: Seguimiento a la Cumbre de Milenio, Nicaragua Primer Informe, Managua, Nicaragua, Diciembre 2003

** 2003 rate CISAS 2005

*** based on a conservative extrapolation of the 2003 to 2005 rate of increase of 2.05 cases per 100,000 people per year for ten years between 2005 and 2015

Goal 1 - Eradicate Extreme Poverty and Hunger

On a global level this goal falls far short of eradicating poverty and suffering, and estimates suggest that even if it could be achieved it would still leave 694 million people globally living on less than \$1 by 2015 (Oxfam estimate cited in Fraser 2005).

Moreover, the goal of eradicating extreme poverty and hunger is explicitly directed at only those in 'extreme' poverty. In practice this means moving people from 'extreme' poverty into 'general' poverty. Official poverty metrics are largely income based and say little about wider well being, indicators on social equity or improved confidence in governance, as these are not part of the PRS or MDG targets and indicators. Recent survey evidence indicates increasing economic poverty and deteriorating trust in political parties and government institutions (CINCO 2005).

The main poverty indicator being used is the 'poverty rate', which is the percentage of the population in extreme and general poverty, defined by official poverty line metrics (Linneker and Bradshaw 2001). To halve those in extreme poverty in Nicaragua implies a target extreme poverty rate of 9.7 percent of the population in 2015 (Table2).

Estimates suggest that the extreme poverty rate has fallen from 19.4 percent of the population in 1998 to 15.1 percent of the population in 2001, and in absolute terms numbers in extreme poverty have fallen from 834,600 in 1998 to 783,400 in 2001. However, much of the basis for current evaluations of progress towards PRS and MDG indicators are based on the living standards surveys conducted in 1993, 1998 and 2001 (EMNV 2001). At present a new survey round of this project is being conducted in 2005 and information from this is not currently available for MDG progress evaluation.

However, the forecast for 2015 is of an extreme poverty rate of 11.5 percent suggesting it is unlikely MDG 1 will be achieved. The PRS intermediate 2005 target is of a 16 percent extreme poverty rate and earlier World Bank 2003 projections were that this was on target.

There is little in the MDG framework concerning how poverty reduction will be brought about or sustained since employment is not central to the goal of halving poverty, nor does the MDG framework represent a strong challenge to the international economic agenda leaving economic growth as the implicit means to achieve sustainable poverty reduction.

Economic growth projections increasingly call into question future prospects for extreme poverty reduction by 2015. The average 2003 - 2004 growth rate was 3.7 percent and is lower than the 4.7 percent estimate needed in the PRS. Projections suggest that in order to halve the proportion of people in extreme poverty with respect to 1995 and meet the 2015 target of 9.7 percent of the population, GDP per capita needs to grow at 2 percent per annum from 2003 onwards. In addition, it is also suggested that a reduction in income inequality of 5 percent is also needed to meet the 2015 targets proposed. The income inequality index is high in Nicaragua, with a Gini coefficient of 0.59 in 1999, and has changed little since then. These factors suggest a very slow rate of extreme poverty

reduction and that the poverty target will not be met by 2015 (UNDP 2002), and even the World Bank now suggest that meeting the poverty target, while possible, is unlikely.

In 2004 economic growth was estimated to have been 5 percent and income per capita rose by 2.1 percent reversing earlier tendencies and largely due to public investment (Gobierno de Nicaragua 2005). However, price inflation was 8.9 percent in 2004 so in general people are still on average worse off in real terms, despite a 7 percent projected increase in GDP per capita for 2004.

World Bank estimates suggest those in 'general' poverty also fell from 51 percent in 1998 to 46 percent in 2001. However, as measured by the World Bank absolute numbers of people in poverty have actually increased in Nicaragua during the 1990s from 2,100,000 in 1993 to 2,385,500 in 2001. That is while there may have been reductions in the poverty rate, actual numbers of people in poverty have been increasing in Nicaragua. In addition, the extent of the change in depth of poverty has markedly increased during the 1990s and in some places is very severe (Bradshaw and Linneker 2001).

Poverty rates are influenced by population change through death and migration. Hurricane Mitch may have affected the poverty rate through death rates while the return of people who left Nicaragua during the revolution may have had the reverse affect on population figures. If this relatively rich population is increasing, even if the absolute number of people in poverty is increasing the proportion of the population that is poor may be declining.

The target on the reduction in chronic malnutrition is of a rate of 7 percent by 2015 and the forecast is of 12.3 percent, suggesting this MDG target is also unlikely to be achieved (World Bank 2001). The intermediate target on reductions in chronic malnutrition are directed at children under 5, reducing the proportion from 16 percent in 2005 from 19.9 percent in 1998. Estimates are that this is on target for 2005 with a 2003 rate of 17.8 percent (Gobierno de Nicaragua 2005).

The 2015 MDG forecast reductions in malnutrition are less than those for extreme poverty suggesting it is possible for a greater number of people to suffer from chronic malnutrition than experience extreme income poverty. Intra-household resource distribution is critical here and questions the adequacy of income poverty measures to reflect the complexity of the situation (Bradshaw 2002).

Goal 2 - Achieve Universal Primary Education

The MDG target of ensuring that all children complete a full course of primary schooling by 2015 is reduced to a number of narrower indicators on the net enrolment ratio in primary education, the literacy rates of 15-24 year-olds and retention rates.

The intermediate 2005 PRS goal is to increase the net primary education enrolment rate to 83.4 percent from 75 percent in 1999. Projections suggest that this is likely to be met by 2005 with figures for 2004 of net primary enrolment of 82.6 percent. PRS goals related to children's education appear to be on course to be achieved by 2005, but have recent got worse falling from 83.5 percent in 2003 to 82.6 percent in 2004.

It is reported that 3 out of the 7 intermediate PRS education indicators showed improvements in 2004 with respect to 2003, and that the 2004 intermediate target of increasing the net primary enrolment to 82.0 percent is reported as being met with an observed rate of 82.6 percent (Gobierno de Nicaragua 2005).

This may have much to do with the nature of the PRSP projects implemented to date and more specifically the emphasis within the social protection programme on children of primary school age. However, net primary 'enrolment' is not completion of a full course of primary education, and is a qualitatively different target from that of the MDG.

Despite projected non-fulfilment, the national targets of raising net primary education enrolment by 2005, and the 2015 goal of raising access to primary education to 90 percent, stray somewhat from the MDG. The national targets fall short of the MDG target of ensuring that all children complete a full course of primary education.

In quantitative terms the 2015 PRS goal of raising primary education access to 90 percent is 10 percent less than that implied by the MDG of 100 percent. The MDG target refers to completion by 'all' children of a complete primary education course. The projection to 2015 is of 83 percent access to primary education (World Bank 2003), neither the PRS or MDG goal is very likely to be achieved by 2015.

The MDG and the national indicators are further compounded by high rates of drop out from primary education. The proportion of students that finish first grade education in 6 years increased by 2 percent (Gobierno de Nicaragua 2005) and the average drop out rate for children during the academic year was approximately 12 percent in 2003 (IFPRI 2004:38). There have been recent reported falls in the drop out rate partly due to the provision of school dinners (Gobierno de Nicaragua 2005).

High education drop out rates are often associated with family poverty, sickness and the need of children to work. These issues are partly being addressed through the social protection program. While having some effect on reducing drop out rates this program is small and only targeted at families in extreme poverty under very restrictive conditions, and lacked additional budget provision of extra teachers to cover for increased enrolment (BID 2003).

Despite the PRS goal being less than the MDG goal the PRS target does contain the additional target of reducing the illiteracy rate to 10 percent by 2015. The projected outcome for 2015 is 16.4 percent, and this target is also unlikely to be achieved by 2015. The current rate is 18.7 percent in 2003 among the age group older than 10 years.

While it is suggested school enrolment will increase to the levels proposed, it is considered 'very unlikely' that illiteracy rates will fall. Thus while children under five are to benefit from the PRS, young people over 15 years old are not prioritised in the same way and estimates suggest 60 percent of eligible children still remain outside the education system (Acevedo 2005).

Recent developments in 2004 in the education sector include the implementation of a new system (SWAP) to coordinate work groups considering efficiency instruments, financial models and strategic priorities. Along with the issuing of 2.5 million new book texts there has been a 25 percent increase in teacher's salaries. There has been a decentralisation of funds through the new Municipal Law and 21 agreements have been signed with local governments to increase coverage, quality and equality of education (Gobierno de Nicaragua 2005).

Education also has implications for other MDG goals such as those related to promoting gender equality and empowering woman, and those related to health and HIV/AIDS. The National Education Plan is noted as attempting to reinforce the application of integrated strategies to achieve gender equality and the elimination of all forms of discrimination in access to education based on gender (SI MUJER 2005). However, in practice few of these are complied with as official education strategies and material continue to reinforce gender stereotyping. In addition, the sex education program of the Ministry of Education is noted as often excluding necessary information, reflecting the influence of the conservative right and the Catholic Church, which arguably leaves adolescents exposed to unwanted pregnancies, recourse to clandestine abortions, sexually transmitted diseases and HIV/AIDS (SI MUJER 2005).

Goal 3 - Promote Gender Equity and Empowerment

There is a growing awareness of the limitations of the MDGs as an approach particularly from a gender perspective, where women's organisations have been some of the most vociferous critics of the MDGs (Bradshaw 2004; Renard Painter 2005; Antrobus 2005).

