Final Report on the status of achievement of MDGs by the East African Community

By

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A report prepared for the EAC

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Acronyms and Abbreviations

AIDS   Acquired Immuno Deficiency Syndrome

AU   African Union

DFID   Department for International Development (UK)

EAC   East Africa Community

GMO   Genetically Modified Organisms

HIV   Human Immuno-Deficiency Virus

MDGS   Millennium Development Goals

SME   Small, medium Enterprise

TB   Tuberculosis

UN   United Nations

Executive Summary

The Millennium Declaration set 2015 as the target date for achieving the Millennium Development Goals (MDGs). As the date closes in, countries are assessing progress towards these noble objectives with a view to taking corrective actions where necessary. This report aims at establishing the Status of achievement of MDGs by EAC Partner States

Goal 1: Reducing extreme poverty and hunger:

The EAC states had high poverty levels (1990) to be halved by 2015 especially in Uganda, Rwanda and Kenya. In Uganda impressive strides have been made and the country may achieve this target. However, in Rwanda and Kenya poverty actually went up.

In terms of the depth of poverty (poverty gap ratio) there were improvements in Kenya and Uganda while poverty deepened in Burundi and Tanzania. In terms of the shares of consumption for the poorest 20%, there has been little improvement in all the states with deterioration in Burundi.

In terms of reducing hunger, except for Tanzania and Uganda that made some significant progress in reducing underweight children, other EAC states performed poorly and may not attain the MDG goal of halving the people suffering from hunger by 2015.

The persistent hunger is a result of both low food production levels and poor distribution. Except for Rwanda where there is some consistent albeit small rise in the index of total food production per capita over the period (2000-2005), the other countries have had either stagnation or declining trends.

Goal 2:Achieving Universal Primary Education

All partner states are heading for 100 percent with net enrolment rates exceeding 90%. However, there were concerns about the quality of primary education.

Most of the partner states were converging towards the desirable pupil teacher ratio of 45:1 with only Kenya having achieved the target . In adition many partner states (except Kenya) are having at least 70 pupils per classroom which is a sign of congestion.

The completion rates were mixed. They consistently improved in Kenya and Rwanda but consistently declined in Tanzania. Kenya had attained a completion rate of 90% while other states wer below 70%. The completion rates also varied markedly between girls and

boys. Except in Rwanda where the rate was higher for girls than boys, the other EAC states had higher rates for boys than girls.

Goal 3: Promote gender equality and empower women

Most EAC states were close to attaining parity in primary education as they were all above 0.97 ratio of girls to boys. In Rwanda and Uganda, the boys were getting disadvantaged as the gender parity ratio was higher for girls.

At the secondary education level, gender parity was still a big issue in most of the states. Burundi fared badly while Kenya and Rwanda were close to attaining gender parity as they had a girls to boys ratio above 0.9.

Gender inequality is most pronounced at tertairy level for all partner states.The women to men ratio at this level ranged from 0.48 for Tanzania to 0.62 for Rwanda.

In terms of women's participation in politics, there have been consistent improvements in the number of Parliamentary seats taken by women although with varying degrees. Kenya has had dismal increases while Rwanda has performed extremely well with more than half of Parliamentary seats currently taken by women.

In all the states women and men are in some form of employment. The proportion of men employed is higher than that of women in Kenya, Uganda and Tanzania. However, women are still heavily employed in agriculture and services (most likely in the informal sector) which give low pay. It means that the issue of empowering women through employment is yet to be adequately addressed by the partner states.

Goal 4: Reduce Child Mortality

Except for Rwanda, the EAC partner states have made insufficient progress on this goal. The high child mortality rates are largely a result of high infant mortality.

Many children in the region are still dying of preventable diseases. However, there is some good progress in immunization as all countries are having at least 80% of children immunized against measles.

Goal 5: Improve Maternal health

The EAC partner states have very high maternal mortality ratios ranging between 430 and 1100. It is evident that most mothers are still delivering at home. With the exception of Rwanda, all states had less than 50% of supervised deliveries. Mothers are therefore still prone to deaths resulting from complications during birth.

The fertility rates are still very high in all the EAC states with the lowest being five children per woman for Kenya and Tanzania.

The pervasive high fertility rates are a result of the low contraceptive prevalence rates. Except for Kenya that had a prevalence rate of 39% the other EAC states were below 30%. Although there are improvements in the contraceptive prevalence rates, the unmet need for family planning is still unacceptably high especially in Uganda and Rwanda where it was close to 40%.

Young adolescents are more likely to die or have complications in pregnancy and at child birth than adult women. Adolescent births are still very high especially in Uganda, Tanzania and Kenya where more than 10% of the adolescent girls are mothers.

Goal 6: Combat HIV/AIDS, Malaria and other diseases

HIV/AIDS

All EAC states, except Burundi had reversed the trend of HIV prevalence rates. Most progress was noted in Uganda followed by Kenya.

The fact that HIV/AIDS prevalence is reducing is partly a reflection of the level of knowledge among the community populations. However, comprehensive knowledge about HIV/AIDS is still limited and levels of knowledge seemed higher among males than the females except in Tanzania. No partner state had more than 60% of its adolescent population having comprehensive knowledge about HIV/AIDS.

There is a concern that the percentage of the population using condoms during high risk sex is not universal. This was lowest among females partly a reflection of the gender relations and the fact that many women cannot control their own sexuality.

The EAC populations infected with HIV/AIDS are still faced with inadequate access to ARVs. It is only Rwanda that has the majority (more than 70%) of its population with advanced HIV infection accessing the ARVs, while other states had less tha 55%.

Malaria

The incidence and death rates associated with malaria are still high within the region. The statistics show that most malaria deaths (above 60 percent) are those of children aged 0-4 years.

One of the key interventions for preventing malaria is the promotion of insecticide treated bed-nets. There are improvements in proportion of children (less than 5 years) that were sleeping under insecticide treated bed-nets although the coverage is still low. Performance was dismal in Burundi.

Tuberculosis

The EAC region still has a problem of TB. Except in Kenya and Tanzania, all states were having increasing TB prevalence rates and TB death rates.

Goal 7: Ensure Environmental Sustainability

Apart from Rwanda, deforestation is still prevalent in the EAC states especially in Tanzania and Uganda where close to 7% of the forest cover had been lost in a span of 15 years (1990-2005).

The EAC states are a long way from meeting the drinking water target of 100%. All partner states had less than 75% of their populations accessing safe drinking water, with the worst coverage in Kenya of less than 60%.

Access to improved drinking water source is mainly a rural problem. In all states no more than 70% of the rural population accessed safe drinking water compared to close to 80% in urban areas.

Despite the health risks associated with poor sanitation, many people still have no improved sanitation facilities. In all partner states, less than 55% of the populations were using safe sanitation facilities.

Achievements in EAC Pillars

The EAC development strategy (2006-2010) focuses on the key pillars of East African integration. These are consolidating the implementation of the Customs Union, establishing a Common Market, laying the foundation for establishing a Monetary Union, and laying the foundation for establishing a Political Federation

The Customs Union is in place. The Common Market to allow free movement of people, capital, labor, services and right of establishment within EAC, was launched in 2010.

Strong foundations for the Monetary Union and Political Federation have been built.

The biggest challenge with the effectiveness of the four pillars is the state of readiness among the Community populations. The second challenge is how to ensure equal benefits to the Partner States that are at varying levels of development especially in terms of infrastructure.

1.0 Introduction

1.1 Background

The Millennium Declaration set 2015 as the target date for achieving the Millennium Development Goals (MDGs)[1]. As the date closes in, countries are assessing progress towards these noble objectives with a view to taking corrective actions where necessary.

The East African Community (EAC) is an inter-Governmental organization of five Partner States namely Kenya, Uganda, Tanzania, Rwanda and Burundi. The Treaty for the Establishment of the East African Community was signed on November 30th, 1999 and came into force on July 7th 2000. The main objective of the Community is to develop policies and programmes aimed at widening and deepening co-operation among the Partner States in mainly political and economic, social and cultural fields, research and technology, defence, security, legal and judicial affairs, for the partners' mutual benefit.

The Forum of Ministers responsible for Social Development, at their second forum agreed on the key priority areas of cooperation in social development. The development of a Social Development Agenda is also a response to the International context of preparing the review on the Progress on the Millennium Development Goals (MDGs) by the United Nations at the highest level.

This report aims at establishing the Status of achievement of MDGs by EAC Partner States and EAC Organs and Institutions.

1.2 Methodology

The study was mainly desk review or various documents on the five EAC states and organs of the EAC community. The draft report was presented to the Task Force on Social Development before finalization.

The main limitation of the study was lack of uniform baseline[2] data on all the MDG indicators. In addition current data on some of the MDG indicators were lacking for most countries. What was available in some cases was data on varying years making comparisons difficult. The report used the UN MDG data base and the EAC statistics report. These two did not have very current data for all countries which is an issue of concern. There is intense debate on whether or not MDG progress reports should be based on national or international data sources. However, this is something of a false

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[1] The MDG goals are attached as Annex I.

[2] The baseline year is 2000 when the UN summit launched the MGDs.

dichotomy since data in the UNSD database, although reported with a time-lag, originate from national sources.

The lag in reporting results from the need to harmonize data from different sources, which are collected using different methodologies. This results in some residual data differences between national and international data sets. Monitoring MDGs at a level other than national therefore requires that the data be comparable across countries and use the same definitions, concepts, standards etc.

1.3 Report Outline

The report has 9 chapters, with chapters 2-8 being dedicated to each of the MGDs in their chronological order. Chapter 9 is a brief evaluation of the achievements of the four pillars

Of   the   EAC   Community.

2.0 Goal 1: Reduce Extreme Poverty and Hunger

2.1 Reducing Extreme Poverty

The EAC states had high poverty levels (1990) to be halved by 2015 especially in Uganda, Rwanda and Kenya respectively (Figure 1). Rwanda and Uganda had more than 50% of their populations living in poverty then.

The progress in reducing poverty has been insufficient in most states as has been noted for sub-Saharan Africa (DFID 2010). The baseline data of 1990 was assumed[3] for all states except Burundi. In Uganda impressive strides have been made and the country may achieve this target. However, in Rwanda and Kenya poverty actually went up, from 40 to 46.6%.

With the minimal progress it is evident that the countries in the EAC, except Uganda will not halve the population below poverty by 2015.

Figure 1: Trends[4] in poverty levels in the EAC states
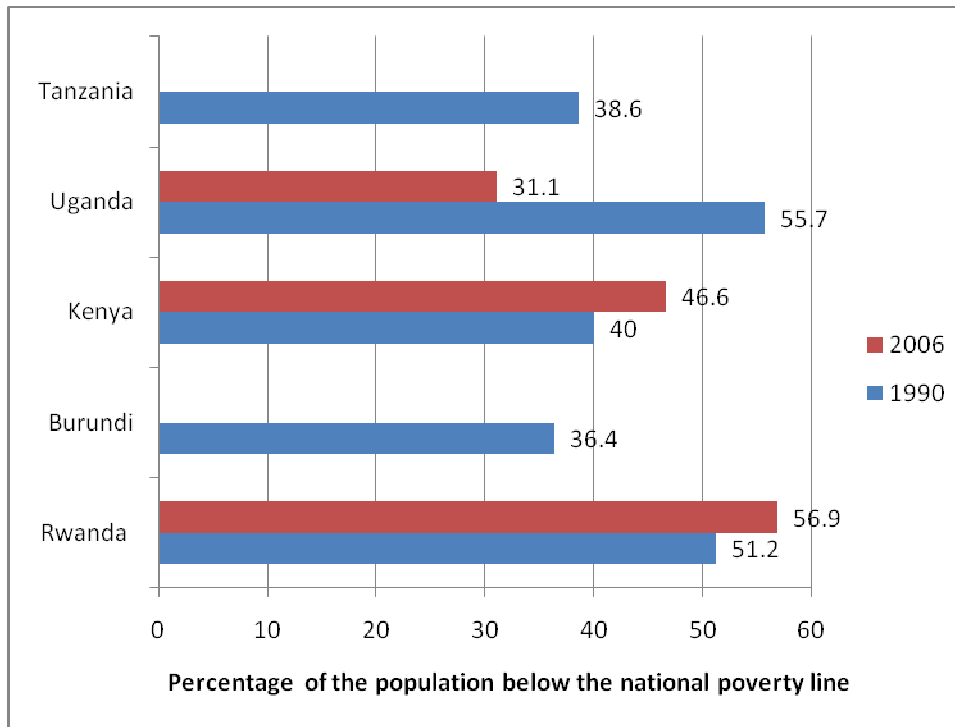
Sources: Uganda National Household Survey (UNHS) 1992/93; UNHS 2005/06 UN MDG Data bases: Country series

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[3] The assumed values were the closest available figures; Kenya with 1994; Rwanda 1993; Uganda 1992 and Tanzania with 1991.
[4] The states of Burundi and Tanzania had no data sets to compare with the assumed baselines!

	Box 1: Multidimensional poverty index versus the consumption poverty line

Box 1: Multidimensional poverty index versus the consumption poverty line

The poverty measure used in this report is the conventional head count approach. Early this year (2010) the University of Oxford unveiled the multidimensional poverty index that used deprivation in 10 areas namely health (child mortality, nutrition); education (years of schooling, child enrolment), standard of living (electricity, drinking water, sanitation, flooring, cooking fuel, and assets).

The results from the multidimensional poverty index made the number of poor people higher in most instances. However, in Tanzania the head count gave a rate of 89% while the new index gave only 65%. This means that we need to use the head count approach cautiously. The new index also picked up variations within counties. For example in Kenya, Nairobi had the same level of poverty as the Dominican Republic whereas the notheast was poorer than Niger.

2.1.1Regional disparities

Except in Burundi, all the EAC states had poverty being more of a rural than urban phenomenon. In Kenya poverty went up in both the urban and the rural locations (table 1) but more rapidly in the urban areas. On the other hand in Uganda, poverty declined faster in the rural areas compared to the urban locations.

