# ARTICL

# Factors limiting the gains of MDGs in the Democratic Republic of the Congo:

KEY DETERMINANT AND PITFALLS FOR FRAGILE STATES

NDAGUBA, E.A. | NEBO, G. | OKARAH, A. | NDAGUBA, S.U. | UKANWAH, C.H.

## **Abstract**

he Human Development Index in 2013 ranked Democratic Republic of the Congo 186th out of 187 in the United Nations Development Programme. The categorization came as a result of the deteriorating conflict that pushed the country towards a failed state realm. According to the 2015 Fragility Index of the PeaceFund, Democratic Republic of the Congo was among the nations ranked on the high alert (highly vulnerable and volatile), consequently to as a result of non-provision of basic services. In addition deteriorating growth development trajectory, infrastructural and systems failures have unabatedly limited service provision, resulting in inadequacies in humanitarian interventions. The study aims to evaluate the gains of MDGs in Democratic Republic of the Congo, taking into cognizance key deliverables, pitfalls, and prospects for development in fragile states. The study uses thematic reviews cushioned with elements of quantitative approach in providing answers to the study. On surface value, the study shows that 72% of rural households live in abject poverty. Additionally, more than 40% of children in rural areas suffer from chronic malnutrition, hunger and squalor. The study contends that without sustainable public institutions, systems and structure in the administration of services, DRC could likely remain in unending retrogression.

**Keywords:** MDG, Human Right, UNDP, Hunger, Poverty, DR Congo, Public Institution, and Fragility.

# Introduction

MDGs framework for accountability derived from the declaration that has generated an unprecedented level of global commitment. All the eight goals are, in fact, interrelated. Each one has some precursor for achieving the other and together has tremendous potential for fueling growth. MDGs arguably have given us one last chance to make this world beautiful. Let's harness it to the fullest.

In September 2000, the Democratic Republic of the Congo (DRC) joined in the World summit that adopted the international agenda of the United Nations premised on its Millennium Declaration. That gave rise to the eight goals, referred to as the Millennium Development Goals (MDGs), in a bid to accelerate development in the world's poor nations (Amin, 2006). In the Summit represented by 188 Heads of State plus the DRC, the Heads of State signed the pact towards a commitment in fulfilling the eight Millennium Development Goals: "eradicating extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and develop a global partnership for development" by 2015 (UN, 2015). The onus of meeting these goals fell on the shoulders of individual member states likewise DRC (UN, 2015).

# **Contextual Background**

Congo, unlike most African nations, began the implementation of the MDGs as at when it was proposed in 2001 by the Kabila regime. By 2003, 54% of children between the ages of 12 and 23 months were immunized. 49% had received some form of DPT3 immunizations. 55% and 45% of infants had received immunization against tuberculosis and measles respectively. 11% of the children received lifesaving oral rehydration therapy as deemed necessary. This singular move brought about the decline in the rate of polio from 79% to 41%, and tuberculosis from 91% to 51%. Furthermore, 14% of under-five children had moderate malnutrition as against severe and absolute cases, while 19% suffered from moderate to severe stunting. Free and compulsory education increased the enrolment age gap which was pivotal to the 90.1% primary school enrolment recorded. Of

http://www.ruralpovertyportal.org/country/home/tags/dr\_congoverty-healthcare

<sup>&</sup>lt;sup>2</sup> UNICEF, "Congo, Republic," www.unicef.org (cited July 2005)

note also is the fact that within the 3 years into the Millennium Declaration, 59% and 56% of males and females respectively were completing primary education, the rise of the literacy level from 83% to 89.6% for males and 78.4% for females (Purdy, 2006: 201-202).

However hopeful these facts are, it must be explicitly stated that the Congo had and still has great prospects towards meeting the development agenda of the UN, premised on its growing GDP and its enormous natural reserves. However, low life expectancy (48.97 years), excess mortality rates (20.7 years), low population growth (37% below 14 years and 3.7% over 65), instability and conflict (39.3% of the population) do not stand a favourable chance of celebrating their 40th birthday), <sup>3</sup>ineffectual institutions and capacity that strains government resources. More so, it is "estimated that 75% of the people live in absolute poverty and 41% live in inhumane poverty" (World Bank, 2005, CIA, 2005).<sup>4</sup>