From a gender perspective a number of authors have borrowed and attempted to build on conceptual frameworks originally developed by Maxine Molyneaux. In general, these frameworks distinguish between practical and strategic gender needs and the transitional linkages between them (Molyneaux 2003, 2001). Based on an agency, resources and achievements framework Kabeer distinguishes between greater 'effectiveness' of agency where women carry out their given roles and responsibilities with greater efficiency, and 'transformative' agency where women act to challenge the restrictive aspects of their roles and responsibilities (Kabeer 2005). For Kabeer, the focus should be on transformative forms of agency, which are used to initiate longer-term processes aimed at changing patriarchal structural causes, rather than forms of agency that simply address immediate inequalities in terms of effects. The extent to which fulfilment of MDG indicators reflecting effects will bring about social transition into reductions in the causes of gender inequality and women's empowerment as a goal is highly questionable.

While there are a number of gender critiques of MDGs many draw attention to the extent of retreat and lack of inclusion of important aspects agreed at other UN conferences, such as sexual and reproductive health and rights of women (Antrobus 2004; Bradshaw 2004; Renard Painter 2005).

For many women's organisations the MDG targets and indicators leave a lot to be desired. The technical indicators of goals designed to promote gender equality and empower women, are reduced to a set of technical ratios which reflect effects only, and relate to education,

labour market and political participation, which are wholly lacking in terms of reflecting the structural causes of women's poverty and subordination. The main MDG key target is essentially reduced to eliminating gender disparities in primary and secondary education by 2005 and in all levels of education by 2015. There is no evidence from anywhere in the world, including the rich countries, that this goal can be achieved through increasing female education rates.

In terms of education higher levels of participation of women over men are apparent at all levels of education, including primary, secondary and tertiary education in Nicaragua (Gobierno de Nicaragua 2003). However, this has not reduced gender inequality in access to and control over resources or necessarily empowered women (Bradshaw 2002). As such women's subordination and exploitation continue to represent major barriers to the achievement of the MDG objective.

In terms of women's labour market participation aimed at increasing women's share of wage employment in the non-agricultural sector, as Johnson notes reducing educational inequality while improving the 'condition' of women will not necessarily improve the 'position' of women. Since gains in women's labour market participation tend not to be translated into wage and income equality. Indeed, other measures, such as of women's share of income, are not reflected as indicators in the MDGs (Johnson 2005).

In terms of indicators of women's political participation aimed at increasing the proportion of seats held by women in national parliaments. While this may be important the quality of women's participation is probably more so. Many women often merely participate in political spaces at the invitation of men rather than representatives who challenge male domination and patriarchal structures (Kabeer 2005).

If the PRS is the means to operationalise the MDGs, than however limited the MDG goals, there is an even more limited chance of achieving them through the PRS. The PRS tends to view women's roles as reproducers rather than as producers and the policies centred on women are related more to economic growth gains than women's empowerment gains (Bradshaw and Linneker 2003). The PRS has no direct goals relating to gender issues with the exception of PRS targets relating to access to family planning services. The PRS goal of providing access to reproductive healthcare services to all interested individuals of appropriate age by 2015 is not one of the MDG goals, but could potentially fill a gap in sexual and reproductive rights for women in the MDG. However, the PRS only refers to access to family planning services for women between the ages of 15-24 who have partners. Moreover, current projections on this PRS target suggest that it is very unlikely that targets relating to the provision of access to reproductive health services will be met by 2015 (World Bank 2003).

Goal 4 - Reduce Child Mortality

The MDG target is to reduce the mortality rate of children under five years of age by 2/3 by 2015. The indicators associated with this target are the infant (less than 1 year) and child mortality rates (0 to under 5 years), and the proportion of 1 year-old children immunised against measles.

The 2015 PRS target is to reduce infant and under 5 mortality rate by 2/3 by 2015 with respect to 1994 and includes the MDG indicator relating to infants and children under 5. The 2015 target for the reduction of the infant and under 5 mortality rate is 20 and 24 per 1000 respectively. However, the projections to 2015 are of infant and under 5 mortality rates of 27 and 35 respectively. Based on these the MDG on child mortality is unlikely to be met in Nicaragua by 2015 (World Bank 2003).

The intermediate PRS 2005 goal is to reduce the infant mortality rate to 32 per 1000 live births from 40 per 1000 in 1998. Some progress has been made and projections suggest that this is likely to be met by 2005 with the 2001 figure being given as 31 per 1000 live births (World Bank 2003). The 2005 PRS under 5 mortality rate target is 37 per 1000 live births from 50 per 1000 in 1998. Projections on the under 5 mortality rate are of 37 by 2005, the actual 2001 rate was 40 per 1000, so the PRS intermediate indicator is partly met.

The government claim that what progress has been made on reducing child mortality has been due to an 80 percent immunisation coverage reducing preventable illness, the promotion of maternal lactation, the use of oral re-hydration and increased investment in health, education, water and sanitation in rural areas (Gobierno de Nicaragua 2003). However, recently vaccination indicators show a worsening situation and PRS intermediate targets have not been met due to a reported lack of resources (Gobierno de Nicaragua 2005).

However, there are serious problems with data recording child mortality due to incomplete registration. It is suggested by the Ministry of Health that 42 percent for child deaths and 28 percent for births are not registered. In addition, child mortality rate indicators are not disaggregated by sex so important gender differences in rates which may reveal cultural practices favouring boys, may be perpetuated.

Between rural and urban areas there is a 35 percent difference in infant mortality rates, with urban rates of 28, while rural rates are 43 per 1000 live births in 2001 (ENDESA 2001 quoted in Gobierno de Nicaragua 2003).

The principal causes of infant death are diarrhoea, respiratory diseases and pneumonia, others being premature birth, problems of low birth weight and asphyxia. While the principal causes of illness and death among children under 5 are malnutrition, tuberculosis, intestinal parasites and accidents. These are mainly associated with poverty, food insecurity, insufficient coverage and quality of health services, deficient sanitation infrastructure.

The social protection network is targeted at the most vulnerable and includes programs giving vaccinations, nutritional supplements and food grants (BID 2003). However, while reducing vulnerability and levels of 'stunting' and meeting targets giving iron supplements to children, often symptoms not causes are being met. Since anaemia is not falling among children suggesting some children are not healthy enough for bodies to absorb iron supplements.

There exists a decreasing relationship between education levels of the mother and child mortality, which fall from 72 with no education to 43 per 1000 live births for mothers with some primary education (Gobierno de Nicaragua 2003). However, improvement in child mortality requires an integrated approach to the delivery of public services related among

other things to health, education, water and sanitation. Government priorities for achieving this goal are to increase budgetary resources in health, reduce poverty, improve the infrastructure in basic social services, improve access to and the quality of health services (Gobierno de Nicaragua 2003).

Goal 5 - Improve Maternal Health

The main conception in this MDG is that of 'maternal health'. This is not women's health, nor women's access to sexual and reproductive health and rights, and views all women essentially as mothers. Participation of civil society women's groups in health policy spaces has been a major concern. The design of the National Health Plan and the revision of the Health Policy, was not designed in a participatory manner nor taking into account the current reality and necessities of the country. The strength of influence of the Catholic Church was recently demonstrated when the proposed sex education manual to be used in schools was withdrawn on their insistence (SI MUJER 2005).

Estimates suggest what globally at least 530,000 women die each year from causes related to pregnancy and childbirth (Fraser 2005). Maternal mortality is the main indicator for the MDG on maternal health.

Differences in maternal mortality rates often reveal differences in access to health services. Maternal mortality have other secondary effects within society which also have implications for the fulfilment of some of the other MDGs such as that on reducing child mortality, since often maternal death also reduces a child's own life chances in early years (Panos Institute 2002 cited in Fraser 2005).

Measuring maternal mortality is not easy due to a number of problems associated with under-reporting, incorrect diagnosis and inadequate recording systems. As such proxy indicators for maternal mortality ratios are used based on the number of deliveries by skilled health personnel and this is included as an indicator within this MDG. However, it is not clear if 'skilled' means 'modern' or 'traditional' and the indicators ignore the importance of women's access to maternal and child health services, including family planning services.

Maternal mortality is also important in the context of the MDG on gender equity and empowerment. In the context of deteriorating public health services and the hostility of the US administration to the inclusion of abortion within family planning programmes and even the use of condoms, the outlook on progress on maternal mortality is not promising.

In Nicaragua there have been a number of past health initiatives related to reproductive health and reducing maternal mortality in line with MDG aims, which might explain why early indicators based on projections to 2005 suggest reducing maternal mortality rates will be met in Nicaragua by 2005 (World Bank 2003). The 2005 target is to reduce the maternal mortality rate to 129 per 100,000 live births from 148 per 100,000 live births in 1999. The 2001 value quoted by the World Bank (2003) is of 125 per 100,000 and is apparently lower than the 2005 target. This suggests projected fulfilment of the intermediate 2005 PRS goal.

However, many of the intermediate PRS health indicators have been worsening between 2003 and 2004 and have been affected by the decline in resources available, with public

health spending falling from by 3 percent from US\$ 138.2 million in 2003 to US\$ 133.7 million in 2004 and changes in rates of maternal mortality show a worsening situation rising from 83.4 to 96.3 per 100,000 live births between 20043 and 2004 (Gobierno de Nicaragua 2005).