Table 1: Populations below the National poverty lines by rural/urban location in the EAC states

Country	1990[5]		2006		Percentage change	
	Rural	Urban	Rural	Urban	Rural	Urban
Burundi	36	43	-	-		
Kenya	47	29	49.7	34.4	+2.7	+5.4
Rwanda	-	-	62.5	-		
Uganda	59.7	27.8	34.2	13.7	-25.5	-14.1
Tanzania	40.8	31.2	-	-		

Sources: Uganda National Household Survey (UNHS) 1992/93; UNHS 2005/06UN-MDG data bases: Country series; MDG Uganda Progress Report 2007

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[5] The base year is 1997 for Kenya; 1998 for Burundi and 2001 for Tanzania

2.1.2 Poverty Gap Ratio

This ratio measures the depth of poverty, in terms of how far below the poverty line the poor are. In the early 1990s all partner states had entrenched poverty (figure 2). However, there were improvements in Kenya and Uganda while poverty deepened in Burundi and Tanzania.

Figure 2: Trends in Poverty gap ratios for EAC states, 1992-2005[6]
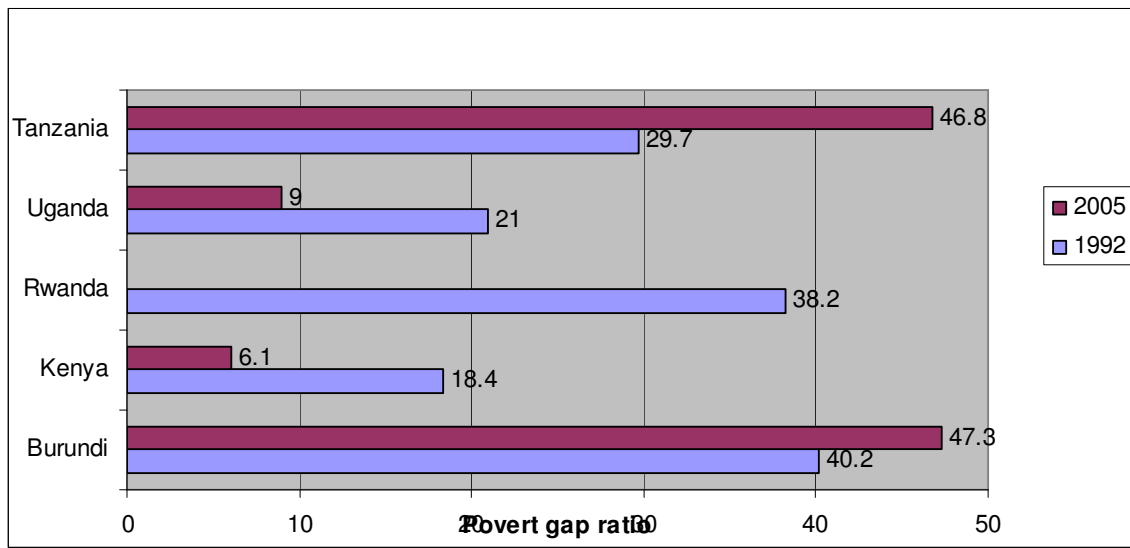
Sources: Uganda National Household Survey (UNHS) 1992/93; UNHS 2005/06; UN-MDG data bases: Country series

2.1.3 Consumption of the poorest Quintile

This is yet another measure of inequality that shows consumption distribution. Between 1992 and 2005, there has been little improvement in the share of consumption for the poorest quintile (figure 3). In all countries in 1992, the share of the poorest 20% was less than 10% on the national income. There was even deterioration in these shares in Burundi where it reduced by 2%, and Uganda and Tanzania that had small reductions between 0.1-0.5%.

Figure 3: Trends in the share of the poorest quintile in national consumption for EAC states, 1992-2005[7]

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[6] The baseline year for Rwanda was 2000, while Burundi has 1998 and Tanzania 2000 as the outer year

[7] The baseline year for Rwanda was 2000, while Burundi has 1998 and Tanzania 2000 as the outer year
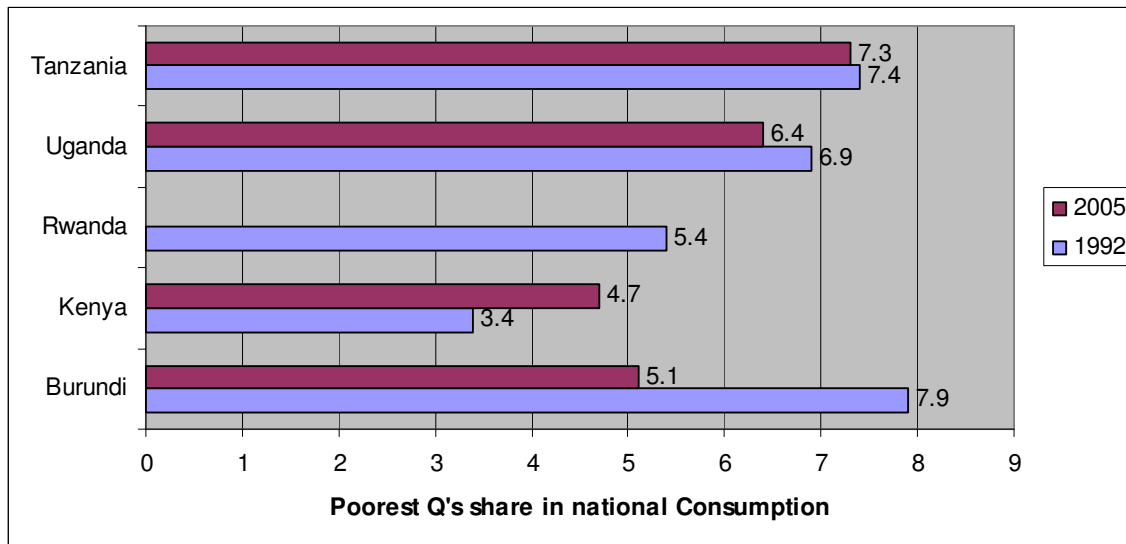
Sources: *Uganda National Household Survey (UNHS) 1992/93; UNHS 2005/06; UN-MDG data bases: Country series*

2.2: Reducing Hunger

To assess progress in achieving this indicator, the prevalence of underweight children was examined.

Underweight children were still an issue by the time of MDG declaration in all the partner states. The baseline data was assumed for all the states using the closest[8] available information to 1990. In 1990 all countries had at least 20% of the under fives being under weight. Except for Tanzania and Uganda that made some significant progress in reducing underweight children, other EAC states performed poorly and may not attain the MDG goal of halving the people suffering from hunger by 2015. Both Tanzania and Uganda reduced the proportion of under-fives with underweight by at least 5%.

Figure 4: Trends in underweight children below age 5

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[8] The information used for Uganda was for 1992, Kenya -1993; while for Rwanda and Tanzania 1992. The outer year for Kenya was 2008
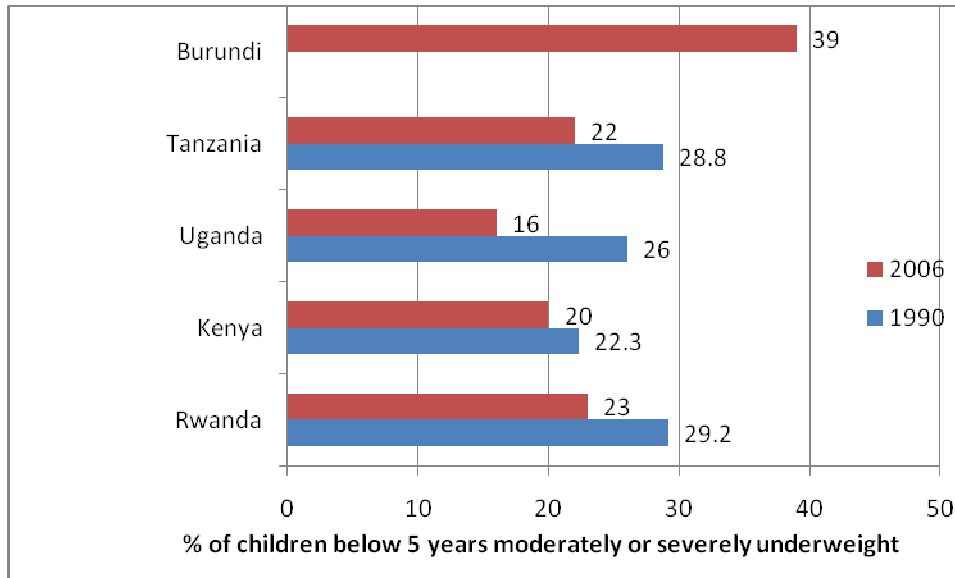
Sources: Uganda Demographic and Health survey (UDHS) 1995, UDHS 2005/06; UN-MDG data bases: Country series; EAC Situational analysis of accelerating the education response to HIV/AIDS -2009; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09

The Economic Commission for Africa MDG Report 2009, rated countries in terms of achievement in reducing underweight for under five year olds, from 1990 to 2006. Kenya and Uganda had improvements ranging between 1-5% while Rwanda and Tanzania had 5-9.5%.

2.3 Food production in EAC states

Trends in food production among the EAC states was examined to ascertain their capacity to eliminate hunger within their populations. The index of food production per capita[9] was reviewed with 1999 as the base year (=100).

Except for Rwanda where there is some consistent albeit small rise in the index of total food production per capita over the review period (2000-2005), the other countries have had either stagnation or declining trends (figure 5). This means that the EAC populations are growing faster that the growth in food production, an indication that the region is not about to eliminate hunger.

Figure 5: Trends in the total food production index per capita for EAC states (2000-2005)

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[9] Per capita index was used to take care of the differences in population sizes among the partner states.
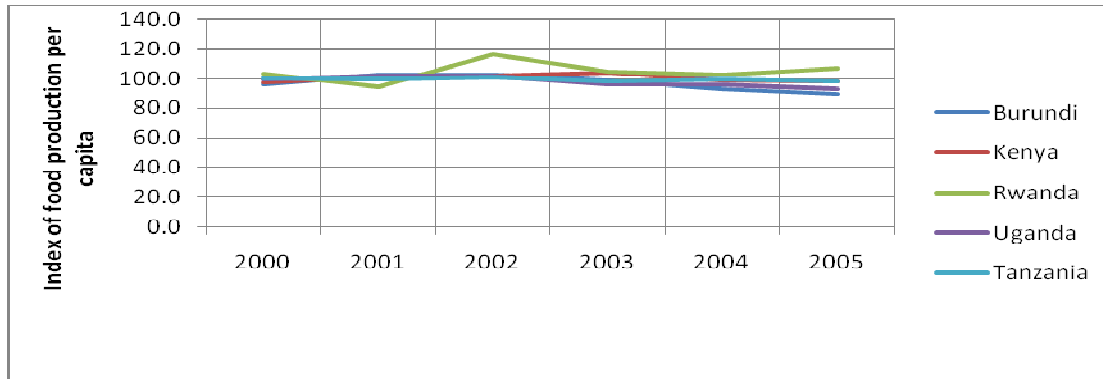
Source: African Statistical Year Book 2006

It should be noted that increased food production does not always translate into food security if issues of distribution and effective demand are not addressed. There have been incidences of starvation in various parts of the Community while others had surpluses.

2.4 EAC interventions to support food security

The EAC region is frequently affected by food shortages and pockets of hunger despite its potential to produce enough food for its populations and a surplus for export.

The EAC Agriculture and Rural Development Policy and Strategy was adopted in 2006. The Strategy (2005-2030), provides a framework for improving the rural life over the 25 years through increased productivity and production of food and raw materials; as well as improved food security among others. Already there is a regional project on Strenghtening Agricultural inputs across all the five EAC states.

An EAC Early warning system for monitoring food security has been developed.

The EAC Food Security Plan (2010-2015) has also been developed to address food insecurity in the region. This is the initail step in implementing the provisions of the EAC Treaty as set out in Chapter 18, Articles 105-110. One of the main objectives as set out in the Treaty , is to achieve food security and rational agricultural production. The EAC food security plan is to guide coordination and implementation of joint programmes

However, there is concern that the following interventions were not tackled by the EAC development strategy by 2009 namely:

• Strengthening Partner State Agriculture institutions, farmer associations, traders and processors.
• Undertaking joint activities on a regional basis such as seed multiplication and distribution, plant and animal diseases control and irrigation.

2.5 Way Forward

1. In terms of methodology EAC partner states should review poverty measurement approaches and adopt the more embracing multi dimensional poverty index. However serious consideration must be given to the statistical requirements and the related technical capacity. To this effect the EAC Statistics Office should be supported to produce gender disaggregated data.

2. The poverty reduction strategies must focus on the rural areas in general and on the poorest populations in particular. The same focus has to be given to the slum dwellers whenever possible.

3. There is need to tackle the challenges identified by the mid-term review of the EAC development strategy and hasten implementation of the prority actions.

Table 2: Challenges and Priority Interventions for Agriculture

Challenges	Priority Interventions
❖ Inappropriate promotion of cross border trade in agricultural products for sustainable food security. ❖ Underutilization of water harvesting and available lakes for irrigation. ❖ Inadequate value addition in agriculture for enhancing shelf life for agricultural products. ❖ Underdeveloped programmes for improved productivity and entrepreneurship. ❖ Inadequate development of Centres of Excellence for research.	• To promote cross border trade in agricultural products for sustainable food security. • Utilizing water harvesting and available lakes for irrigation. • Promote value addition in agriculture for increasing shelf life for agricultural products. • Develop programmes for improved productivity and entrepreneurship. • Establishment of Centres of Excellence for research

4. In addition to addressing the above EAC concerns, there is need to consider issues of demand side access to food as well as the supply side food production constraints. The EAC partners states should develop nationally affordable systems of social protection that cover the key vulnerabilities as proposed in the AU Social Policy Framework[10] for Africa. Partner states could learn from Rwanda's VUP and Kenya's Hunger Safety Net Programme covering Turkana.