From the foregoing therefore, it means according to records that almost 1:3 of the population suffers from malnutrition. That is, that nearly one-third of all Congolese suffer from malnutrition (REf). It was also found that an estimated 1.3 million people in this country live with HIV/AIDS, and 100,000 deaths occurred from its complication (UNICEF, 2005; Social Watch, 2005). As indicated by the PeaceFund (2015), DRC is highly vulnerable and volatile; the country is at a high risk of developing waterborne and food diseases such as diarrhea, typhoid fever, vector borne diseases like malaria, hepatitis A, and Congo-Crimea hemorrhagic fever (Central Intelligence Agency, 2005). Also, infant mortality was put at 81 deaths per 1,000 births and trained healthcare practitioners are likely not present in 61% of all births.<sup>5</sup> Consequently, 108 children die before they turn 5 years. Furthermore, 31% of children less than 5 years of age suffer from malnutrition (Odekon, 2006). And 9% of the 31% suffers from severe malnutrition and stunting. 13% and 38% suffer from severe to moderate wasting and severe to moderate stunting respectively (United Nations, 2005; UNICEF, 2005).<sup>6</sup>

<sup>&</sup>lt;sup>3</sup> United Nations, "Congo, Republic," www.un.org (cited July 2005)

<sup>&</sup>lt;sup>4</sup> http://www.our-africa.org/democratic-republic-of-congo/poverty-healthcare

<sup>&</sup>lt;sup>5</sup> Carter Center of Emory University, "Congo, Democratic Republic," www.cartercenter.org (cited July 2005)

<sup>&</sup>lt;sup>6</sup> http://www.ruralpovertyportal.org/country/home/tags/congo

# **Service Provision**

Services are the nucleus and at the epicentre of measuring government activity/ performance or inactivity/ non-performance, and a major feature behind failed and fragile states in global politics (Mcloughlin and Scott, 2014). A growing amount of knowledge has consistently portrayed the need for service provision in the attainment of development locally and internationally (WDR, 2004). Because, without sustainable services provided in the Congo it will be difficult even for a legitimate governance framework to be effective and efficient in a seared situation of service delivery.

Service provision is the most essential part of government business; for it is that machine that lubricates the promises of government in power, as well as establishing a linkage between governance and service provision in World Development Report 2004: "Making Services Work for Poor People." Where it was argued that when service due to citizens are substandard or broken down, undelivered, it is as a result of failures in the trajectory of accountability. For effectual and efficient service disbursement there is a high need to ensure what they called "accountability triangle" (WDR, 2004). Findings from Girishankar's paper in 1998, on the 'Unanswered Questions in Service Provision for Modernizing States,' published in Public Administration and Development, argues the need for revolutionary reforms in shaping service delivery sustainability issues in developing countries. And for developing countries especially Africa to attain effective service provision to its teeming population, there is a high need for an increasing private sector participation in service delivery (Girishankar, 1998)<sup>7</sup>.

# **Fragility**

The concept and perception of fragility or fragile state defiles a universal developmental definition. However, there have been ample perceptions based on various indicators by development experts and analysts. According to Mcloughlin, Claire and Idris, Iffat of the GSDRC argues that most development agencies and commissions define fragility as a principal failure of a state in the provision of functions which are needed to meet the basic needs and expectation of its citizens (Mcloughlin & Idris, 2016: 5). According to the OECD, a single categorization of the concept will limit its understanding and perception. Since,

<sup>&</sup>lt;sup>7</sup> Pinto concurs to Girishankar's argument (See Pinto, R.F. 1998, 'Innovations in the Provision of Public Goods and Services', Public Administration and Development, vol. 18, p.387-397)

diverse measures exist in the understanding and actual calibration various aspects of vulnerability and risk. Consequently, in the 2015 Fragility report, the agency proposed a multi-dimensional model in calibrating fragility premised on five clusters or indicators: violence; accountable, effective and inclusive institutions; accessibility of justice for all; stability and economic inclusion; and the human capacity to adapt and prevent economic, social, environment shocks and disasters (OECD, 2015; Mcloughlin & Idris, 2016: 5).

It could be argued that weak state legitimacy is an integral component of a failing or failed state. States that fall short in the provision of basic services, shortage in meeting the expectations of the citizens, and also provide structures and procedures towards an equilibrium in resuscitating state-society (government-people) relations is on a lonely road to failed state. In congruence to this assertion, DFID (2005) sees fragility as "those (places and states) where the government cannot or will not deliver core functions to the majority of its people, including the poor". It was only in the works of CRISE (2009), that a much broader view of fragility was proposed; "failing, or at risk of failing, with respect to authority, comprehensive service entitlement or legitimacy. This definition encompasses most of the supplementary conceptions of fragile states as addressed by Bertoli and Ticci (2012), Stewart and Brown (2010), and Gravingholt, Ziaja, and Krebaum (2012). In that, the definition took a swipe at the epicentre of service provision of entitlement and not the colloquial understanding of basic needs but needs per time.