Projected progress toward this target in 2005 is in contrast to that for projected progress toward the 2015 MDG of reducing the maternal mortality rate by $\frac{3}{4}$ by 2015 compared to 1994. This transfers into a reduction in the maternal mortality rate to 40 per 100,000 live births. The projection to 2015 is of 63 per 100,000 and reflects non-completion of this MDG. Government activity towards this goal has been limited to the construction of maternity centres for women (Pizzarro 2005).

However, actual progress in reducing maternal mortality is difficult to state with any certainty since changes in maternal mortality rates published by the central government and the Ministry of Health (MINSa) differ, as do those reported by the World Bank and also United Nations estimates. Whatever the real figures, the UNFPA conclude that childbirth remains the biggest killer of women of reproductive age in Nicaragua and, accepting official definitions, this could also be related to the fact that MINSa reported the number of 'institutional' or attended births actually fell in 15 of the 17 local health areas (SI MUJER 2005).

An area of health provision where improvements have been made in the past has been in the provision of contraceptive services and there were earlier reported falls in the unsatisfied demand for services for all young women (15 – 19 and 20 – 24 years old) with a partner (ENDESA 2001). However, access to family planning services has recently got worse falling from 24.6 percent in 2003 to 17.4 percent in 2004, partly due to a changes in the method of registration to one based on number of women who receive the service for the first time (Gobierno de Nicaragua 2005).

However, the formulation of this goal may have wider implications, in this case placing the responsibility for contraception and childbirth on women alone, reinforcing existing gender stereotypes. The fact that the goal is aimed at providing services to women in a stable relationship only, may partly explain its lack of real success with adolescents. For example, at the same time that access to family planning services has been increasing among women, 27 percent of recorded births were to adolescent mothers making Nicaragua top of the league for adolescent births in the region (SI MUJER 2005). It also promotes ideas of what is considered appropriate sexual behaviour. The focus on 'technical fixes', such as promoting the use of contraception or hospital births, is clear within the PRS and MDG framework, suggesting fulfilment of the goals to be of limited meaning (Bradshaw 2004).

Full access of all women to sexual and reproductive health rights and services was one of the targets cut in the move from the International Development Goals (IDGs) to the MDGs as agreement among heads of states on this could not be reached. A review of MDG reports undertaken by the UNDP saw as encouraging the fact that some countries chose to report on reproductive health under MDG5 (maternal mortality). However, health in the MDGs is largely conceptualised as disease or death and the indicators used are those useful for tracking maternal mortality and cannot adequately capture critical dimensions of reproductive health and rights (Bradshaw 2004).

There is a notable absence of indicators of the non-disease elements of health, including issues related to women's health, such as abortion, contraception, and violence. In particular gender based violence is not addressed as a public health issue within the MDG framework nor is it addressed as a 'gender' issue within the MDG 3 framework. Despite the prominence of gender-based violence in UN processes it is absent from the Millennium development goals, targets and indicators (Bradshaw 2004).

The cost of serious illness is a major generator of poverty in Nicaragua with 20-30 percent of poor households having to borrow or sell assets each year to cover health care expenses (CIET-CCER 2001). Almost half of national health expenditure is paid directly by the patients and the cost to the poor themselves of improving their health, especially given trends toward the privatisation of health systems, is not acknowledged in the MDGs. There have been attempts to design a new model of health service delivery with integral attention to health (MIAS) services, management and financing, and containing a new basic health package (PBSS) directed the population not covered by insurance or voluntary contribution systems (Gobierno de Nicaragua 2005).

Goal 6 - Combat HIV/AIDS, Malaria and Other Diseases

In December 2004 it was estimated that 39.4 million people globally are living with HIV/AIDS, 64 percent of which are in Sub-Saharan Africa, with some 4.9 million people newly infected in 2004 alone (MINSa 2005). In Latin America estimates suggest that 1.7 million people were living with HIV/AIDS in 2004, and that in 2001 alone 130,000 people acquired the illness, suggesting a rate of growth of 10 percent per year in Latin America (OPS cited in CISAS 2005).

While HIV/AIDS is using more resources each time, Nicaragua is leaving much of its responsibility and resources for HIV/AIDS to the international community (Darce 2004). Since 1993 campaigns have mainly been undertaken through the civil society national commission against AIDS, which groups 84 organisations (SI MUJER 2005).

The health system does not have the technical capacity, geographical coverage or resources to attend in an integral form to the needs of people who live with HIV/AIDS. There are few campaigns of prevention related to the use of condoms and only in May 2003 did the Ministry of Health began the free provision of anti-retroviral drugs for those with HIV/AIDS.

Indicators of the target of halting and reversing the spread of HIV/AIDS by 2015 are reduced in the main to the HIV prevalence among pregnant women aged between 15-24, the condom use rate of the contraceptive prevalence rate, and the ratio of school attendance of orphans to school attendance of non-orphans aged between 10-14.

The MDG target of halting and beginning to reverse the incidence of HIV/AIDS and other major diseases by 2015 is not included as a specific target in the national Poverty Reduction Strategy and is also absent from the National Development Plan. Its exclusion as a PRS goal may be related to the relatively low prevalence of HIV/AIDS in Nicaragua. Between 1987

and June 2005 the Health Ministry had officially registered 1,835 cases of HIV/AIDS. However, the monthly average rate of infection has increased from 5 cases per month in 1996 to 11 in 2000 to 16 in 2002 to 30 a month in 2005. While there are many information problems related to testing and under reporting, the lack of attention now could make HIV/AIDS a serious concern for the future, as the pandemic experienced in other regions of the globe take a grip in Nicaragua.

The national rate of HIV/AIDS incidence has increased from 0.77 per 100,000 people in 1993 to 4.1 in 2003, to a projected rate of 8.2 per 100,000 people in 2005 (MINSa 2005). Based on a conservative extrapolation of this rate of increase between 2003-2005 of 2.05 additional cases per 100,000 population per year, in 2015 projected rates of incidence could be 28.7 cases per 100,000 people. These rates of growth present an enormous challenge for Nicaragua in halting or beginning to reverse the incidence of HIV/AIDS by 2015 even to 2003 levels.

The main indicator for this MDG target is the HIV prevalence among 'pregnant' women between 15-24 years of age and is narrower than the general rate of incidence. In 2005 there were 34 cases of pregnant women between the ages of 15-24 with HIV/AIDS in Nicaragua, and this corresponds to a rate of between 4.4 for women age 15-19 who are pregnant and 6.6 for those aged 20-24 (MINSa 2005).

In Nicaragua by 2005 transmission through sexual relations accounted for 95 percent of all cases (73 percent heterosexual and 27 percent homo-bisexual), 4 percent from intravenous drug use, and 3 percent from mother to child (MINSa 2005). However, the proportion of cases by sex, and by route of transmission is not reported. Current conditions suggest that vertical transmission will increase in the following years due to, low levels of condom use, growth in infections among heterosexuals and lack of anti-retroviral drugs.

Prevalence of HIV/AIDS varies by age and sex. In 2005 some 77 percent of cases were between the ages of 15-39, some 10 percent of which were adolescents (CISAS 2005). At the end of 2004 the prevalence in young people between the ages of 15-19 years was 52 women and 67 men.

Rates of gender prevalence have changed in Nicaragua, male to female ratios changed from 6:1 in 1990 to 3:1 in 2003. In December of 2004 among all HIV positive people there was one women for every 2.31 men infected. Of all people living with HIV in December 2004 30.2 percent are women and in young people aged between 15-19 the sex ratio is 42.9 percent women (SI MUJER 2005). The increasing prevalence among women also has important implications for vertical transmission from mother to child.

Estimates of death rates from HIV/AIDS are based on the June 2003 total of 1,099 cases where some 469 had progressed to AIDS and of these 248 had died, corresponding to a mortality rate among those infected of 23 percent (CISAS 2005).

Nicaragua has little basic information on the HIV/AIDS as public resources directed at HIV are not designated in the national budget, and the extent of under registration is unknown. It is estimated that 38 percent of resources in Nicaragua are directed at prevention with the remainder directed at treatment and care of people with HIV/AIDS (CISAS 2005).

The MDG presents condom use in a contraceptive context and may lower its perceived importance within HIV/AIDS prevention (SI MUJER 2005). Many health policies in this area do not take into account social, patriarchal and cultural discrimination against women and their lack of ability to negotiate safe sex, despite condom availability.

The condom use rate within the contraceptive prevalence rate is another of the MDG target indicators. Some 40 percent of sexually active adolescents have never used contraceptive methods and less than 30 percent of young people use condoms. Nicaragua has the highest teenage pregnancy rate in Latin America at 27 percent, with an estimated rate of 115 births per 1000 women aged between 15-19 (Ministry of Health figures for 2001 quoted in SI MUJER 2005). In 2001 some 25 percent of women between the ages of 15-19 are mothers or are pregnant, and 50 percent of 19 years olds have at some time been pregnant.

Since 1995 the Ministry of Health has formulated a national strategy for reproductive health, and there exist other programs and policies related to the prevention of AIDS. However, there have been inconsistencies on the part of the state. These were recently shown in the withdrawal of a teacher's manual on sex education through pressures from Conservative sections and the Catholic Church, who have blocked rights to information, education and access to condoms in educational centres for the young. In the national population policy programs development of sex education programs is presented as being integral for family life and is explicitly written from a male perspective emphasising self control, fidelity and responsibility (SI MUJER 2005).