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[10] The framework is attached as Annex 2

3.0 Goal 2: Achieve Universal Primary Education

This goal is to ensure that all children everywhere, boys and girls alike are able to complete a full course of primary education.

3.1 School Enrolment

From the available data on net enrolments into primary education, all partner states are heading for 100 percent (Figure 6 and annex table 2) with all states having exceeded 90%. The best performance was from Rwanda that started from a lower level of enrolment.

Figure 6: Trends in net primary school enrolment rates in EAC states
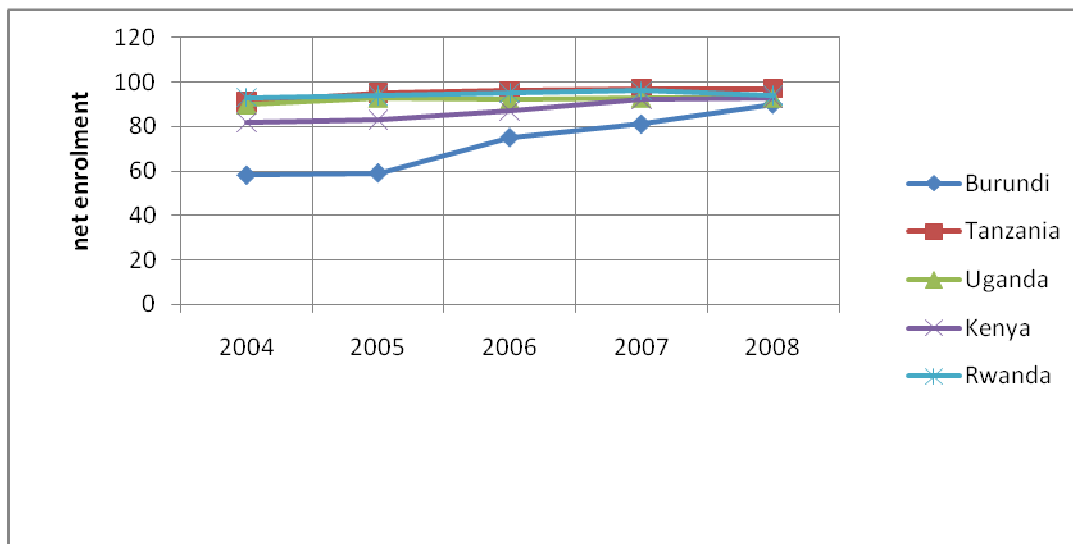
Sources: East African Community Facts and Figures, 2009, Uganda Education Survey (ESSAPR) 2008/09; Rwanda statistical Year book 2009 Edition

3.2 Quality of Primary Education

The EAC states are doing well on enrolement but it is important to examine the quality of education that pupils are enrolling into. Two indicators of pupil teacher ratio and pupil classroom ratio were used. A pupil teacher ratio of at most 45 pupils to a teacher is recommended. Most of the partner states were converging towards this lower ratio, although Kenya was having achieved the target pupil teacher ratio of 45:1(figure 7 and annex table 3). Improvements in this ratio is an indication that there are some quality improvements within primary education.

Figure 7: Trends in Pupil Teacher ratio in EAC states primary schools
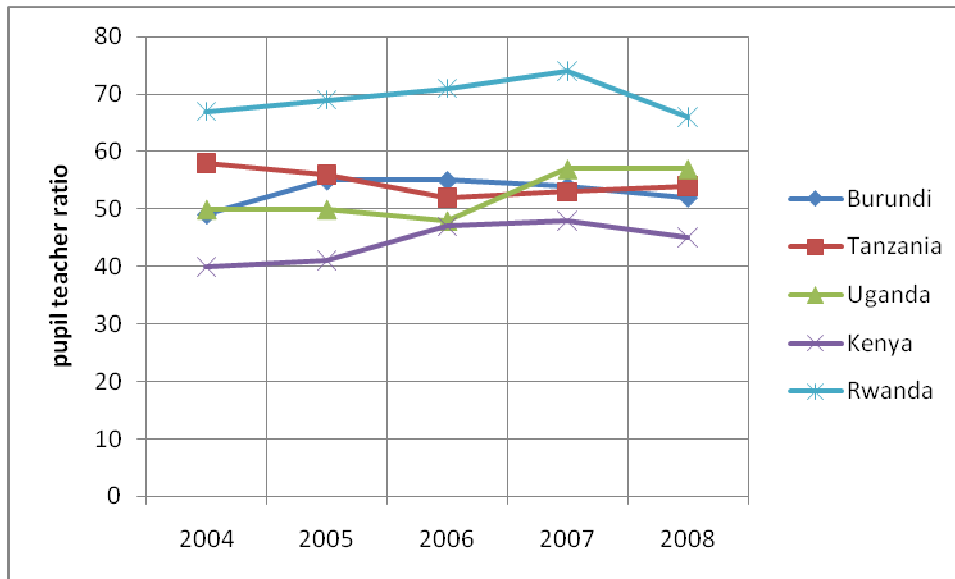
Sources: East African Community Facts and Figures, 2009; Uganda Education Survey (ESSAPR) 2008/09; UNHS 2002/03; UNHS 2005/06; Burundi Ministry of primary and secondary education- indicators 2008/09; Rwanda statistical Year book 2009 Edition

In terms of pupil classroom ratios, it was mixed performance with consistent improvements only in Uganda (figure 8 and annex table 4). The fact that the classroom ratio is far higher than the teacher ratio may indicate that some classes have more than one teacher at a given time! Many states (except Kenya) are having at least 70 pupils per classroom

Figure 8: Trends in Pupil Classroom ratio in EAC states primary schools
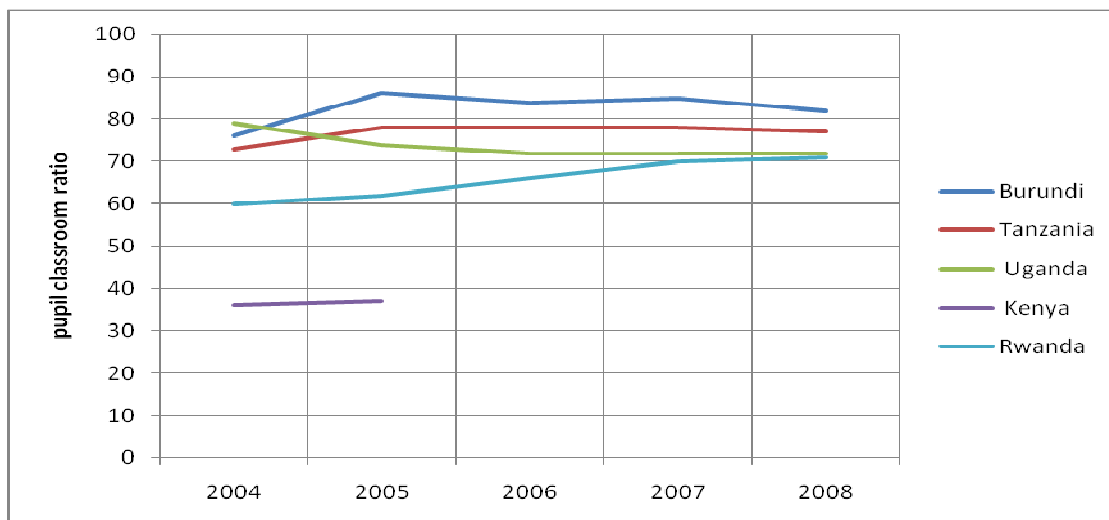
3.3 Completion of Primary Education

The level of completion within the EAC states gives a mixed performance (figure 9 and annex table 5). It consistently improved in Kenya and Rwanda but consistently declined in Tanzania. Kenya had attained a completion rate of 90%. With the MDG goal being a full completion of primary education, except for Kenya other states may fail to attain the goal.

Figure 9: Trends in primary schools completion rates in EAC states
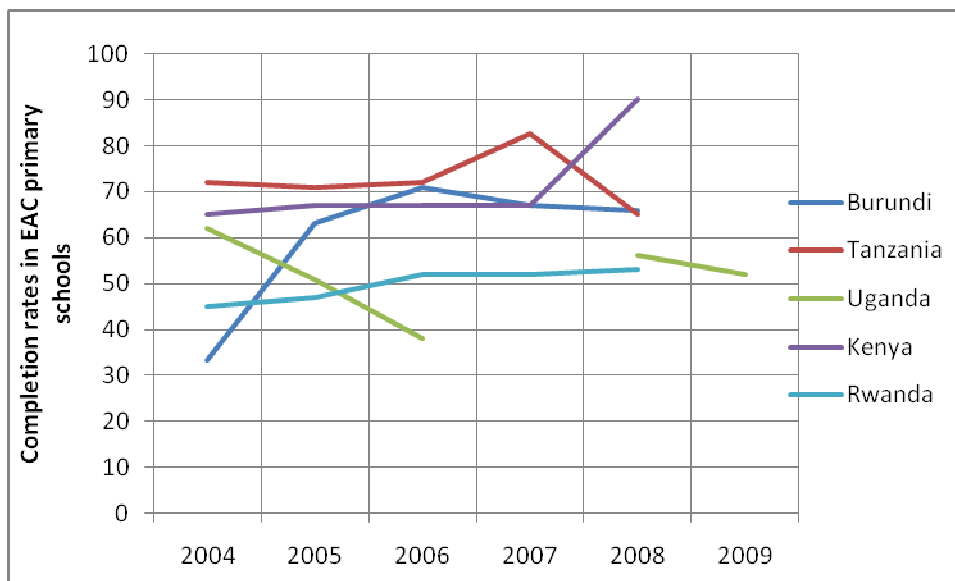
The completion rates also varied markedly between girls and boys. Except in Rwanda where the rate was higher for girls than boys, the other EAC states had higher rates for boys than girls (table 3).

Table 3: Completion rates in primary schools for EAC states

Country	Year	Both sexes	Boys	Girls
Burundi	2004	33.4	39.7	27.1
Kenya	2005	94	92	88.9

Rwanda	2008	54	52	55.9
Uganda	2009	52	57	48
Tanzania	2007	82.6	84.5	80.8

Sources: Uganda Education Survey (ESSAPR) 2008/09; UN MDG Data bases: Country series; Rwanda statistical Year book 2009 Edition, EAC Situational analysis

3.4 Literacy Rates

The EAC partner states had fairly high literacy rates (exceeding 70%) especially in Kenya that was above 90%. Again the rate was generally higher for men than women except in Kenya where women surpassed men; and Rwanda where parity had been attained (table 4).

Table 4: Literacy rates for 15-24 year olds in EAC states

Country	Year	Both sexes	Men	Women
Burundi	2000	73.7	76.8	70.4
Kenya	2008	92.3	91.8	92.9
Rwanda	2008	77.1	77.1	77.1
Uganda	2009	88	90	87
Tanzania	2002	78.4	80.9	76.2

Sources: Uganda Education Survey (ESSAPR) 2008/09; UN MDG Data bases: Country series; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDS

3.5 EAC interventions for Primary education

The community has a number of interventions for the education sector in general. The activity of harmonizing the education system is the one relevant to primary education. However the critical interventions to this effect have not been implemented. They include:

- Reform and harmonize E.A. Education system
- Re-establish a reformed East African Examinations Council
- Harmonize E. A. certificate and accreditation of E.A. education and training institutions

3.6 Way Forward

The EA partner states need to establish the causes of primary school dropout and design effective strategies to address this problem. Where the issues are known[11], as in Uganda efforts to step up retention rates in primary schools should be prioritized.

The Community should also implement the activities geared towards harmonization of the education systems within the region.

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[11] These include cost (scholastic materials, uniforms, school meals, transport and the opportunity cost); early pregnancies and/or forced marriages for girls; need for child labour; and the poor quality of education.

4.0 Goal 3:Promote Gender Equality and Empower Women

This goal aims at eliminating gender disparity in primary and secondary education, and at all levels. Ensuring that all girls attend all levels of education is a strategy for changing the status quo while addressing the *strategic* needs of women.

(A) Promoting Gender Equality in Education

4.1: Gender parity at Primary education level

Most EAC states were close to attaining parity in primary education as they were all above 0.97 ratio of girls to boys. In Rwanda and Uganda, the boys were getting disadvantaged as the gender parity ratio was higher for girls (figure 10 and annex table 6).

Figure 10: Ratio of girls to boys in primary education for EAC states
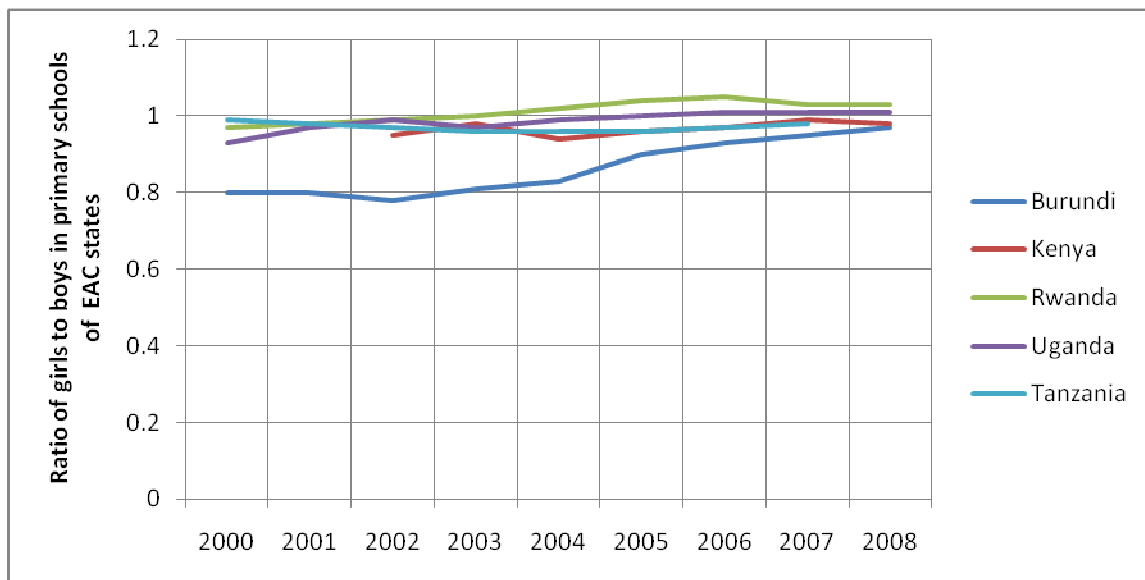
Sources: Uganda Education Survey (ESSAPR) 2008/09; UNHS 2002/03; UNHS 2005/06; Burundi Ministry of primary and secondary education- indicators 2008/09; UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition

4.2: Gender parity at Secondary education level

At the secondary education level, gender parity was still a big issue in most[12] of the states. Burundi fared badly while Kenya and Rwanda were close to attaining gender parity as they had a girls to boys ratio above 0.9 (figure 11 and annex table 7).

Figure 11: Ratio of girls to boys in secondary education for EAC states
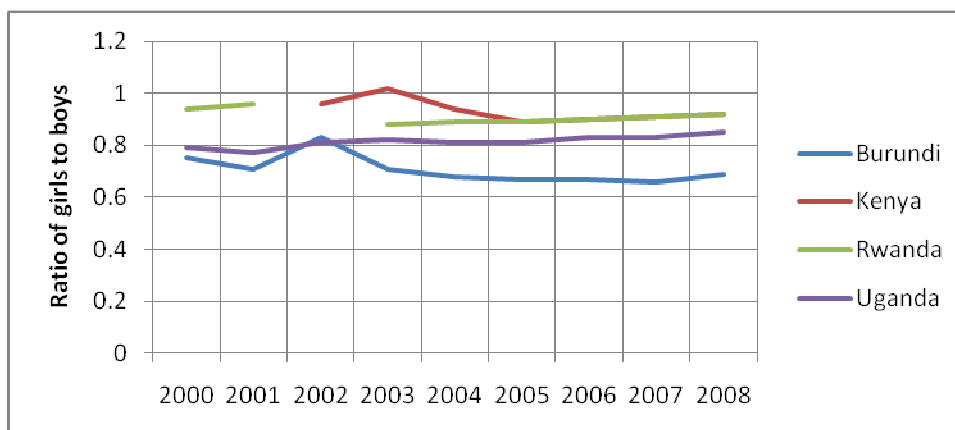
Sources: Uganda Education Survey (ESSAPR) 2008/09; UNHS 2002/03; UNHS 2005/06; Burundi Ministry of primary and secondary education- indicators 2008/09; Rwanda statistical Year book 2009 Edition; UN MDG data bases: Country series

(B)Women empowerment status and trends

4.3: Gender parity at Tertiary education level

Gender inequality is most pronounced at tertairy level for all partner states (figure 12 and annex table 8). The women to men ratio at this level ranged from 0.48 for Tanzania to 0.62 for Rwanda.This means that it is the girls that suffer the highest droput rates at both primary and secondary levels of education as was lareday noted.

Figure 12: Ratio of women to men in Tertiary education for EAC states

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[12] There was no statistics for Tanzania
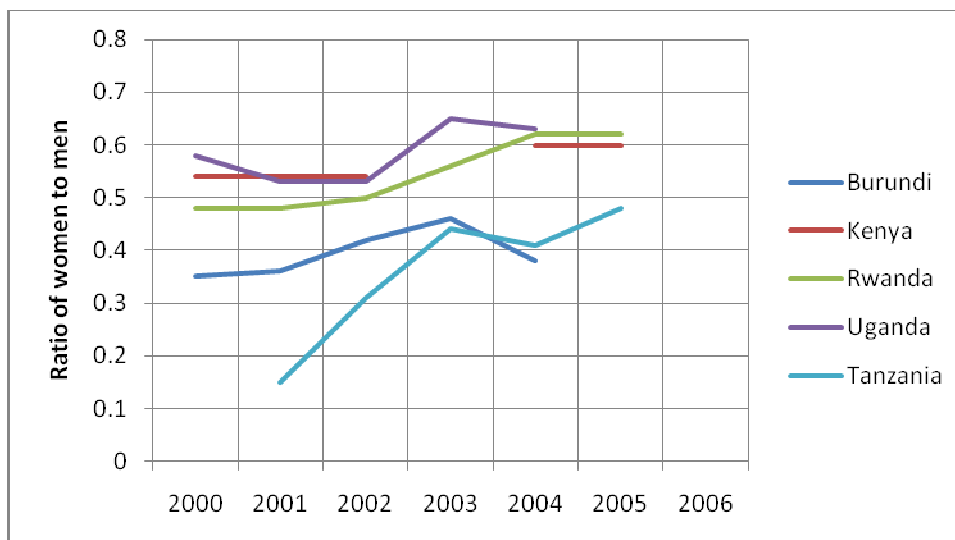
Burundi and Tanzania had the worst ratios respectively.

4.4 Participation in Politics

One way of empowering women is to support their participation in decision making at the policy level. This entails having women in management positions. This paper reviews the legislature.

All states begun with few women members of Parliament (all below 20% in 2000), but there have been consistent improvements although with varying degrees. Kenya has had dismal increases while Rwanda has performed extremely well (figure 13 and annex table 9) with more than half of Parliamentary seats taken by women.

Figure 13: Proportion of Parliamentarians that are women
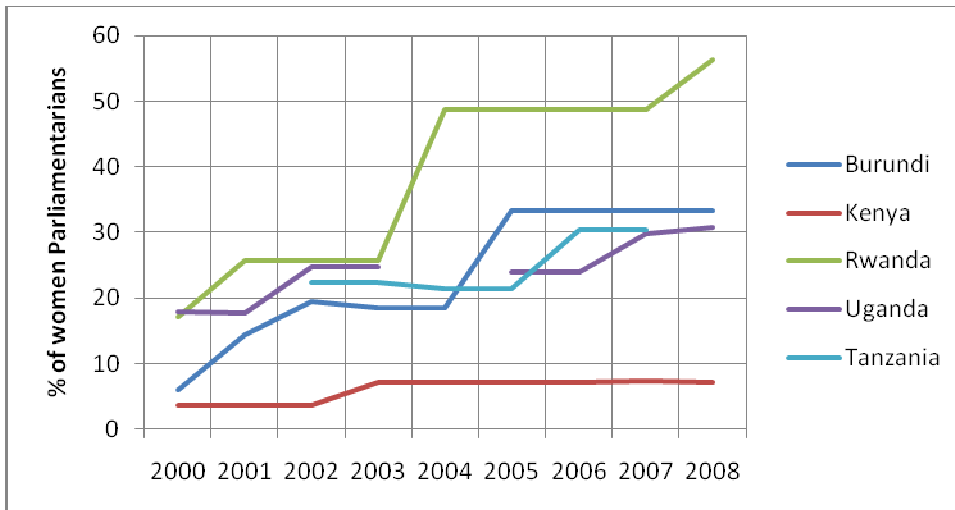
Sources: UNHS 202/06; www.uwopa.org; www.parliament.org, Burundi Minsitry of Socail Development; UN MDG data bases: Country series

4.5 Employment

Economic empowerment of women goes hand in hand with productive employment. In all states women and men are in some form of employment. The proportion of men employed is higher than that of women in Kenya, Uganda and Tanzania (figure 14).

Figure 14: Percentage of male and female populations in employment
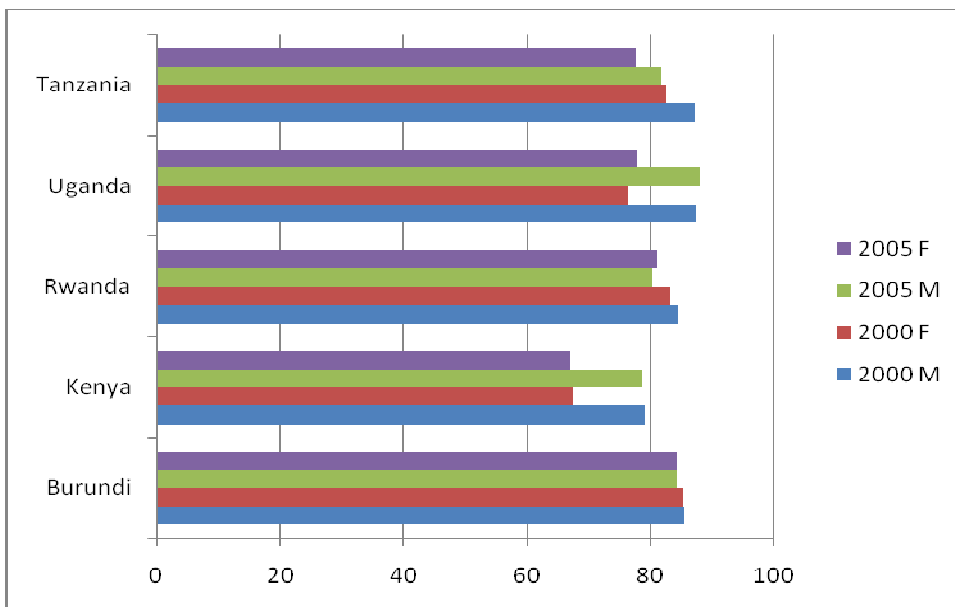
Source: UN MDG data bases: Country series

It is important to note the sector of employment because there are low paying sectors like agriculture and the informal sector. It is evident that there are shifts in the sector of employment for women in the EAC states, although there is no uniform trend (figure 15). However, women are still heavily employed in agriculture and services (most likely in the informal sector) which give low pay. It means that the issue of empowering women through employment is yet to be adequately addressed by the partner states.

Figure 15: Percentage share of sector employment for women
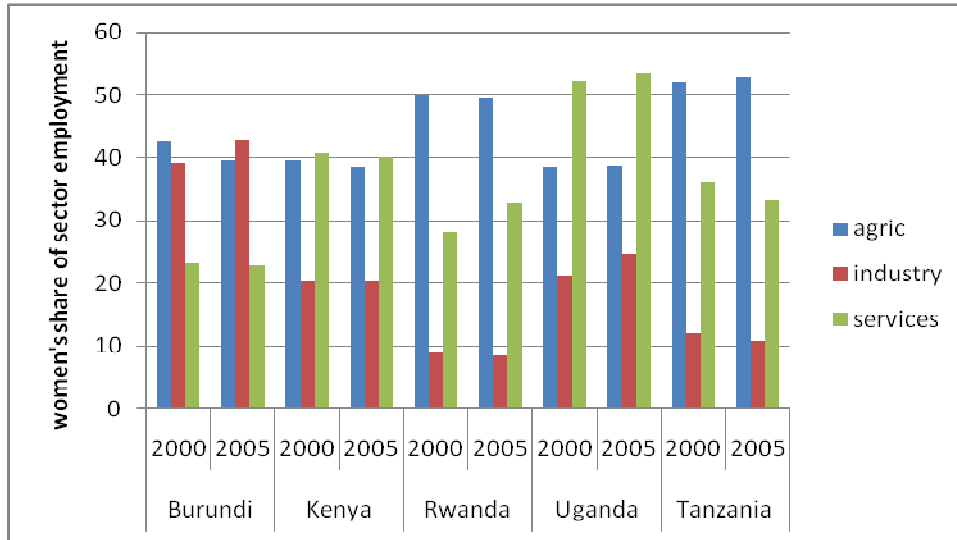
Source: UN MDG data bases: Country series

4.6 Partner State Interventions

The EAC states have put in place various measures to enhence gender mainstreaming and women's empowerment. All partner states have National Gender Policies. In Uganda and Kenya, Education gender policies are in place. Rwanda has a Social Protection Policy. Uganda has an Equal Opportunities Policy and an Equal Opportunities Commission has been established.

4.7 EAC Community interventions

The EAC Treaty defines Gender as the "*Role of Women and Men in the Society*" and accords particular recognition to the role played by women in socio-economic development business. Gender is one of the fundamental principles that govern the achievements of the Community's overall objectives alongside good governance, the rule of law, accountability, transparency, social justice, equal opportunities, recognition, promotion and protection of human and people's rights

The achievements to-date include:

The implementation of a Gender and Community Development Framework which includes key social development issues (youth, children, social protection and community development).

Policies and strategies being developed are:

- EAC Social Development Policy framework;
- EAC Gender Policy and Law on Gender Equality;
- Women in socio-economic development policy
- Policy and Law on Persons with Disability; and
- EAC Youth Policy.

A sectoral Council on Gender, Youth, Children, Social Protection and Community Development is the process of being established

Key priority areas being implemented by the Community through policies and strategic plans include:

o Gender and HIV and AIDS;
o Gender and Trade;
o Gender, Peace Building and Conflict Prevention;
o Gender and Food Security

Partnership has been built with CSOs and other stakeholders in the process of formulating Policies and Laws on Gender Equality in the East African Community.

4.8 Way Forward

1. The Community should hasten the formulation of the Social Development Policy framework and related laws and regulations.

2. Complete the African Gender and Development Index , a tool that will enhance effectiveness of monitoring gender .

3. Ratify the African Protocol on Women's Rights as well as legislation on   Violence Against Women, inheritance, landrights etc.

4. Support the Statistics office to collate process, analyze and disseminate gender disaggregated data.

5.0 Goal 4: Reduce Child Mortality

The goal aimed at reducing by two thirds, the under- five mortality rate between 1990 and 2015.

5.1 Child Mortality

Except for Rwanda, the EAC partner states have made insufficient progress on this goal (figure 16).