Goal 7 - Ensure Environmental Sustainability

There are three main targets associated with this goal. The first is to integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. The second is to halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation. The third is by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

In terms of the first targets this has nationally been interpreted as having a sustainable development strategy implemented by 2005. In terms of access to water these have been nationally transferred into more ambitious PRS targets. These include the 2005 target of increasing national coverage of water to 75.4 percent (from 66.5 percent in 1999) and the 2015 target of increasing to 100 percent national water coverage. In terms of access to sanitation, again these have been to increase national access to sanitation to 88 percent in 2004 (from 84.1 percent in 1998) and the 2015 target of increasing to 95 percent national access to sanitation. The PRS contains the additional 2005 targets for rural areas of increasing access to safe water and sanitation in rural dispersed areas to 53.5 percent from 39 percent in 1999.

Projections suggest that improving national water and sanitation coverage by 2005 will only partly be met. National water coverage was reported as being 74.5 percent in 2004 and represents an over fulfilment of the 2004 intermediate target of 73.9 percent but is short of the 2005 target of 75.4 percent (Gobierno de Nicaragua 2005). In addition, the 2015 target

in respect to water coverage is unlikely to be met but the target for sanitation is suggested as being possible by 2015 (World Bank 2003).

An environmental policy was approved in Nicaragua in 2001 after Hurricane Mitch hit in 1998 with the Environmental Plan of Nicaragua 2001-2005 and municipal environmental planes. These contain initiatives concerning land use planning, a national environmental information system, environmental education, decentralisation of environmental management, and the creation of the National System of Prevention, Mitigation and Attention to Disasters (Gobierno de Nicaragua 2003).

In terms of the environment the policies proposed in the PRS tend to focus on putting into place the legal framework for environmental protection and conservation and the strategy proposes a number of laws be passed. While establishing a legal framework is a necessary first step, it is not sufficient to ensure that environmental degradation is minimised. It fails to take into account the complexity of the situation.

The PRS and MDGs do not recognise that environmental processes are integrally linked to social, political and economic processes and what may be good for one may not be good for the other. Most notably some initiatives that are good for economic growth, such as mining for metal ores, may bring high short term economic gains but also have high long term environmental costs. Moreover, initiatives that may bring well-being benefits, for example increase the food security of the poor, such as the introduction of genetically modified crops, or allow increased access to basic services via greater production of energy for example, may also have a high environmental cost that must be taken into account.

The continued poverty of the majority of the population will continue to force them to engage in practices that harm rather than protect the environment. Despite policies and laws relating to natural resources, these laws have not always been implemented and issues of transparency remain, in particular with relation to the management of the forestry sector.

Under the PRS and National Development Plan initiatives there will be a continued expansion of the Free Trade Zones, particularly textile manufacturing which has consequences in terms of use of resources, most notably water, and contamination of resources, via unregulated disposal of manufacturing by-products. The focus is on the economic growth gains to be had from such investments, rather than the environmental costs that will be incurred.

It is not clear how these policies will reverse the loss of environmental resources or how other biotechnological innovations will affect biodiversity and human health. However, the track record is not encouraging, as claims by Nicaraguan banana workers poisoned by Nemagon show, the use of agro-chemicals to in the pursuit of profit has often been at the expense of the rights of workers, and the environment (Nicanet 2005). There is little in the MDG related to the environmental and socio-economic impacts of genetically modified (GM) organisms. Biotechnology companies frequently state that GM organisms, such as seeds and plants, are indispensable in reducing world hunger, protecting the environment and reducing poverty. However, in a world of food abundance, poverty and inequality in access to food is often the cause of hunger. In addition, the majority of patented

biotechnology innovations are driven by profit rather than the needs of the poor, and many of the long term environmental and ecosystem effects of GM organisms are unknown.

The Alliance for a Nicaragua Free of Transgenics (ANLT) comprises 7 civil society organisations campaigning and giving information to inform decision making on the main dangers and effects of GM food stuffs. These include dangers to human health, through allergies or toxins and artificial proteins in the digestive system, and lowering nutritional value and quality of foods. They also present threats to sustainable agriculture, since the long term effects on health and ecosystems is little known. Indeed, effects on the environment and ecosystem are irreversible and they can provoke a fall in production and rise in costs. GM food-stuffs present a danger to food security and sovereignty and can increase unemployment and social exclusion (ANLT 2004).

Goal 8 - Develop a Global Partnership for Development

This MDG tends to enable many of the others MDGs, but arguably does not go far enough in terms of reforms needed to the global financial and commercial institutions. The main targets under this MDG are to deal comprehensively with the debt, provide more and generous aid and to develop a non-discriminatory and rules based trading system. This MDG has 7 targets and 16 indicators and is arguably one of the most important but difficult goals to achieve given the neo-liberal context within which the MDGs are being operated. The inclusion of this goal has been in development and varied from originally no targets to 7 targets and 16 indicators (given in Annex 1).

Official international development partnerships in Nicaragua have been negotiated through the IFIs and have been shaped by neo-liberal policy conditionalities imposed on Nicaragua through the PRGF, the enhanced HIPC initiative and through the development of free trade agreements. The DFID Latin American strategy is to work through the IFIs such as the Inter American Development Bank (IDB) and World Bank, pooling their resources in an attempt to influence development policy from within these institutions. However, the extent to which policy can be influenced in this way largely remains to be seen.

The 2005 G8 Summit in Gleneagles agreed to a doubling of aid funding for Africa by 2010 and aid for all developing countries was promised to increase, according to the OECD, by around US\$ 50 billion per year by 2010. Of this at least US\$ 25 billion extra per year is intended for Africa (Gleneagles 2005). However, for some organisations, although welcome, the increased aid and debt relief is inadequate since virtually nothing was agreed on the important issue of trade at the Gleneagles Summit (Action Aid 2005). The UK Department for International Development (DFID) suggest that their share of any funding increase will be applied in terms of their current funding split, in that 90 percent will go to Africa and 10 percent elsewhere (DFID 2005).

Debt Relief and Aid:

Nicaragua is one of the most indebted and aid dependent countries in the world and reached the enhanced HIPC initiative completion point in January 2004. The overall benefit to Nicaragua, after the application of traditional debt relief mechanisms and with full potential

assistance under the HIPC II is represented by an estimated 73 percent reduction on external debt (Linneker et al 2004).

Debt relief has supposedly freed up resources for other social investments. However, during the HIPC interim period 2001 -2003 Nicaragua received total debt relief of US\$ 580.3 million and of which only 40 percent was HIPC assistance for poverty spending. The majority of HIPC interim resources have been used to finance other domestic priorities, including the internal debt, rather than poverty reducing programs (Government of Nicaragua, 2003).

Without aid, both official and through NGO and civil society organisations, many basic services would not be provided, with 75 percent of poverty spending being externally financed. In addition, neo-liberal policy impositions such as the privatisation of state services have left a weak public sector even weaker.

Nicaraguan institutions are characterised as having weak governance structures, often corrupt, lacking legitimacy, transparency and accountability (CINCO 2005). The newly created Investigation and Assessment Unit in 2004 has begun and taken over some 409 investigations related to corruption (Gobierno de Nicaragua 2005).

It was partly due to previous corruption that Nicaragua is spending high proportions of external debt relief on the internal debt, due to the transfer of private losses into public liabilities related to the banking collapse of 2001. This collapse was brought about by a number of factors, including crop failure, the fall in the international price of coffee exports, the privatisation of the state bank and the extent of corruption in the previous Aleman administration (Acevedo 2005).

Negotiable Investment Certificates (Certificados Negociables de Inversion – CENIS) were issued at high interest rates by the private banks in relation to the differences between the assets and liabilities of the collapsed banks they had taken over (Acevedo 2005). The Aleman government negotiated the issuing of these certificates by the private banks so the state would guarantee an unprecedented 100 percent of the difference between the assets (what was recoverable from clients defaulted loans) and liabilities (savers deposits) of the failed banks[†]. This apparently illegal process fuelled the increase in internal debt three fold and CENIS is costing US\$ 90 million a year in payments by the state to the Central Bank to cover these guarantees (Acevedo 2005). This process increased the internal debt (to the value of approximately US\$ 400 million) at the same time as Nicaragua was beginning to receive HIPC relief on external debt, and partly transferred the external debt into an internal debt by increasing the liability of the state. One civil society plan is to legalise and restructure this internal debt over 30 years so it could further free up resources to increase poverty spending and cover the gaps in health and education spending, within the IMF spending limits (El Nuevo Diario 2005).

There have recently been changes in the way poverty spending is being defined and reported which concentrates on the incidence of public spending on poverty reduction, using four

[†] If the bank loan to a client was say for US\$ 100,000 the bank taking over would reclassify this loan and write this down to recoverable asset of say only US\$ 30,000 from the client and issue a CENIS for the US\$ 70,000 to the Central Bank to cover the difference (Acevedo 2005).

criteria. These criteria are resource transfers with redistribute effects on the income of the most poor, provision of basic social services, programs focussed on capacity building of the poor to increase incomes and programs that raise the efficiency of health, education and social spending (Gobierno de Nicaragua 2005).

Under this new reporting system the Government report that in 2004 poverty spending rose to US\$559.6 million representing 12.3 percent of GDP and was 26.2 percent more than in 2003. In 2004 some 73 percent of poverty spending was financed from external resources, including HIPC debt relief which accounted for 22 percent of poverty spending with the majority coming from new loans (Gobierno de Nicaragua 2005).

In 2004 Nicaragua obtained full HIPC debt relief under the scheme of US\$ 124.4 million. Under the new reporting scheme some 76.2 percent of HIPC debt relief is now reported as being on basic services coverage in health, education water and sanitation and municipality infrastructure. Under the National Development Plan some 13.2 percent of HIPC relief was spent on support for the productive sector, and in line with this plan the economic growth pillar absorbed most of the increase in poverty spending (Gobierno de Nicaragua 2005).

Resources needed to finance progress towards development targets will likely come from additional loans rather than donations. While it may be in the long-term interests of Nicaragua to reduce its dependency on aid, projections suggest that this may not be feasible until after 2010 (Andersen 2004). The internal debt has been lowered from US\$ 690.0 million in 2001 to US\$ 484.0 million in 2004. The external debt has lowered from US\$ 6.4 billion in 2001 to US\$ 5.4 billion in 2004. The Central Bank has renegotiated the internal debt following the 2001 banking crisis, extending terms to 10 years and interest rates to 8 percent (Gobierno de Nicaragua 2005). However, longer term debt service sustainability ratios in Nicaragua are highly sensitive to export earnings and the national fiscal position. The IMF suggest that the long term burden of debt could easily rise either through a long period of export stagnation or a further period of large scale borrowing, which could push the country beyond HIPC initiative thresholds (IMF, 2004:29).

From the point of view of high-income countries giving more aid in the achievement of the MDGs is arguably a lot cheaper than reducing subsidies and tariffs in their own countries, as this has a more costly direct impact on richer countries in the establishment of more just trading relationships.

Trade and the DR-CAFTA

Trade justice is one of the most sensitive issues within the MDGs and is not mentioned in relation to the government evaluation of progress toward the MDGs (Gobierno de Nicaragua 2003). The current trade policy of the country is towards free trade and access to international markets, through deregulation and simplification particularly for external business investors. This it is hoped will improve competitiveness and facilitate exports (Gobierno de Nicaragua 2004, 2005).

On August 2nd 2005 US president Bush signed the Dominican Republic (DR) and Central American Free Trade Agreement (DR-CAFTA) negotiated with Costa Rica, El Salvador, Guatemala and Nicaragua. With the U.S. an important trading partner with the region the

DR-CAFTA is designed to expand access to the U.S. market, while granting reciprocal tariff-free access to Central American markets to U.S. products.

The DR-CAFTA also locks in a number of the policy and regulatory changes including privatisations and the opening of competition in some previously protected sectors like telecommunications, financial services and energy. The treaty strengthens commitments to upgrade enforcement levels of domestic legislation in areas like labour, environment and intellectual property rights. It is expected to deepen regional integration efforts in the region and facilitate the creation of a Central American Customs Union (World Bank 2005).

While for some the DR-CAFTA may promise to increase trade and investment, boost economic growth and poverty reduction (World Bank, 2005), the impact of the CAFTA in short term is likely to be mixed. Fears are that it will lead to a restructuring of the economy in favour of privatisations and larger commercial interests at the expense of smaller rural and local producers. Much of the overseas investment in Nicaragua has been in the *maquila* model of export led growth, where jobs are of low quality, and are highly feminised. This has led to much debate about labour rights and codes of conduct in this sector.

Some analysts suggest the impact of trade reforms are critically dependent on market imperfections, and transactions costs. High transaction costs and lack of access to capital and new product markets exclude poor rural households from any benefits from trade liberalisation and may exacerbate poverty. The main alternative in poor rural households is to transfer labour to other sectors of the economy with better access to credit and product markets, entailing increased waged work and migration (Taylor 2002).

World Bank models show that DR-CAFTA could increase GDP growth by about 0.6 percent per year and have an overall modest positive effect on Nicaragua's welfare (income per capita), but that it also has a potential negative effects on poor rural households. Net-consumer-net-producer models suggest 90 percent of Nicaraguan households will gain as consumers from lower prices while 9 percent of households are net producers and loose from lower prices (World Bank 2005).

The economy of Nicaragua is predominantly agriculture based, with low skills and productivity and little diversification or wider regional or international competitive advantage. The agricultural sector of Nicaragua generates approximately 30 percent of GDP and food for domestic consumption is mainly produced in small and medium sized family farms. About 400,000 workers or a third of the national labour force are employed in the agricultural sector, and another 700,000 are dependent on the income from agricultural workers.

This sector is particularly vulnerable to changes in agricultural prices, particularly in coffee where revenue earned per ton fell by 42 percent between 1999-2001. Small farmers in Nicaragua are acutely vulnerable to market fluctuations. These effects could be mitigated by establishing price floors and other safeguards for export products, while staple crops could be protected by placing import controls on foreign agricultural products dumped on markets in Central American. Similar subsidy and tariff mechanisms have been used in the United States to protect the agricultural sector. However, US trade representatives have refused to

discuss US agricultural subsidies during the DR-CAFTA negotiations, and signalled an intent to keep US export credit programs in place (Latin America Working Group 2003).

A trade agreement that prohibits Central American governments from introducing safeguard mechanisms, while allowing the United States to continue to provide massive farm subsidies, will make it impossible for farmers in Nicaragua and other Central American nations to compete in the open market (Latin America Working Group 2003).

While trade liberalization will bring lower prices for imported staple goods, these lower prices will not benefit small farmers or other Nicaraguans in the long term. Subsidized imports undercut the ability of small farmers to sell their products and many Nicaraguan farmers will be forced into debt and may lose their land and livelihoods. A more equitable trade agreement may need to exclude staple crops such as corn, beans, and rice from trade liberalization.

Nicaraguan President Enrique Bolaños asked that steps be taken to protect small farmers, stating that "Nicaragua would not agree to an FTA [free trade agreement] that does not protect sectors that are not ready for liberalization" (Inside U.S. Trade 2003 quoted in Latin America Working Group 2003), and Nicaragua has requested more time for discussion before ratification in January 2006.

The lessons of NAFTA reveal that in a less developed economy, employment in non-agricultural sectors is not always available for out-of-work farmers, leaving migration as one of the only options for survival. Migration in the form of the 'export of people' is also apparent in other routine skill and service occupations, and has implications for targets relating to the employment of women in non-agricultural sectors.

The DR-CAFTA alone is not be enough to reduce poverty and is unlikely to be the solution to many of the development challenges faced. For this reason, DR-CAFTA includes a wide range of provisions for dealing with the easing of trade restrictions on sensitive goods, including grace periods for initiating the removal of tariffs (up to 20 years), extended phase-out periods for tariffs, interim quotas and/or phase-downs of tariff-rate-quotas, as well as special safeguard measures to protect local farmers from undue harm (World Bank 2005).

A more effective trade agreement might be one which is negotiated with the full participation of local farming associations and other members of civil society, and contains measures to protect livelihoods during adjustment periods. The extent to which negotiations on access to these flexible safeguard mechanisms to prevent sudden surges in imports or declines in prices, actually work, remain to be seen.

In addition, fiscal losses that DR-CAFTA is likely to create need to be compensated for to avoid deterioration of public finances. Honduras and Nicaragua will require additional fiscal revenues, improvements in expenditure efficiency and attraction of private financing to respond to the opportunities of DR-CAFTA (World Bank 2005).

The US domination of DR-CAFTA and refusal to put US agricultural subsidies on the agenda for Central American Governments may be a serious impediment to the economic growth. Trade justice issues have the largest costs on high-income countries than other official aid transfer policies. Actions to be taken by high-income countries in trade justice negotiations such as reducing the extent of US subsidies in relation to DR-CAFTA and EU subsidies, also largely remain to be seen.

How vulnerable groups and net producers are protected in trade agreements is often different between countries in the trading relationship. Changes to US agricultural subsidies and export credit program have not been negotiated in DR-CAFTA. However, it is the design of non-subsidy support programs, such as technical assistance, conditional cash transfers, and selective investments in education, rural infrastructure, and rural finance which is seen as a way of protecting poor agricultural produces and ensuring that they have the means to take full advantage of the new opportunities arising out of DR-CAFTA (World Bank 2005).

MDG and PRS Financing

The International Development Goals ensure universal access to basic social services making explicit that countries need to finance basic services for the poor. However, there has been no commitment at the international level to ensure that these finances are available particularly within the MDG framework to finance even a need rather than a rights based focus.

Nicaragua has very few internal resources to fund progress towards targets in the MDGs and PRS by 2015 with a quarter current of poverty spending coming from external resources. While the government has tried to maintain poverty spending in the face of severe fiscal austerity measures introduced under the IMF's Poverty Reduction and Growth Facility (PRGF), public expenditure is supposedly being reduced in Nicaragua from 50 percent of GDP in 1999 to 37 percent of GDP by 2004-2005. HIPC II associated funds have tended to ensure that spending on health, education and other prioritised areas has not decreased too much, rather than representing a large increase in spending in these areas (Linneker et al 2004).

A number of scenario based models have been developed to estimate the public social spending that would be needed to reach the targets set out in the national poverty reduction strategy and the MDGs. The analysis uses a 'population-poverty-social spending' model based on future population projections to examine social spending on basic education, health, water and sanitation services.

With predicted falling fertility rates, the projected population cohort transition suggests that the dependency burden will decrease to 0.61 in 2015 as the population under 15 years of age falls from 45 percent in 1995 to 33 percent in 2015 (Andersen 2004).

To reach the national PRS goals related to the substantial increases in the coverage of education, health, water and sanitation services, and in the quality of education a 3.3 percent average annual increase in social spending would be needed by 2015. To reach the MDG targets in the same services would imply a 2.2 percent annual increase in social spending.