Figure 16: Trends in Child mortality rates in EAC states 1990-2008[13].
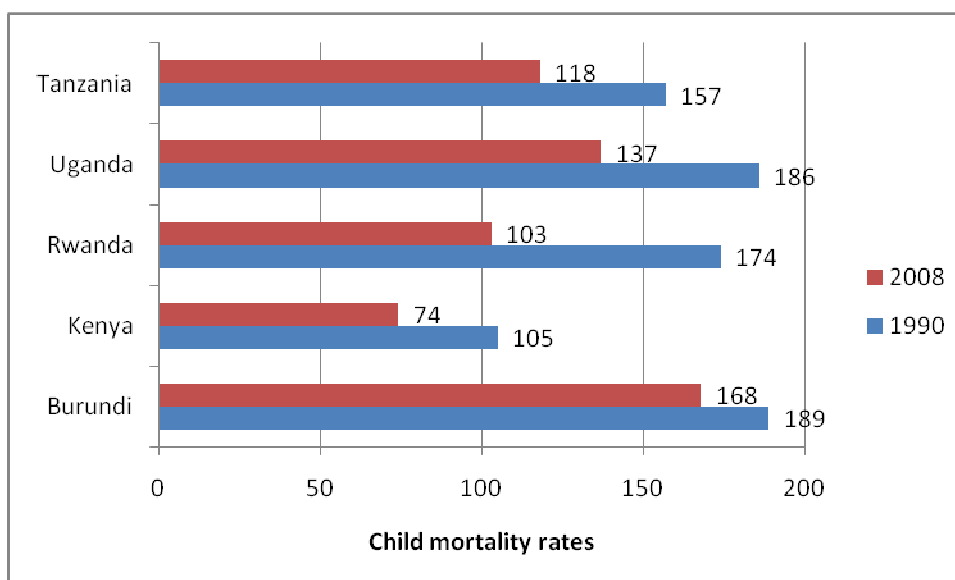
Source: *UDHS, 1995; UDHS 2005/06; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series; and East African Community Facts and Figures, 2009; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDS*

In 1990, all states had child mortality above 100 deaths per 1,000. These rates have been reduced in varying degrees with Rwanda having a 40% reduction while Burundi had only 11%. The expected reduction in 2015 is by 66% of the 1990 child mortality levels.

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[13] The outer year for Tanzania is 2006

5.2: Infant Mortality

The high child mortality rates are largely a result of high infant mortality (figure 17). The same insufficient performance trends as for child mortality have been exhibited by the partner states for infant mortality.

Figure 17: Trends in Infant mortality rates in EAC states 1990-2008[14].
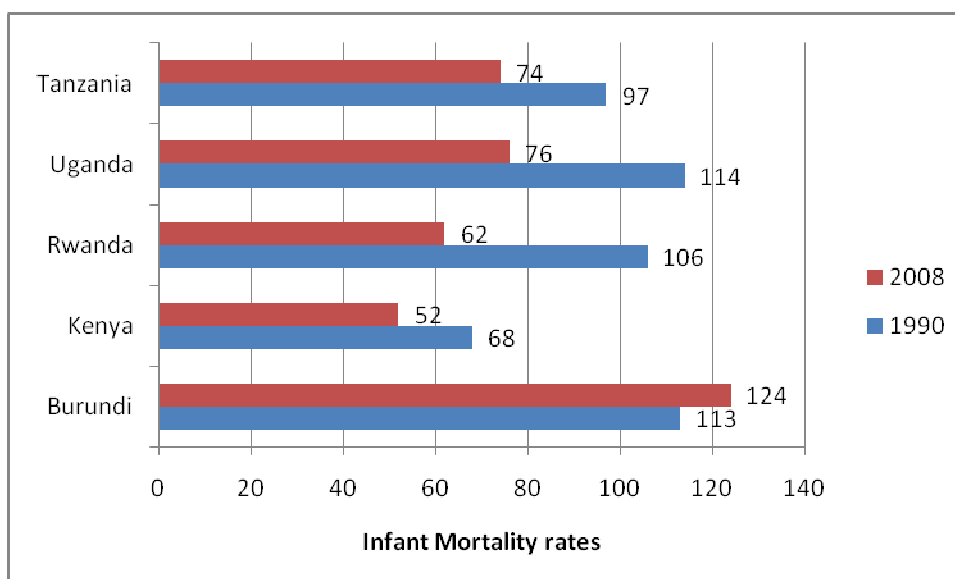
Sources: UDHS, 1995; UDHS 2005/06; UN MDG data bases: Country series; and East African Community Facts and Figures, 2009; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDS

In 1990, all states had an infant mortality above 65 deaths per 1000. Reasonable performance was achieved for Kenya and Uganda that had a 42% and 33% reduction in infant mortality respectively. Burundi on the other hand had an increased (9.7%) infant mortality rate.

5.3 Partner State Interventions

Many children in the region are still dying of preventable diseases. Immunization is therefore a critical public intervention for reducing child mortality. There is some good progress in immunization as all countries are having at least 80% of children immunized against measles (figure 18).

Figure 18: Trends in Immunization rates in EAC states 1990-2008[15]

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[14] For Burundi and Tanzania the outer year data is for 2006

[15] The outer year data for Tanzania is 2006

Tanzania: 2008 = 93, 1990 = 80
Uganda: 2008 = 80, 1990 = 52
Rwanda: 2008 = 90.4, 1990 = 83
Kenya: 2008 = 85, 1990 = 78
Burundi: 2008 = 84, 1990 = 74

% of 1 year old immunized against measles
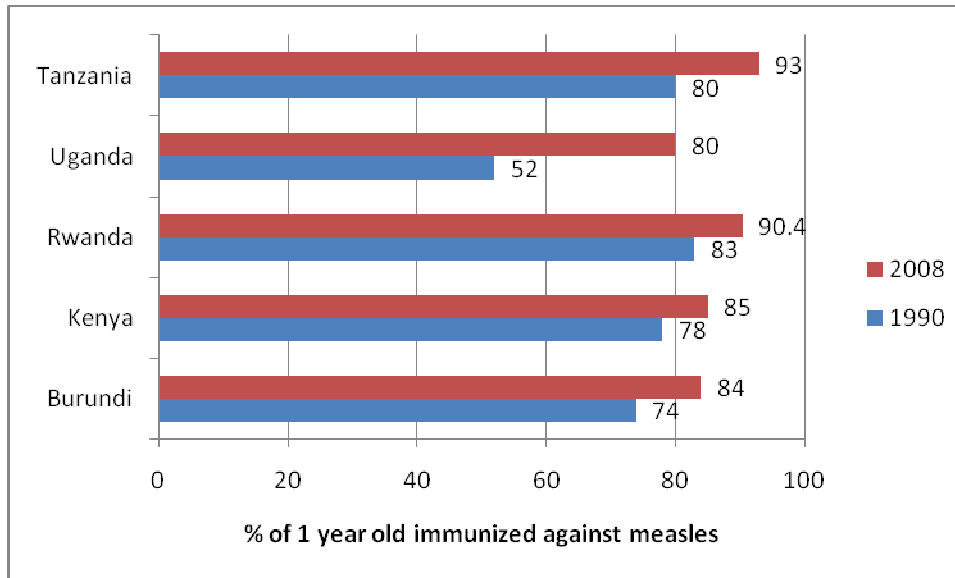
Sources: Uganda Expended Programme for Immunization; UDHS 1995; UDHS 2005/06; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series; UBOS Statistical Abstract 2010, Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDs

5.4 EAC Interventions

The key health interventions of relevance to child health are:

- EAC established the East African Health Research Commission (EAHRC) and the Permanent Members of the Commission were nominated and approved. In a related development, the Sectoral Council of Ministers of Health approved the establishment of the East African Regional Inter-Parliamentary Forum on Health, Population and Development (EAPF-HPD).
- A "Regional Communication and Advocacy Strategy and Plan of Action for promoting Rational Use and Safety of Essential Medicines in the East African Community Partner States: 2008-2013" was developed and the 2nd Annual East African Health and Scientific Conference was held from 26th to 28th March 2008 in Arusha, Tanzania.

These are important since most child mortality is a result of preventable diseases that could be contained with better research and use of medication.

6.0 Goal 5: Improve Maternal Health

The goal aimed at reducing , by three quarters, the maternal mortality rates between 1990 and 2015.

6.1: Trends in Maternal Health

One of the key indicators of the state of maternal health, is the prevalence of supervised deliveries by skilled health workers. It is evident that most mothers are still delivering at home. With the exception of Rwanda all states had less than 50% of supervised deliveries. Mothers are therefore still prone to deaths resulting from complications during birth (figure 19).

Figure 19: Percentage of deliveries supervised by a skilled health worker, 1992-2008[16]
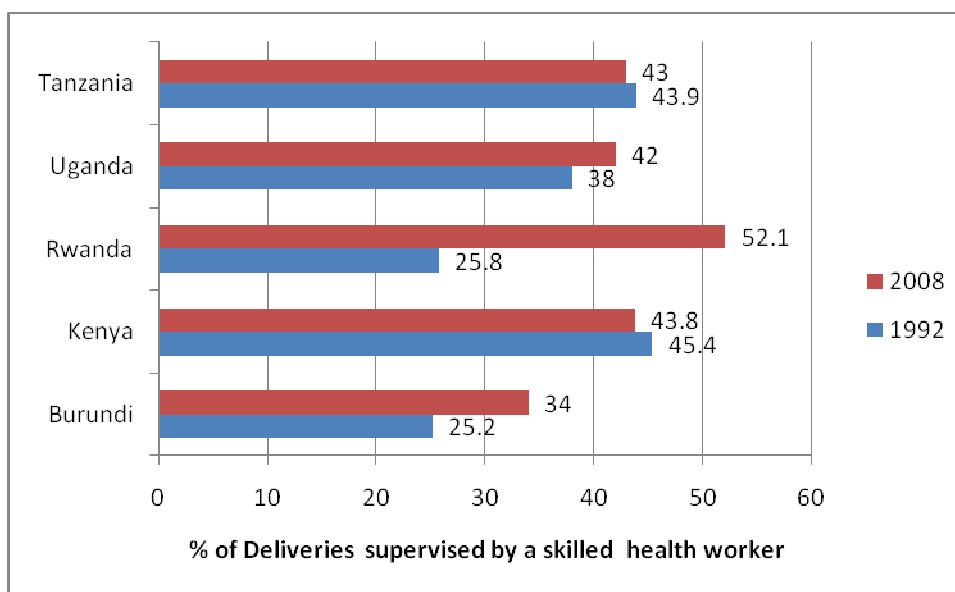
Sources:UDHS 1995; UDHS 2005/06; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series; Kenya DHS 2008/09; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDS

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[16] The base years were 1993 for Kenya; 1995 for Uganda; and 2000 for Burundi. The outer years were 2005 for Tanzania; 2006 for Uganda; and 2009 for Kenya

6.2 Maternal Mortality

The EAC partner states have very high maternal mortality ratios[17].

Table 5: Maternal Mortality Ratios for EAC states

Country	Year	Maternal deaths per 100,000
Burundi	2005	1100
Kenya	2008	488
Rwanda	2006	750
Uganda	2006	435
Tanzania	2005	950

Sources: Uganda DHS 2005/06; Kenya DHS 2008/09, Burundi statistics 2009, Tanzania statistics, Rwanda statistics 2009 Edition

The state of Burundi loses more than 1,000 women per 100,000 live births which is more than 10% of the women. The performance of other states is not encouraging either (table 5).

6.3 Causes of Maternal Mortality

The major causes of maternal mortality are severe bleeding, eclampsia, obstructed labour, malaria and HIV/AIDS. The other contributing factors are high fertility rates and the poor quality of health care services.

The fertility rates are still very high in all the EAC states with the lowest being five children per woman for Kenya and Tanzania (figure 20).

Figure 20: Trends in Total Fertility rate per woman, 1990/95- 2000/05[18] for EAC states

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[17] These are maternal deaths per 100,000 live births. The estimates are based on 2005 -2008 data.

[18] The outer years for Rwanda and Kenya are 2008
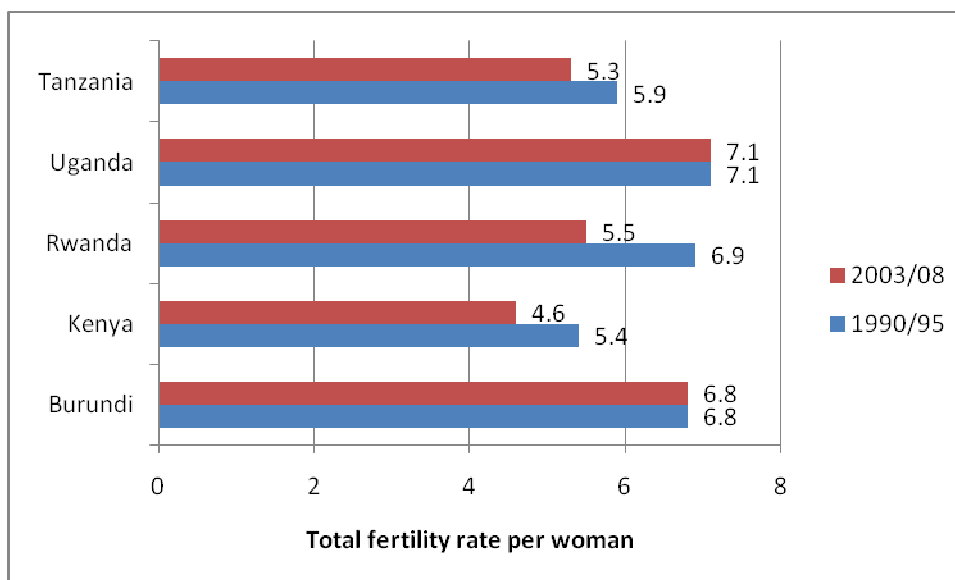
Sources: East African Community Facts and Figures, 2009; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDS

The pervasive high fertility rates are a result of the low contraceptive prevalence rates (figure 21). Except for Kenya that had a prevalence rate of 39% and Rwanda with 27%, the other EAC states were below 20%. Although there are improvements in the contraceptive prevalence rates, the unmet need for family planning is still unacceptably high especially in Uganda and Rwanda where it was close to 40% (table 6).