It is suggested that this is affordable if it is likely to be less than the growth rate of GDP. However, the model does not include estimates of funding needed to reduce extreme poverty by 2015 as it is largely unresponsive to social expenditure, however, this will likely increase these social spending growth rates. Indeed, official GDP figures show erratic growth rates from 3 percent in 2001, 0.8 percent in 2002 and 2.3 percent in 2003. Provisional estimates for 2004 are for an optimistic 5.1 percent growth rate. Annual growth in GDP per head, show a 1.5 percent growth rate in 2001, 4.4 percent in 2002 and 0.4 percent in 2003 and suggest financing prospects are uncertain (Banco Central 2005).

Financing is recognised as being a problem in the early years and will have to be funded by external donations, which can only gradually decrease after 2010. It is suggested that four policy areas need particular attention if advantage is to be taken of the opportunity presented by the sharp drop in fertility. Family planning services need to be made available to all so the drop in fertility can take place. Expansion in education and training needs of expanding work age population is needed to increase productivity and labour market absorption. Some 80,000 new jobs a year need to be created to prevent unemployment rates from rising. Government revenues have to be increased so the budget deficit can be reduced and economic stability maintained (Andersen 2004).

Despite the lower social spending increases associated with meeting some of the MDGs, the lack of funding commitments retreat from established guidelines and agreements of high income countries. These include the giving of 0.7 percent of GNP in aid and the Copenhagen Social Summit agreement of 20 percent of budgetary expenditure and 20 percent of aid flows allocated to basic social services. Many anti-poverty groups have campaigned around MDG financing and aid issues (GCAP 2005) and the need to ensure that commitments recently made at the G8 Summit in Gleneagles aimed to progressively increase international development assistance over the next ten years towards 2015 to 0.7 percent of GNP in high-income countries is complied with (Gleneagles 2005).

The provision of basic services is partly a question of funding and global funds exist to provide resources for HIV/AIDS for example, however, the levels of social spending necessary to meet the MDGs may go against the IMF imposed stabilisation and austerity measures designed to cut public expenditure. This could place Nicaragua in the paradoxical situation where it is forced to fulfil IMF conditions in order to receive MDG aid, knowing that those conditions limit the quantity of aid inflows allowed and undermine the poverty reducing impact of government expenditure (Trocaire 2005).

It is often argued that additional aid financing can be counter productive since it distorts labour, goods and property markets, which are detrimental to local producers who have to compete with artificially higher prices. It is suggested to be in the long-term interests of Nicaragua to reduce dependency on foreign aid, but only after 2010, when projected demographic changes may negate the need for aid (Andersen 2004).

However, some civil society organisations have suggested Nicaragua is in need of a 'Marshal' style reconstruction plan similar to that for Germany after the Second World War (CCER 2001). While funding towards meeting the MDGs is largely dependent on aid, in the longer term it is will be dependent on national economic growth gains and those associated with

trade justice. However, given the uncertainty surrounding the latter two it may be a long time before Nicaragua can reduce its dependency on aid in progressing toward the MDGs.

Conclusions: Ways Forward and Strategies of Engagement and Improvement of the MDGs

As the poorest country in Latin America Nicaragua has a number of specific difficulties and is unlikely to meet any of the Millennium Development Goals by 2015 in the wider UN sense in which they were perhaps originally intended. However, there is likely to be some progress toward a few of the MDGs targets and indicators. The MDG 3 target of eliminating the gender disparity in primary and secondary education by 2005, and in all levels of education by 2015 is very likely to be met, but the wider goal promoting the gender equality and empowering women will not.

The 2015 targets that are *possible* and where projected progress is more advanced include reducing extreme poverty and reducing infant and under 5 mortality rate by 2/3. The 2015 MDG targets that are *unlikely* to be achieved are reductions in chronic malnutrition to 7 percent, reduce maternal mortality rate by 3/4, and the indicators related to Goal 8. The 2015 targets that are *very unlikely* to be achieved are halting and beginning to reverse the incidence of HIV/AIDS and other major diseases.

Of the non-MDG targets that are *possible* are the raising of primary education access and increase to 95 percent national access to sanitation. The non-MDG targets that are *unlikely* to be met are to increase to 100 percent national water coverage. Of the non-MDG targets which are *very unlikely* to be met, are the provision of access to reproductive healthcare services to all interested individuals of appropriate age, and reductions in the illiteracy rate to 10 percent.

Recent official PRS progress mainly reports institutional process changes rather than much actual reported change in indicators on the ground. Among the intermediate 2004 PRS targets, progress has mainly been among the education indicators, with recently worsening health indicators.

Strategies and Ways Forward

Differing interpretations of what the MDGs are, what they represent and what they can hope to achieve, have presented civil society organisations with a number of problems in terms of how they choose to engage or not with the MDGs. This has been made even more difficult for these organisations with the linking of funding streams to the fulfilment of the MDGs. This has had a number of divisive implications among NGO and Civil Society organisations. Many activist and civil society organisations would prefer to focus funding on other arguably more important structural and causal processes and outcomes. Much of the previous work of civil society organisations does not necessarily fit well within the narrower MDG framework.

The MDG framework depoliticises development and poverty reduction and distracts from wider development issues and the commitments made at UN conferences where notions of equity and equality for all underpinning the Human Rights framework is lost. The MDGs

allow further expansion of the influence of the World Bank and the IMF into the social policy arena while not altering the existing macroeconomic policy framework or adequately addressing trade imbalances. The focus on a narrow set of linear, measurable targets means the analysis of root causes is often lost and replaced by reliance on technical fixes.

Despite many problems with the IFI formulation and development of the PRS and MDGs the targets and indicators of some of the MDGs are less than those in the PRS, and it may not necessarily be advantageous if the PRS was realigned with the MDGs, as has been suggested (Millennium Project 2005). Achievement of the MDGs in relation to health, education, water and sanitation may actually reduce the pace of development in Nicaragua given the higher quantitative and qualitative service target commitments made in the PRS. The very omission of MDG targets on sexual and reproductive health rights agreed at other UN conferences have arguably slowed human development in this area and allowed the governments to abandon earlier plans to implement policies.

Organisational strategies of engagement with the MDGs vary depending on the type of organisation and position taken (Harcourt 2005). Some civil society women's organisations want to remain outside the MDG framework altogether since the MDGs represent a distraction from other more important work. Others may engage with the MDGs perhaps in the belief that fulfilment of the indicators and targets will eventually transition into fulfilment of the wider MDG and other objectives. Others organisations may be co-opted, intentionally or otherwise, and have little choice than to engage with the MDG framework, particularly national governments and international NGO agencies, often for financial reasons.

The extent of the retreat from earlier UN declarations that the MDGs represent, leave very little for civil society organisations to actually engage with. From the perspective of activists and social movements the national PRS strategy being imposed by the IFIs (as a conditionality) is far from satisfactory and the MDGs are arguably even worse. Progressive social movements should continue to demand much more from the local, national and international policy makers and representatives.

However, the MDGs do represent an opportunity to focus thinking on anti-poverty policy and hold governments and the international community to account, which has been seriously lacking in the past. However, lack of civil engagement in the context of other spending commitments related to the rise of militarism and the anti-terrorism agenda may have placed the MDGs in a precariousness position. There have been a number of initiatives aimed at improving the MDGs not least from the UN target groups themselves (Millennium Project 2005).

The MDGs need to be treated as political not technical, and many initiatives aimed at improving the MDGs have reasserted a 'rights' based approach (Renard Painter 2005). However, 'rights' based approaches often do not go far enough and discourse approaches to the MDGs, which emphasis market and religious fundamentalisms, can also be useful in challenging dominant neo-liberal values and cultural constraints that structure social relations.

Neo-liberal economic policy models emphasising, deregulation, privatisation, minimal government intervention in the economy, reliance on the profit motive and the free play of markets, have largely failed to deliver more rapidly rising incomes and declines in poverty in Nicaragua. These policies need to change as they have not provided a supportive environment for improving the well-being of people, reducing inequality (particularly gender equality) and improving capacities, opportunities and access to resources (UNRISD 2005).

There is the need to strengthen the ability of the state to provide public services in education and health free of user charges. This in the short term will require an increase in aid and the proportion of it allocated to public services to ensure that funding is not the main constraint on progress towards the MDGs. In addition, there is a need to de-link development funding from the MDGs and allow development targets and indicators outside of the MDG framework to be approached also. The MDGs should not be a new conditionality imposed regardless of national priorities and domestic political cycles.

There is a need to improve governance, accountability and transparency and reduce the influence of the conservative right and Catholic Church in health, education and social policy. There is a need to reconnect to women's rights as agreed in other UN declarations and conventions, and to recognise the rights of those also not included in the MDGs including indigenous peoples, the disabled, the elderly and the young.

Greater inclusion of civil society organisations, participation in policy development and monitoring is needed. There is a need for greater trade justice and the ability to be able to negotiate protections for small agricultural producers in DR-CAFTA and other free trade agreements. Is it not sufficient for governments to sign commitments, pledges and conventions, the political will to take action is also needed. Progress towards the MDGs and beyond will require wide based social mobilisation, including civil society, governments and development agencies.

References

- Acevedo A. (2005) y usted...de veras sabe que son los famosos cenis bancarios?, Coordinadora Civil Comunicacion, 5 de agosto de 2005, Coordinadora Civil, Managua, Nicaragua.
- Action Aid (2005) ActionAid's response to the G8, Saturday, July 09, 2005, www.actionaid.org./index.asp?page_id=491, (last access 25 July 2005).
- Andersen L.E (2004) Population, Poverty and Social Spending Projections for Nicaragua 2000-2015, Revised Draft Report, 28th January 2004, United Nations, Consultant, Nicaragua. (available from the author landersen@ucb.edu.bo)
- ANLT (2004) El ABC de los transgénicos, Alianza por una Nicaragua Libre de Transgénicos - ANLT, Managua, Nicaragua, www.cisas.org.ni
- Antrobus P. (2005) Critiquing the MDGs from a Caribbean perspective, in Sweetman C. (ed.) (2005) Gender and the Millennium Development Goals, Oxfam Focus on Gender, Oxfam GB, Oxford, England.
- Antrobus P. (2004) 'MDGs – The most Distracting Gimmick' in Women's International Coalition for Economic Justice (2004) *Seeking Accountability on Women's Human Rights: Women Debate the Millennium Development Goals* WICEJ, New York, 14 – 16
<http://www.wicej.addr.com/mdg/> (accessed 06/05/04)
- Banco Central (2005) Nicaragua: principales indicadores macroeconómicos, http://www.bcn.gob.ni/estadisticas/indicadores/principales/NIC_1.htm (last accessed August 2005).
- BID (2003) *Red de Protección Social: Fase II*, Nicaragua, Informe de Evaluacion, Banco Interamericano de Desarrollo – BID, NI-0161.
- Bradshaw S. (2004) The MDGs a gendered critique, paper given at the Social Forum for Latin America, Quito, Ecuador, 2004.
- Bradshaw S. (2002) *Gendered Poverties and Power Relations: Looking Inside Communities and Households in Nicaragua*, Puntos de Encuentro, Managua, Nicaragua.
- Bradshaw S. and Linneker B. (2003) *Challenging Women's Poverty: Perspectives on gender and poverty reduction strategies from Nicaragua and Honduras*, Catholic Institute for International Relations – International Cooperation for Development, CIIR-ICD Briefing, London, ISBN 1852873027.
- Bradshaw S. and Linneker B.J. (2001) Challenging Poverty, Vulnerability and Social Exclusion in Nicaragua: Some Considerations for Poverty Reduction Strategies, *The Nicaraguan Academic Journal - NAJ*, Vol. 2, No. 2, December 2001, pp 186-224, Managua, Nicaragua, Ave Maria College of the Americas, San Marcos, Carazo, Nicaragua – www.avemaria.edu.ni.

CCER (2001) Agenda Política: Desde la Sociedad Civil, Coordinadora Civil para la Emergencia y la Reconstrucción - CCER, Managua, Nicaragua, 13 de Julio del 2001.

CIET-CCER (2001) *La Voz de los Hogares Pobres sobre las Estrategias para la Reducción de la Pobreza: Auditoria Social Fase 3 –Monitoreo y Evaluación de Indicadores Basados en la Comunidad*, Coordinadora Civil - CCER - Diciembre 2001, Editronic S.A, Managua, Nicaragua.

CINCO (2005) Nicaragua: la gobernabilidad al servicio de las reformas, primer informe independiente, Centro de Investigaciones de la Comunicación – CINCO, Junio de 2005, Managua, Nicaragua.

CISAS (2005) Con Cisas, Centro de Información y Servicios de Asesoría en Salud – CISAS, Managua, Nicaragua, Julio 2005.

Darce D. (2004) Presupuesto para la Lucha Contra el SIDA 1999-2002, Centro de Información y Servicios de Asesoría en Salud - CISAS, Managua Nicaragua.

DFID (2005) unpublished presentation given by the DFID head of Latin America, International Cooperation in Development - Catholic Institute for International Relations – ICD – CIIR, advocacy meeting, London, 13 July 2005.

Dijkstra G. (2005) The PRSP approach and the illusion of improved aid effectiveness: lessons from Bolivia, Honduras and Nicaragua, *Development Policy Review*, 23, 4, 443 - 4464.

El Nuevo Diario (2005) Propuesta de Coordinadora Civil sobre Cenis, El Nuevo Diario, miercoles, pagina 6a, 10 agosto de 2005.

EMNV (2001) Encuesta de Medicion de Nivel de Vida – EMNV, Instituto Nacional de Estadísticas y Censos - INEC, Managua, Nicaragua, www.inec.gob.ni

ENDESA (2001) Encuesta de Salud – ENDESA, Instituto Nacional de Estadísticas y Censos - INEC, Managua, Nicaragua, www.inec.gob.ni

Fraser A. (2005) Approaches to reducing maternal mortality: Oxfam and the MDGs, in Sweetman C. (ed.) (2005) *Gender and the Millennium Development Goals*, Oxfam Focus on Gender, Oxfam GB, Oxford, England.

GCAP (2005) What do we want? Global Call to Action against Poverty – GCAP, www.whiteband.org (last access 25 July 2005)

Gleneagles (2005) G8 Chairman's Summary, www.number10.gov.uk/output/Page7883.asp (last access 25 July 2005)

Gobierno de Nicaragua (2005) III informe de avance de la ERCERP, Gobierno de Nicaragua, Managua, Nicaragua.

Gobierno de Nicaragua (2004) *Analysis de la Pobreza y la Seguridad Alimentaria Nutricional en Nicaragua*, Gobierno de Nicaragua, Mayo 2004.

Gobierno de Nicaragua (2003) *Metas de Desarrollo: Seguimiento a la Cumbre del Milenio Nicaragua Primer Informe*, Managua, Diciembre 2003.

Government of Nicaragua (2003) *Strengthened Growth and Poverty Reduction Strategy, Second Progress Report*, Government of Nicaragua, Coordination and Strategy Secretariat of the Presidency, November 2003, Managua, Nicaragua.

Government of Nicaragua (2001) *The Strengthened Poverty Reduction Strategy*, Managua, Nicaragua, July 2001.

IFPRI (2004) *Impact evaluation of a conditional cash transfer program: the Nicaraguan red de protección social*, International Food Policy Research Institute, Food Consumption and Nutrition Division - FCND Discussion Paper No. 184

IDA-IMF (2000) *Nicaragua: Decision point document for the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative*, International Development Association and International Monetary Fund, December 6, 2000.

IMF (2004) *Nicaragua: Enhanced Initiative for Heavily Indebted Poor Countries – Completion Point Document*, International Monetary Fund – IMF Country Report No. 04/72, March 2004.

Harcourt W. (2005) *Report on the NCDO - SID - WIDE International Workshop on 'The Millennium Development Goals, Gender Equality and Human Security'*, The Royal Tropical Institute, The Netherlands, 18th of May 2005.

Inside U.S. Trade (2003) *Nicaragua Seeks Protections for Some Industries in CAFTA*, April 18, 2003.

Johnson R. (2005) *Not a sufficient condition: the limited relevance of the gender MDG to women's progress*, in Sweetman C. (ed.) (2005) *Gender and the Millennium Development Goals*, Oxfam Focus on Gender, Oxfam GB, Oxford, England.

Kabeer N. (2005) *Gender equality and women's empowerment: a critical analysis of the third Millennium Development Goal*, in Sweetman C. (ed.) (2005) *Gender and the Millennium Development Goals*, Oxfam Focus on Gender, Oxfam GB, Oxford, England.

Latin America Working Group (2003) *Memo to the Congressional Oversight Group on Trade: CAFTA and Small Farmers in Nicaragua*, www.lawg.org/countries/Nicaragua/NicaAgMemo.htm (last accessed 01/08/05)

Linneker B.J. Bradshaw S. Quirós Viquez A. (2004) *Evaluation of the Development and Implementation of the Poverty Reduction Strategy in Nicaragua*, Centro de Información y

Servicios de Asesoría en Salud – CISAS, Coordinadora Civil – CC, Managua, Nicaragua, 2004, www.cisas.org.ni/

Live8 (2005) What it's for, site page www.live8live.org, (last accessed 25 July 2005).

Millennium Project (2005) Investing in development: a practical plan for achieving the Millennium Development Goals, report to the UN Secretary General, Earthscan, London.

MINSA (2005) Programa Nacional de ITS/VIH-SIDA, Ministerio de Salud – MINSA, Diciembre 2004, Managua, Nicaragua.

Molyneux M. (2003) Mobilisation without emancipation? women's interests, the State and Revolution in Nicaragua, in Molyneux M. (2003) *Women's Movements in International Perspective: Latin America and Beyond*, Third Edition, Institute of Latin American Studies, University of London, ISBN 1 900039 58 3.

Molyneux M. (2001) Social Capital: A Post – Transition Concept? Questions of context and gender from a Latin American Perspective, in *An Appropriate Capital-isation? Questioning Social Capital*, Gender Institute Research in Progress Series, Issue 1, November 2001, Special Issue, London School of Economics and Political Science, ISBN 1470-8523.

Nicanet (2005) Nicaraguan Banana Workers Poisoned by Nemagon - Tell Dow, Shell and Dole to Pay Up!, <http://www.nicanet.org/labor/nemagon-follow-up.php> (last accessed 10/08/05).

Pizzarro A.M (2005) Women and the MDGs, presentation given at the conference on women's health, August 2005, Managua, Nicaragua

Renard Painter G. (2005) Linking women's human rights and the MDGs: an agenda for 2005 from the UK gender and development network, in Sweetman C. (ed.) (2005) *Gender and the Millennium Development Goals*, Oxfam Focus on Gender, Oxfam GB, Oxford, England.