Figure 21: Contraceptive prevalence rates 1992-2008[19]

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[19] The base years were 1993 for Kenya; 1995 for Uganda; and 2000 for Burundi. The outer years were 2005 for Tanzania; 2006 for Uganda; and 2009 for Kenya
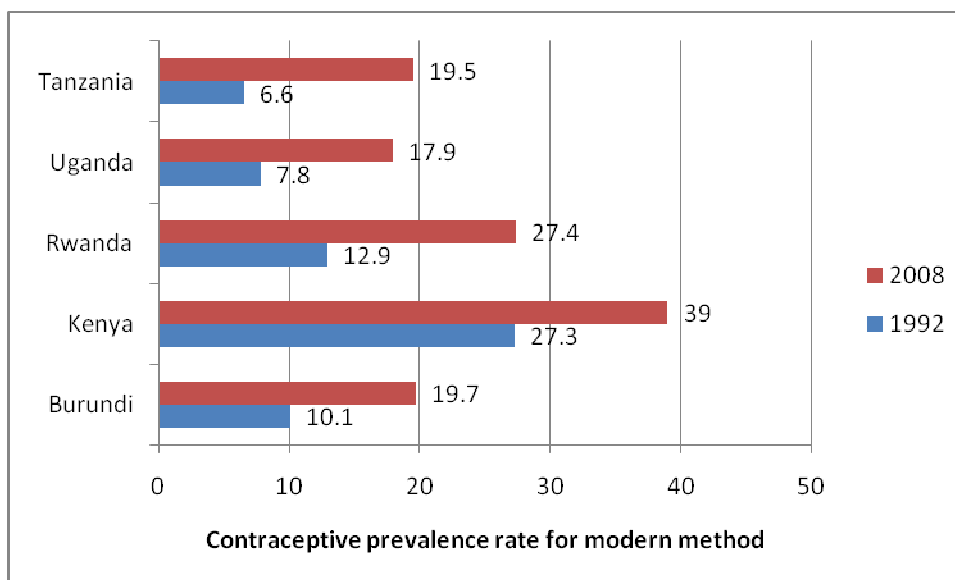
Sources: UDHS 1995, UDHS 2005/06; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition; Kenya statistics (UNICEF)

Table 6 : Unmet Family Planning need- Total percentage

Country	Year	Umnet Family planning need (%)
Burundi	2008	29
Kenya	2008	16.3
Rwanda	2005	37.9
Uganda	2006	41
Tanzania	2005	21.84

Sources: Burundi statistics 2009 (UNICEF/WHO);UDHS 2005/06; UN MDG data bases: Country series; Kenya DHS 2008/09

The risks are high for both mother and child when pregnancy occurs at too young an age (UN 2009). Young adolescents are more likely to die or have complications in pregnancy and at child birth than adult women. Adolescent births are still very high especially in Uganda, Tanzania and Kenya (figure 22) where they exceed 100 births per 1,000. This means that more than 10% of the adolescent girls are mothers.

Figure 22: Trends in Adolescent birth rates in EAC states, 1990-2008[20]
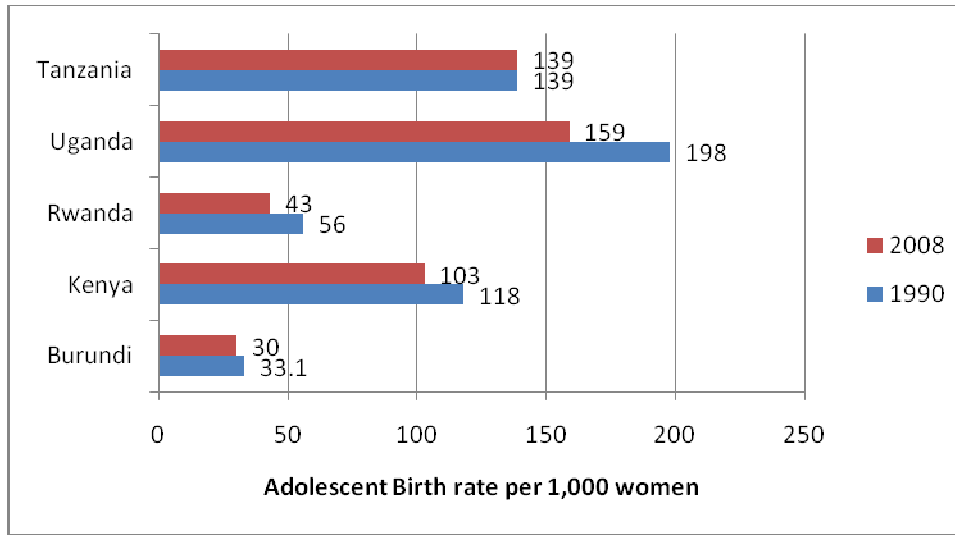
Sources: Burundi statistics 2009 (UNICEF/WHO);UDHS 1995, UDHS 2005/06; UN MDG data bases: Country series;

6.4 EAC Interventions

The health interventions spelt out in sections 5.4 and 7.4 are relevant for maternal health. Issues of promoting rational use of medicines are pertinent as women do not control household incomes, and therefore have limited effective demand for health goods and services. On the other hand, HIV/AIDS affects women more because of the power relations within the households that limit their negotiation for own sexuality, an issue that is expounded on in section 7.1.

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[20] The base year for Uganda was 1991. The outer years were 2003 for Tanzania, 2006 for Uganda and Rwanda

7.0 Goal 6: Combat HIV/AIDS, Malaria and other diseases

The goal was to halt by 2015 and begun to reverse the spread of HIV/AIDS; Malaria and other diseases.

7.1 HIV/AIDS

All EAC states, except Burundi had reversed the trend of HIV prevalence rates. Most progress was noted in Uganda followed by Kenya (figure 23).

Figure 23: Trends in Percentage of people (15-49 years) living with HIV/AIDS, in EAC states, 2001-2007[21]
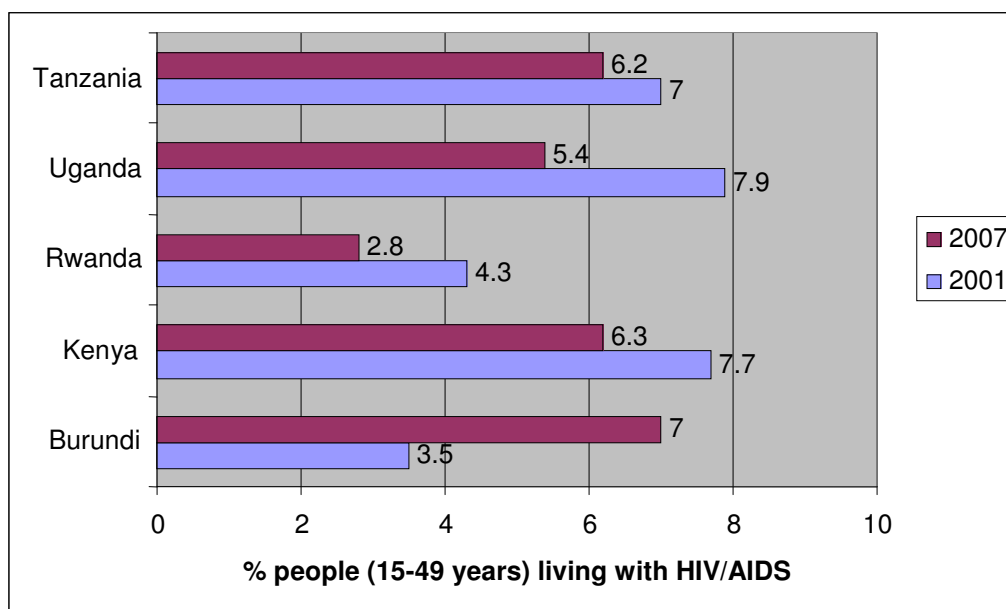
Sources: Burundi statistics 2009 (UNICEF/WHO);; UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09; United Republic of Tanzania 2008 Update : Epidemiological Fact sheet on HIV/AIDS

Uganda had reduced the percentage of people living with HIV/AIDS by 2.5% in 2007compared to 2001, while Kenya had a 1.4% reduction by 2008.Burundi on the other hand, had doubled the percentage.

7.1.1 Knowledge about HIV/AIDS

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[21] The outer year for Kenya was 2008

The fact that HIV/AIDS prevalence is reducing is partly a reflection of the level of knowledge among the community populations. Table 7 gives levels of knowledge of HIV/AIDS. Comprehensive knowledge about HIV/AIDS is still limited and levels of knowledge seemed higher among males than the females except in Tanzania. No partner state had more than 60% of its adolescent population having comprehensive knowledge about HIV/AIDS.

Table 7: Percentage of population (15-24 years) with comprehensive knowledge of HIV/AIDS

Country	Sex	2003	2005	2006	2008
Kenya	Male				56
	Female				49
Rwanda	Male		53.6		
	Female		50.9		
Uganda	Male			42	
	Female			31	
Tanzania	Male		40		
	Female		45		
Burundi	Male				-
	Female				30

Sources:UDHS 2005/06; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09

7.1.2 Use of Condoms during high risk sex

There is a concern that the percentage of the population using condoms during high risk sex is not universal. This may be partly a result of lack of comprehensive knowledge as has been noted above as well as the unequal power relations (gender) between men and women. The fact that fewer women (table 8) were using condoms shows the limited ability to negotiate their own sexuality.

Table 8: Proportion of wo/men (15-24 years) using condoms at the last high risk sex, in EAC states

Country	Year	Males	Females
Kenya	2009	64.3	39.5
Rwanda	2005	39.5	26.4
Uganda	2006	57	35
Tanzania	2005	45.5	33.8
Burundi	2008	-	25

Sources: UDHS 2005/06; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases:
*Country series; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09*

7.1.3 Access to Antiretroviral Drugs

The EAC populations infected with HIV/AIDS are still faced with inadequate access to
ARVs. It is only Rwanda that has the majority (more than 70%) of its population with
advanced HIV infection accessing the ARVs (table 9).

Table 9: Proportion of population with advanced HIV
infection accessing ARVs in 2007

Country	% accessing ARVs
Kenya	39
Rwanda	71.8
Uganda (2009)	54
Tanzania	31
Burundi	23

Sources:Uganda Aids Commission 2010; Burundi statistics 2009 (UNICEF/WHO); Kenya Aids
Indicator Survey 2007;UN MDG data bases: Country series; United Republic of Tanzania 2008
Update : Epidemiological Fact sheet on HIV/AIDS

7.2 Malaria

The incidence and death rates associated with malaria are still high within the region. In
2008[22], the notified cases of malaria per 100,000 people was as high as 30307 (more than

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[22] The data was from the UN MDG data bases: Country series;

30%) for Kenya. It was 26233 for Uganda and 11429 in Rwanda. The Economic Commission MDG Report 2009[23] noted Tanzania and Burundi as having a malaria mortality rate below the regional average of 104 per 100,000 populations.

The statistics show that most malaria deaths (above 60 percent) are those of children aged 0-4 years (table 10).

Table 10: Malaria deaths per 100,000 in EAC states in 2008

Country	Deaths for all ages	Deaths for 0-4 years	% of total deaths that are children
Kenya	81	53	65.4
Rwanda	40	25	62.5
Uganda	149	134	89.9
Burundi (2006)	94	-	-

Sources; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series

7.2.1 Use of Treated Mosquito Bed-nets

One of the key interventions for preventing malaria is the promotion of insecticide treated bed-nets. There are improvements in proportion of children (less than 5 years) that were sleeping under insecticide treated bed-nets (figure 24) although the coverage is still low. Performance was dismal in Burundi. All states except Burundi had more than ten times increment in usage of treated bed-net among children (under fives).

Figure 24: Proportion of children < 5 sleeping under treated insecticide bed-nets, in EAC states, 2000-2008[24]

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[23] The reference year was 2006.

[24] The base year for Uganda was 2001, while Tanzania had 1999. The outer years were 2009 for Kenya; and 2006 for Tanzania and Burundi

Bar chart showing "%of children under 5 sleeping under insecticide treated bed nets" by country for years 2008 and 2000:

- Tanzania: 2008 = 31, 2000 = 2.1
- Uganda: 2008 = 33, 2000 = 0.2
- Rwanda: 2008 = 55.7, 2000 = 5
- Kenya: 2008 = 47, 2000 = 2.99
- Burundi: 2008 = 13, 2000 = 1.39
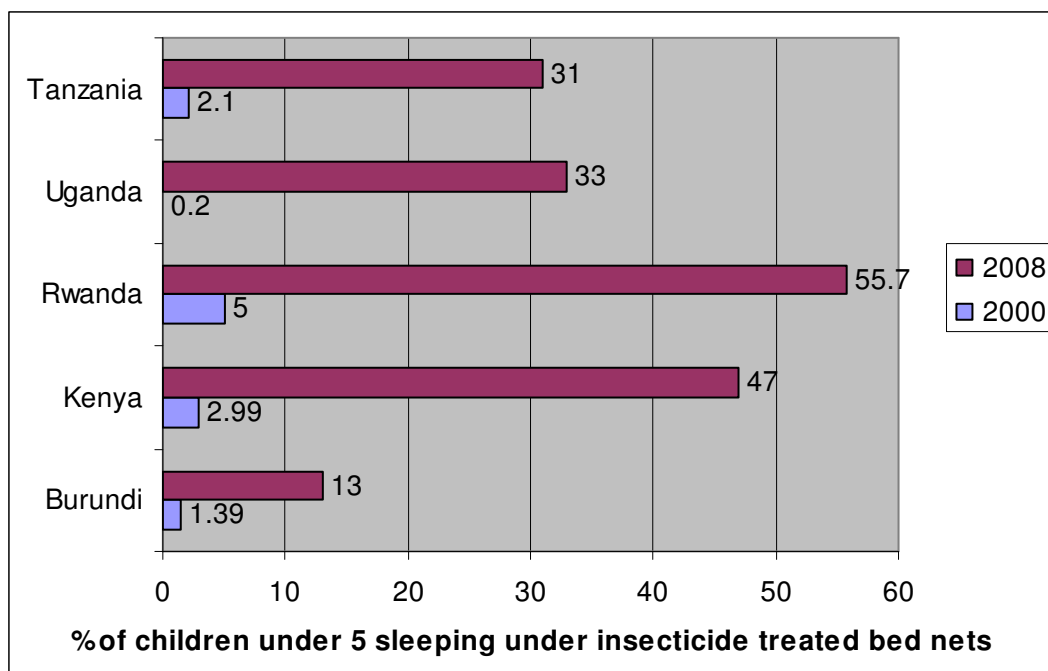
Sources: Uganda malaria prevalence survey 2009; EAC Regional situation analysis of accelerating the education sector response to HIV/AIDS, 2009; UN MDG data bases: Country series; EAC Situational analysis of accelerating the education response to HIV/AIDS -2009; Rwanda statistical Year book 2009 Edition; Kenya DHS 2008/09

7.3 Tuberculosis (TB)

The EAC region still has a problem of TB. Except in Kenya and Tanzania, all states were having increasing TB prevalence rates (figure 25) as well as TB death rates (figure 26). In Burundi and Rwanda the TB prevalence rates had risen beyond 700. This shows that case management for TB cases is still ineffective among the other three EAC states.

Figure 25: TB Prevalence rate per 100,000 populations in EAC states, 1990-2008[25]

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[25]The outer year was 2006 for Burundi, and 2007 for Tanzania
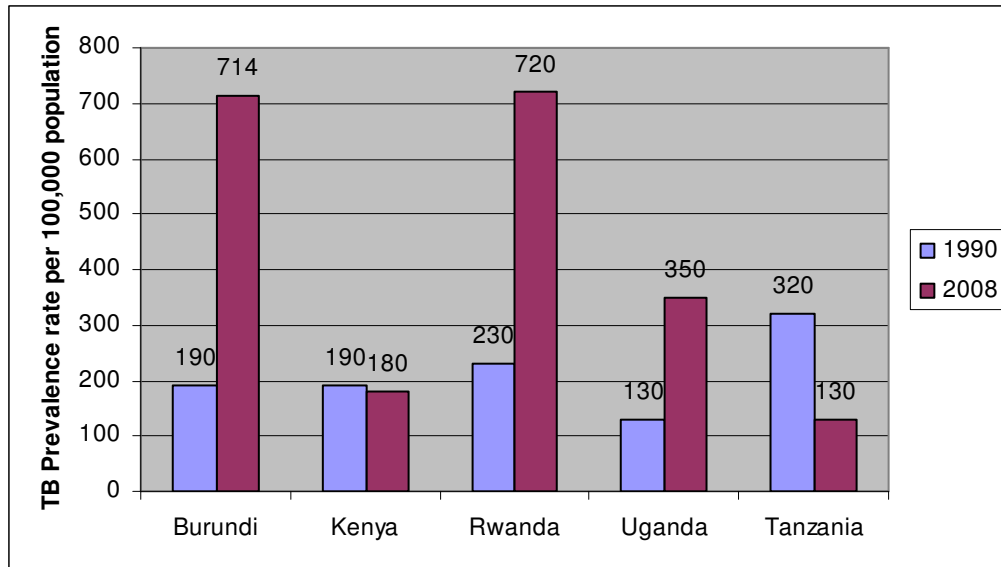
Sources: Burundi statistics 2009 (UNICEF/WHO); NLTP database;UN MDG data bases: Country series;

Figure 26: Trends in TB death rates per year per 100,000 populations, in EAC states, 1990-2008[26]

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[26] The outer year was 2006, for Burundi and 2007 for Tanzania

7.4 EAC interventions

 One of the four objectives of the community under social sector development is to reduce incidence of HIV/AIDS and its socio-economic impact in the region. The achievements to date include:

1. EAC HIV and AIDS Workplace Policy approved by the 2nd regular meeting of the EAC Sectoral Council of Ministers of Health in 2007.
2. Five-Year EAC Regional Strategic Plan for HIV and AIDS: 2008-2012 approved in 2007.
3. A Framework on Mainstreaming Gender and HIV and AIDS Interventions into various regional development sectors and strategic plans developed.

However, coordination and facilitating monitoring of regional and global commitments for HIV/AIDS had not been done.

8.0 Goal 7: Ensure Environmental Sustainability

The goal aimed to:

- Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

- Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation.

- By 2020, to have achieved a significant improvement in the lives of the slum dwellers.

8.1: Forest Cover

Forests and woodland are critical to the protection of the Community landscape and are vital to people's livelihoods, particularly the rural poor by providing a wide range of products. However forests must be used sustainably. Reducing deforestation could play a key role in lowering greenhouse gas emissions.

Apart from Rwanda, deforestation is still prevalent in the EAC states (figure 27), especially in Tanzania and Uganda where close to 7% of the forest cover had been lost in a span of 15 years.

Figure 27: Trends in forest cover in EAC states, 1990-2005[27]

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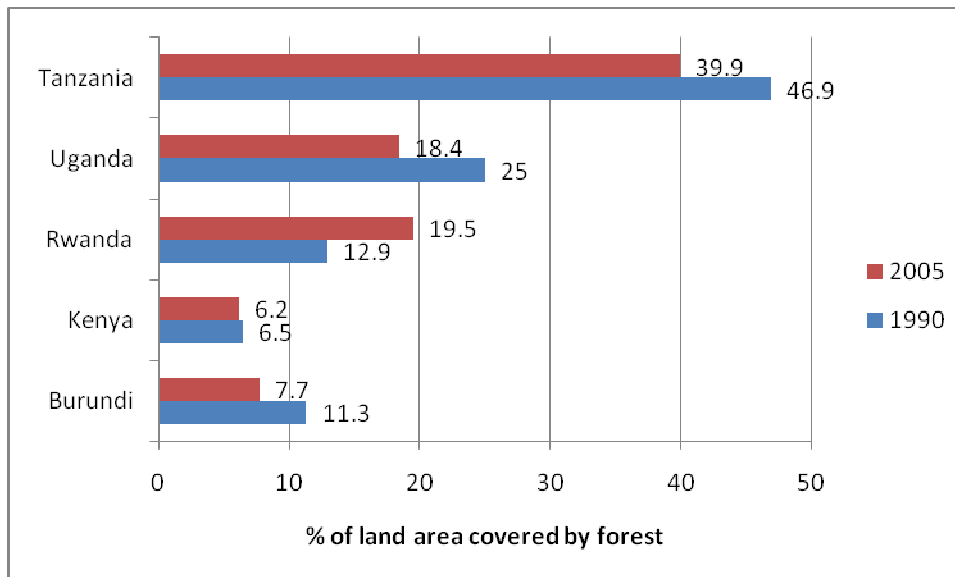
[27] The outer year was 2000 for Burundi and 2006 for Uganda

8.2 Access to Safe drinking water

The EAC states are a long way from meeting the drinking water target of 100% (Figure 28). All partner states had less than 75% of their populations accessing safe drinking water, with the worst coverage in Kenya of less than 60%.

Access to improved drinking water source is mainly a rural problem (table 11). In all states no more than 70% of the rural population accessed safe drinking water compared to close to 80% in urban areas.

Figure 28: trends in access to improved drinking water source in EAC states, 1990-2008[28]
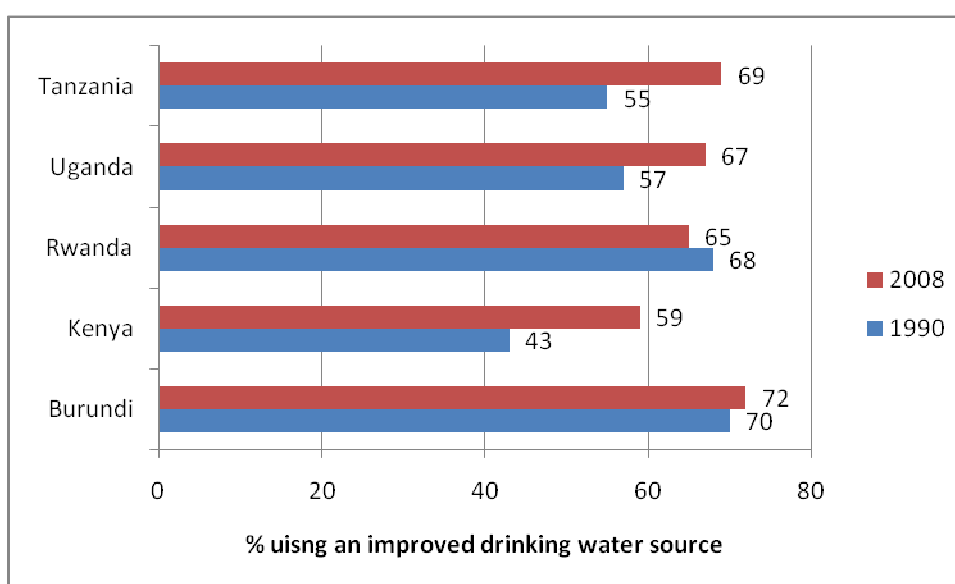
Sources: UNHS 1999./2000; Burundi statistics 2009 (UNICEF/WHO); UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition

Table 11: Proportion using an improved drinking water source, by rural-urban location in EAC states

Location	Burundi (2006)	Kenya (2008)	Rwanda (2008)	Uganda (2008)	Tanzania (2005)

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[28] The outer year for Burundi was 2006

Urban	84	83	77	91	82
Rural	70	52	62	64	45

Sources: Burundi statistics 2009 (UNICEF/WHO);   UN MDG data bases: Country series;

8.3 Access to Safe sanitation facilities

The EAC states are way off in meeting the sanitation target (figure 29). Despite the health risks associated with poor sanitation, many people still have no improved sanitation facilities. In all partner states, less than 55% of the populations were using safe sanitation facilities.

Sanitation in most EAC states, except Rwanda, is more appalling in the urban areas (table 11) than the rural areas. This attests to the squalid conditions in most slums.

Figure 29: Trends in use of improved sanitation facilities in EAC states, 1990-2008[29]
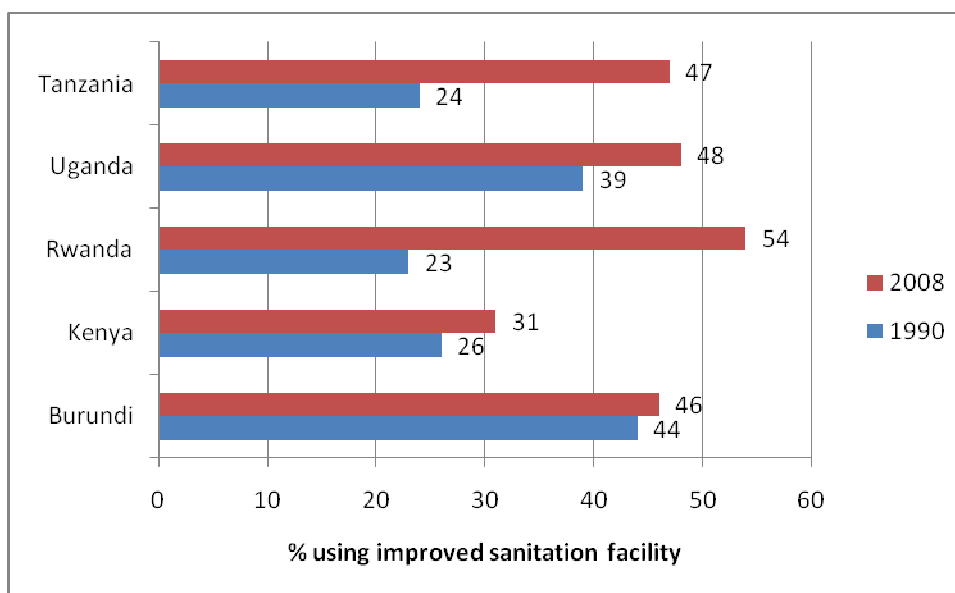
Sources: Burundi statistics 2009 (UNICEF/WHO);   UN MDG data bases: Country series; EAC Situational analysis of accelerating the education response to HIV/AIDS -2009. Rwanda statistical Year book 2009 Edition

Table 11: Use of improved sanitation facilities by rural-urban location in EAC states

	Burundi	Kenya	Rwanda	Uganda	Tanzania

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[29] The outer year was 2006 for Burundi, and 2006 for Tanzania

Location	(2006)	(2006)	(2008)	(2008)	(2005)
Urban	44	42	50	74	31
Rural	41	32	55	62	22

Sources: Burundi statistics 2009 (UNICEF/WHO); National Planning Authority –Uganda 2010;
UN MDG data bases: Country series; Kenya statistics (UNICEF)

8.4 EAC Interventions

EAC and Partner States recognize the need for utilization of natural resources for
sustainable development. This has resulted in the following interventions:

- The Protocol on Environment and Natural Resources signed by the three partner
  states (Kenya, Tanzania and Uganda) on 3rd April 2006.
- Water vision, policy and comprehensive integrated water resources development
  strategy is in place.
- Each Partner State has its own policy and legislation on mineral resources and
  harmonization of mineral laws and policies is already undertaken.
- The Regional Trans-boundary Environment Assessment Guidelines for Shared
  Ecosystems in East Africa were developed and adopted by the Council at its 9th
  meeting.
- Programmes in Lake Victoria and its basins and other shared ecosystems, including
  the major watershed/ catchments areas of Mt. Elgon Management, Programmes
  harmonized.
- EAC is developing a Climate Change Master Plan.
- The process of harmonization of Biosafety policies on Genetically Modified
  Organisms (GMOs) is ongoing.

However despite the progress made the following interventions were not implemented.

- Preparing a comprehensive Development Strategy for Arid and Semi-Arid Areas,
  including promotion of irrigation.
- Undertaking joint resource management and exploitation, and
- Completing harmonization of mineral laws and policies

9.0 Achievements in EAC Community Pillars

The EAC development strategy (2006-2010) focuses on the key pillars of East African integration. These are consolidating the implementation of the Customs Union, establishing a Common Market, laying the foundation for establishing a Monetary Union, and laying the foundation for establishing a Political Federation. This chapter gives a brief evaluation of performance for the 4 pillars.