Sachs J.D (2005) The end of poverty, Time Magazine, March 14th 2005.

SI MUJER (2005) Agenda de Salud Integral de las Mujeres, Movimiento Autónomo, de Mujeres de Nicaragua, ISBN 99924-0-409-4, 17 de Agosto 2005, Organizacion SI MUJER, Managua, Nicaragua.

Symington A. (2004) The MDGs and International Law in Women's International Coalition for Economic Justice (2004) *Seeking Accountability on Women's Human Rights: Women Debate the Millennium Development Goals* WICEJ, New York, 14 – 16 <http://www.wicej.addr.com/mdg/> (accessed 06/05/04)

Taylor J.E. (2002) Trade Integration and Rural Economies in Less Developed Countries: Lessons from Micro Economy-wide Models with Particular Attention to Mexico and Central America, Report to the Latin America and Caribbean Regional Office (LCR) of The World

Bank, Agricultural and Resource Economics and Center on Rural Economies of the Americas and Pacific Rim, University of California, Davis, May 2002.

Trocaire (2005) More than a numbers game: ensuring that the Millennium Development Goals address structural injustice, Trocaire Report, April 2005.

UN (2001) Road map towards the implementation of the United Nations Millennium Declaration: Report of the Secretary-General, United Nations General Assembly 6th of September 2001.

UNDP (2002) Meeting the Millennium Poverty Reduction Targets in Latin America and the Caribbean, United Nations Development Programme UNDP, Santiago Chile, December 2002.

UNRISD (2005) Gender equality: striving for justice in an unequal world, United Nations Research Institute for Social Development – UNRISD, February 2005.

World Bank (2005) DR-CAFTA: Challenges and Opportunities for Central America, Washington, June 28, 2005.

World Bank (2003) Metas ERCERP y del Milenio: Desempeno y perspectivas al 2015, Unpublished presentation, Florencia T. Castro-Leal, World Bank, Managua, Nicaragua.

Annex 1 - The Millennium Development Goals, Targets and Indicators

Goal 1. Eradicate extreme poverty and hunger

<p>Target 1.</p> <p>Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</p>	<p>Indicators</p> <p>1. Proportion of population below \$1 (1993 PPP) per day (World Bank)^a</p> <p>2. Poverty gap ratio [incidence x depth of poverty] (World Bank)</p> <p>3. Share of poorest quintile in national consumption (World Bank)</p>
<p>Target 2.</p> <p>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</p>	<p>Indicators</p> <p>4. Prevalence of underweight children under five years of age (UNICEF-WHO)</p> <p>5. Proportion of population below minimum level of dietary energy consumption (FAO)</p>

Goal 2. Achieve universal primary education

<p>Target 3.</p> <p>Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<p>Indicators</p> <p>6. Net enrolment ratio in primary education (UNESCO)</p> <p>7. Proportion of pupils starting grade 1 who reach grade 5 (UNESCO)^b</p> <p>8. Literacy rate of 15-24 year-olds (UNESCO)</p>
--	--

Goal 3. Promote gender equality and empower women

<p>Target 4.</p> <p>Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</p>	<p>Indicators</p> <p>9. Ratio of girls to boys in primary, secondary and tertiary education (UNESCO)</p> <p>10. Ratio of literate women to men, 15-24 years old (UNESCO)</p> <p>11. Share of women in wage employment in the non-agricultural sector (ILO)</p> <p>12. Proportion of seats held by women in national parliament (IPU)</p>
--	--

Goal 4. Reduce child mortality

<p>Target 5.</p> <p>Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>Indicators</p> <p>13. Under-five mortality rate (UNICEF-WHO)</p> <p>14. Infant mortality rate (UNICEF-WHO)</p> <p>15. Proportion of 1 year-old children immunized against measles (UNICEF-WHO)</p>
--	---

Goal 5. Improve maternal health

<p>Target 6.</p> <p>Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</p>	<p>Indicators</p> <p>16. Maternal mortality ratio (UNICEF-WHO)</p> <p>17. Proportion of births attended by skilled health personnel (UNICEF-WHO)</p>
---	--

Goal 6. Combat HIV/AIDS, malaria and other diseases

<p>Target 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p>	<p>Indicators</p> <p>18. HIV prevalence among pregnant women aged 15-24 years (UNAIDS-WHO-UNICEF)</p> <p>19. Condom use rate of the contraceptive prevalence rate (UN Population Division)c</p> <p>19a. Condom use at last high-risk sex (UNICEF-WHO)</p> <p>19b. Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (UNICEF-WHO)d</p> <p>19c. Contraceptive prevalence rate (UN Population Division)</p> <p>20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years (UNICEF-UNAIDS-WHO)</p>
<p>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</p>	<p>Indicators</p> <p>21. Prevalence and death rates associated with malaria (WHO)</p> <p>22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures (UNICEF-WHO)e</p> <p>23. Prevalence and death rates associated with tuberculosis (WHO)</p> <p>24. Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy) (WHO)</p>

Goal 7. Ensure environmental sustainability

<p>Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p>	<p>Indicators</p> <p>25. Proportion of land area covered by forest (FAO)</p> <p>26. Ratio of area protected to maintain biological diversity to surface area (UNEP-WCMC)</p> <p>27. Energy use (kg oil equivalent) per \$1,000 GDP (PPP) (IEA, World Bank)</p> <p>28. Carbon dioxide emissions per capita (UNFCCC, UNSD) and consumption of ozone-depleting CFCs (ODP tons) (UNEP-Ozone Secretariat)</p> <p>29. Proportion of population using solid fuels (WHO)</p>
<p>Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation</p>	<p>Indicators</p> <p>30. Proportion of population with sustainable access to an improved water source, urban and rural (UNICEF-WHO)</p> <p>31. Proportion of population with access to improved sanitation, urban and rural (UNICEF-WHO)</p>
<p>Target 11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>Indicators</p> <p>32. Proportion of households with access to secure tenure (UN-HABITAT)</p>

Goal 8. Develop a global partnership for development

<p>Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.</p> <p>Includes a commitment to good governance, development and poverty reduction - both nationally and internationally</p> <p>Target 13. Address the special needs of the least developed countries.</p> <p>Includes: tariff and quota-free access for least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <p>Target 14. Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <p>Target 15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <p>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries (LLDCs) and small island developing States (SIDS)</p>	<p>Indicators for targets 12-15 are given below in a combined list.</p> <p>Indicators</p> <p>Official development assistance (ODA)</p> <p>33. Net ODA, total and to LDCs, as percentage of OECD/Development Assistance Committee (DAC) donors' gross national income (GNI)(OECD)</p> <p>34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (OECD)</p> <p>35. Proportion of bilateral ODA of OECD/DAC donors that is untied (OECD)</p> <p>36. ODA received in landlocked developing countries as a proportion of their GNIs (OECD)</p> <p>37. ODA received in small island developing States as proportion of their GNIs (OECD)</p> <p>Market access</p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty (UNCTAD, WTO, WB)</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries (UNCTAD, WTO, WB)</p> <p>40. Agricultural support estimate for OECD countries as percentage of their GDP (OECD)</p> <p>41. Proportion of ODA provided to help build trade capacity (OECD, WTO)</p> <p>Debt sustainability</p> <p>42. Total number of countries that have reached their Heavily Indebted Poor Countries Initiative (HIPC) decision points and number that have reached their HIPC completion points (cumulative) (IMF - World Bank)</p> <p>43. Debt relief committed under HIPC initiative (IMF-World Bank)</p> <p>44. Debt service as a percentage of exports of goods and services (IMF-World Bank)</p>
<p>Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p>	<p>Indicators</p> <p>45. Unemployment rate of young people aged 15-24 years, each sex and total (ILO)</p>
<p>Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>Indicators</p> <p>46. Proportion of population with access to affordable essential drugs on a sustainable basis (WHO)</p>

<p>Target 18.</p> <p>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>Indicators</p> <p>47. Telephone lines and cellular subscribers per 100 population (ITU)</p> <p>48. Personal computers in use per 100 population and Internet users per 100 population (ITU)</p>
---	--

Source: reproduced from the UN web site based on UN (2001) Road map towards the implementation of the United Nations Millennium Declaration: Report of the Secretary-General, United Nations General Assembly 6th of September 2001.

Annex 1 Footnotes:

a For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

b An alternative indicator under development is "primary completion rate".

c Among contraceptive methods, only condoms are effective in preventing HIV transmission. Since the condom use rate is only measured amongst women in union, it is supplemented by an indicator on condom use in high-risk situations (indicator 19a) and an indicator on HIV/AIDS knowledge (indicator 19b). Indicator 19c (contraceptive prevalence rate) is also useful in tracking progress in other health, gender and poverty goals.

d This indicator is defined as the percentage of population aged 15-24 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV. However, since there are currently not a sufficient number of surveys to be able to calculate the indicator as defined above, UNICEF, in collaboration with UNAIDS and WHO, produced two proxy indicators that represent two components of the actual indicator. They are the following: (a) percentage of women and men 15-24 who know that a person can protect herself from HIV infection by "consistent use of condom"; (b) percentage of women and men 15-24 who know a healthy-looking person can transmit HIV.

e Prevention to be measured by the percentage of children under 5 sleeping under insecticide-treated bednets; treatment to be measured by percentage of children under 5 who are appropriately treated.

f An improved measure of the target for future years is under development by the International Labour Organization (ILO).