9.1 Customs Union

The purpose was to have a Customs union fully implemented as a foundation for a common market. This has been very satisfactory as the Union is in place. The specific achievements include:

- Implementation of the Common external tariff and Rules of Origin.
- Development of the legal framework (EAC Customs Management Act).
- Development of incentive schemes, and general elimination of internal tariffs.
- Improved market access
- Harmonization of trade facilitation and investment measures
- Wider stakeholder involvement
- Predictability of both domestic and regional markets; and
- Accessibility of investment resources.

9.2 Common Market

This was to allow free movement of people, capital, labor, services and right of establishment within EAC. This market was launched in 2010. The specific achievements include:

- Consensus reached on the following provisions of the EAC Common Market Protocol:
  - Establishment of the Common Market
  - Objectives of the Common Market
  - Principles of the Common Market
  - Free Movement of Goods
  - Free Movement of Persons
  - Free Movement of Workers
  - The Right of Establishment and Residence
  - Free Movement of Services
  - Free Movement of Capital
- Enhanced market access and increased competition and competitiveness.
- Benefiting under the zero tariff regime in the intra regional trade.
- Diversified export product range covering agricultural and manufacturing products without compromising traditional export markets and products.

- Increased opportunities for the SME sector.
- Faster border clearance, which is expected to contribute to increased market share.
- Simplification and standardization and related trade facilitation instruments

9.3 Monetary Union

A foundation is laid for which the EAC Monetary Union could be fully implemented and a single currency in place in the next phase (2011-2015). This pillar has been very satisfactory and a number of achievements have been attained namely:

- Capital Market liberalized in all EAC Countries.
- Currency and financial sector convergence, currency convertibility, pre and post budget consultations and reading of budgets on same day.
- Central Bank Governors of Partner States meet regularly to share experiences on integrated payment systems including cross border listing.
- Fiscal policy harmonization started in October 2008 and undertaken within the framework of the negotiations on the EAC Common Market Protocol.
- Policies and trading practices in the three Stock Exchanges were harmonized. A number of firms have now cross-listed their stocks between Dar es Salaam, Nairobi and Kampala Stock Exchanges.
- The following project have been undertaken to develop capital markets in EAC under the funding from International Finance Corporation and Efficient Securities Market Institutional Development Initiative (IFU-ESMID)
  - ➢ Study on the EAC capital Market Regionalization.
  - ➢ Study on bond markets
  - ➢ Assistance to regulators
  - ➢ Capital building
- On-going project on the development of common financial instruments, standards, procedures and infrastructure to enable economies of scale.

A study was also undertaken by the European Central Bank in January 2010, which
Spelt out the prerequisites for East African Monetary Union of
- Macroeconomic convergence
- Fiscal discipline in a Monetary Union
- The case for enhanced cooperation in monetary and exchange rate matters.
- Economic integration
- Capacity building, and a
- A comprehensive strategy for the transition to East African
  Monetary Union

The study also pointed out the need for the establishment of the legal and institutional framework necessary for the implementation of East African Monetary Union. This noted

both the Legal framework and Institutional framework. The Institutional framework included

- The proposed East African Monetary Institute
- The proposed East African Central Bank , and
- Other components of the institutional framework.

9.4 Political Federation

This aimed at a political foundation through establishment of relevant regional structures. This pillar has attained some satisfactory level of success. The specific achievements include:

- Establishment of East African Legislative Assembly and East African Court of Justice as building blocks to a Political Federation.
- Protocol guiding cooperation in Foreign Policy, Defense and Security
- EAC framework on good governance
- Regional strategy for Human Rights and Protocol on anti-corruption ,ethics and integrity
- Establishment of the East African Association of Anti-Corruption Association
- Ratification and domestication of UN and AU conventions against corruption by Partner States.
- Ratification of key regional and international human rights instruments by Partner States.

9.5 Challenges

- The biggest challenge with the effectiveness of the four pillars is the state of readiness among the Community populations. The level of mass awareness is still wanting in many instances.
- The second challenge is how to ensure equal benefits to the Partner States that are at varying levels of development especially in terms of infrastructure.

References

African Statistical Year Book 2006

Burundi National Consolidated Report on Social Development-A paper presented to the 2nd Meeting of the EAC Forum of Ministers, 2-7TH October 2009, in Bujumbura

EAC Secretariat (May 2010): *EAC Food Security Action Plan (2010-2015)*
----------------------- *EAC Development Strategy 2006-2010: Deepening and Accelerating Integration*
---------------------- *East African Community Education- Sector overview*

------------------ (Nov 2006*): Agriculture and Rural Development Strategy for the East African Community (2005-2030)*

…………… (Jan 2010): *East African Community Facts and Figures 2009*

…………….. *Protocol on the Establishment of the East African Community Common Market*

……../(2009): *Regional Situation analysis of accelerating the Education sector response to HIV and AIDS in the East African Community Partner states*

DFID (March 2010): *Agenda 2010 The turning point on Poverty- MDG Progress maps*

Dr. Robert Gichira *(*December 2009*): Mid-Term Review for EAC Development strategy (2006-2010)*

Economic Commission of Africa: *Assessing progress in Africa toward the Millennium Development Goals, MDG Report 2009*.

European Central Bank (Jan 2010): Study on the establishment of a Monetary Union among the Partners states of the East African Community

Excerpt from African Union Social Policy Framework- Windhoek Ministerial 2008

Kenya National Consolidated Report on Social Development-A paper presented to the 2nd Meeting of the EAC Forum of Ministers, 2-7TH October 2009, in Bujumbura

------------(2009) *Kenya Demographic and Health survey 2008/09*

Rwanda National Consolidated Report on Social Development-A paper presented to the 2nd Meeting of the EAC Forum of Ministers, 2-7TH October 2009, in Bujumbura

'''''''''''Republic of Rwanda; *Statistical Yearbook, 2009 Edition*

Sabina Alkire and Maria Emma Santos (2010): *Multidimensional Poverty Index*
Published by University of Oxford

Uganda National Consolidated Report on Social Development-A paper presented to the
2nd Meeting of the EAC Forum of Ministers, 2-7TH October 2009, in Bujumbura

Tanzania National Consolidated Report on Social Development-A paper presented to the
2nd Meeting of the EAC Forum of Ministers, 2-7TH October 2009, in Bujumbura

United Nations (2009): *The Millennium Development Goals Report 2009*

-------------------*MDG DATA BASES: Country series*

United Development Programme: *Millennium Development Goals: Uganda's Progress
Report 2007*

Annex I: Millennium Development Goals and Indicators

Goals and Targets (from the Millennium Declaration)	Indicators for monitoring progress
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary

complete a full course of primary schooling	2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunized against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets

diseases	6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction - both nationally and internationally Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the 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	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 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) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

poverty reduction Target 8.C: 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) Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.5 ODA received in small island developing States as a proportion of their gross national incomes Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

Annex 2: African Union Social Policy Framework Recommendations (Windhoek, 2008)

(a) Build political consensus and recognize that social protection should be a state obligation, with provision for it in national legislation;

(b) Include social protection in National Development Plans and Poverty Reduction Strategy Processes, with links to Millennium Development Goals (MDGs) outcomes and processes;

(c) Review and reform existing social protection programmes;

(d) Develop and operationally costed national plans for social protection based on the concept of a "minimum package";

(e) Accelerate the implementation of priority area number 4 of the Ouagadougou Plan of Action on Employment Promotion and Poverty Alleviation;

(f) Design and deliver effective impact assessments, monitoring and evaluation of social protection programmes;

(g) Long-term funding for social protection should be guaranteed through national resources with specific and transparent budget lines;

(h) Member States should ensure coordination and strengthening of development partner support for sustainable financing of social protection;

(i) Member States should develop and coordinate social protection programmes through inter-ministerial and inter-sectoral coordination bodies at the highest level of government;

(j) Enhance the technical, infrastructural, and institutional capacities of Ministries responsible for social protection;

(k) Member States should take advantage of regional and, South-South cooperation and regional and international best practice;

(l) Governments should include civil society in policy-making on social protection, and in programme design, implementation, monitoring and impact evaluation;

(m) Utilize social protection instruments as a means of safeguarding the poor from global financial and economic shocks.

Annex Tables

Annex table 1: Total food production index per capita for EAC states (2000-2005)

	2000	2001	2002	2003	2004	2005
Burundi	95.7	102.5	102.1	98.9	92.8	89.6
Kenya	97.1	100.9	102.0	103.9	98.6	97.8
Rwanda	103.2	94.2	116.0	104.7	102.6	106.8
Uganda	99.5	101.4	101.8	96.2	96.1	93.2
Tanzania	100.5	99.8	100.7	98.3	99.4	98.1

Source: African Statistical Year Book 2006

Annex table 2:Net primary school enrolment rates in EAC states

	2004	2005	2006	2007	2008	2009
Burundi	58	59	75	81	90	
Tanzania	91	95	96	97	97	
Uganda	90	93	92	93	89	93
Kenya	82	83	87	92	92.8	
Rwanda	93	94	95	96	94	

Source: EASSAPR 2008/09; East African Community Facts and Figures, 2009; EAC Situational analysis of accelerating the education response to HIV/AIDS -2009. Rwanda statistical Year book 2009 Edition

Annex table 3: Pupil Teacher ratio in EAC states primary schools

	2004	2005	2006	2007	2008	2009
Burundi	49	55	55	53	52	
Tanzania	58	56	52	53	54	
Uganda	50	50	48	57	50	49
Kenya	40	41	47	48	45	
Rwanda	67	69	71	74	66	

Source: East African Community Facts and Figures, 2009; Burundi Ministry of primary and secondary education- indicators 2008/09, UBOS statistical abstract 2010, Rwanda statistical Year book 2009 Edition

Annex table 4: Pupil Classroom ratio in EAC states primary schools

	2004	2005	2006	2007	2008	2009

Burundi	76	86	84	85	82	
Tanzania	73	78	78	78	77	
Uganda	79	74	72	72	70	68
Kenya	36	37				
Rwanda	60	62	66	70	71	

Source: East African Community Facts and Figures, 2009; Burundi Ministry of primary and secondary education- indicators 2008/09, UBOS statistical abstract 2010; Rwanda statistical Year book 2009 Edition

Annex table 5: Completion rates in EAC states primary schools

	2004	**2005**	**2006**	**2007**	**2008**	**2009**
Burundi	33.4	63	71	67	66	
Tanzania	72	71	72	82.6	65	
Uganda	62	51	38		56.1	52
Kenya	65	67	67	67	90	
Rwanda	45	47	52	52	54	

Source: East African Community Facts and Figures, 2009; ESSAPR 2008/09; UNHS 2005/06 and UN MDG data bases: Country series

Annex table 6: Ratio of girls to boys in primary education for EAC states

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Burundi	0.8	0.8	0.78	0.81	0.83	0.9	0.93	0.95	0.97	
Kenya	0.99		0.95	0.98	0.94	0.96	0.97	0.99	0.98	
Rwanda	0.97	0.98	0.99	1	1.02	1.04	1.05	1.03	1.03	
Uganda	0.93	0.97	0.99	0.97	0.99	1	0.99	1.01	1.01	1.00
Tanzania	0.99	0.98	0.97	0.96	0.96	0.96	0.97	0.98		

Source: Burundi Ministry of primary and secondary education- indicators 2008/09; UNHA 2002/03. UNHS 2005/06, ESSAPR 2008/09; UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition

Annex table 7: Ratio of girls to boys in Secondary education for EAC states

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Burundi	0.75	0.71	0.61	0.77	0.61	0.67	0.67	0.67	0.66	0.69
Kenya	0.95		0.96	1.02	0.94	0.96	0.93	0.88	0.92	
Rwanda	0.94	0.96		0.88	0.89	0.89	0.9	0.89	0.91	0.92
Uganda	0.79	0.77	0.81	0.82	0.81	0.81	0.83	0.83	0.85	0.84

Source: ; Burundi Ministry of primary and secondary education- indicators 2008/09; UNHA 2002/03. UNHS 2005/06, ESSAPR 2008/09; UN MDG data bases: Country series; Rwanda statistical Year book 2009 Edition

Annex table 8: Ratio of women to men in Tertiary education for EAC states

	2000	2001	2002	2003	2004	2005	2006	2009
Burundi	0.35	0.36	0.42	0.46	0.38			
Kenya	0.54	0.54	0.54		0.6	0.6		
Rwanda	0.48	0.48	0.5	0.65	0.62	0.62	0.73	
Uganda	0.58	0.53	0.53	0.53	0.63		0.77	0.79

| Tanzania | | 0.15 | 0.31 | 0.44 | 0.41 | 0.48 | | |

Annex table 9: Proportion of Parliamentarians that are women

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Burundi	6	14.4	19.5	18.4	18.4	33.4	33.4	33.4	33.4	
Kenya	3.6	3.6	3.6	7.1	7.1	7.1	7.1	7.3	7.2	
Rwanda	17.1	25.7	25.7	25.7	48.8	48.8	48.8	48.8	56.3	50.9
Uganda	18	17.8	24.7	24.7		23.9	23.9	29.8	30.7	
Tanzania	16.4		22.3	25	21.4	21.4	30	30.4		

Annex table 10: Percentage of male and female populations in employment

	2000		2005	
	M	F	M	F
Burundi	85.6	85.3	84.2	84.4
Kenya	79.2	67.4	78.6	67
Rwanda	84.5	83.2	80.3	81.2
Uganda	87.4	76.5	88	77.9
Tanzania	87.3	82.6	81.8	77.6

Annex table 11:Women's share of the sectoral employment

	Burundi	Kenya	Rwanda	Uganda	Tanzania

	2000	2005	2000	2005	2000	2005	2000	2005	2000	2005
agric	42.7	39.7	39.6	38.6	50	49.5	38.4	38.8	52.1	52.8
industry	39.3	42.8	20.3	20.3	9	8.5	21.2	24.7	12	10.8
services	23.2	22.9	40.7	40.1	28.1	33	52.2	53.5	36.2	33.4

Source: UN MDG data bases: Country series