However, Stewart and Brown (2010), gave a description of fragility in their work on 'Fragile States: CRISE Overview 3', where they described fragile state as a nation failing or at high alert of failing owing to three dimensions: service failure, resulting in deficiencies to ensure that all citizens have access to basic amenities; authority failure, is a situation whereby the state lacks the power and authority to protect its citizens from various kinds of violence; and legitimacy failure, a failure resulting from limited support among citizens and international organisations. Hence, the idea of fragility in the context of failing; is to ensure that the nation in question does not depreciate further by providing warning signals of potential quagmires that could be averted.

# Global Agenda and Determinant of MDGs

The international agenda that permuted the scene in 2000, of which 147 Heads of States and 189<sup>8</sup> countries signed in fulfilling the missions of a UN development agenda known as MDGs has 8 goals, 18 targets and 48 indicators which are used to monitor and track changes in any given country (see figure 1).

Figure 1: MDGs: Goals, Targets, and Monitoring Indicators

Goals

**Targets** 

**Indicators** 

Goal 1: Eradicate extreme poverty and hunger

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- 1. Proportion of population below \$1 (PPP) per day9
- 2. Poverty gap ratio [incidence x depth of poverty]
- 3. Share of poorest quintile in national consumption
- 4. Prevalence of underweight children under-five years of age
- 5. Proportion of population below minimum level of dietary energy consumption

Goal 2: Achieve universal primary education

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- 6. Net enrolment ratio in primary education
- 7. Proportion of pupils starting grade 1 who reach grade 5
- 8. Literacy rate of 15-24 year-olds

Goal 3: Promote gender equality and empower women

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015

<sup>8</sup> https://www.oecd.org/dac/2754929.pdf

<sup>&</sup>lt;sup>9</sup> For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

- 9. Ratios of girls to boys in primary, secondary and tertiary education
- 10. Ratio of literate females to males of 15-24 year-olds
- 11. Share of women in wage employment in the non-agricultural sector
- 12. Proportion of seats held by women in national parliament
- **Goal 4: Reduce child mortality**

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

- 13. Under-five mortality rate
- 14. Infant mortality rate
- 15. Proportion of 1 year-old children immunised against measles
- Goal 5: Improve maternal health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

- 16. Maternal mortality ratio
- 17. Proportion of births attended by skilled health personnel
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

- 18. HIV prevalence among 15-24 year old pregnant women
- 19. Condom use rate of the contraceptive prevalence rate<sup>10</sup>
- 20. Number of children orphaned by HIV/AIDS<sup>11</sup>
- 21. Prevalence and death rates associated with malaria

<sup>&</sup>lt;sup>10</sup> Amongst contraceptive methods, only condoms are effective in preventing HIV transmission. The contraceptive prevalence rate is useful in tracking progress in other health, gender and poverty goals. Because the condom use rate is only measured amongst women in union, it will be supplemented by an indicator on condom use in high risk situations. These indicators will be augmented with an indicator of knowledge and misconceptions regarding HIV/AIDS by 15-24 year-olds (UNICEF –WHO).

 $<sup>^{11}</sup>$  To be measured by the ratio of proportion of orphans to non-orphans aged 10-14 who are attending school.

- 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures<sup>12</sup>
- 23. Prevalence and death rates associated with tuberculosis
- 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
- Goal 7: Ensure environmental sustainability
- Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
- Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water
- Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 Million slum dwellers
- 25. Proportion of land area covered by forest
- 26. Ratio of area protected to maintain biological diversity to surface area
- 27. Energy use (kg oil equivalent) per \$1 GDP (PPP)
- 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons)
- 29. Proportion of population using solid fuels
- 30. Proportion of population with sustainable access to an improved water source, urban and rural
- 31. Proportion of urban population with access to improved sanitation
- 32. Proportion of households with access to secure tenure (owned or rented)
- Goal 8: Develop a global partnership for development
- Target 12: 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

 $<sup>^{12}</sup>$  Prevention to be measured by the % of under-5s sleeping under insecticide treated bed nets; treatment to be measured by % of under-5s who are appropriately treated.

Target 13: Address the special needs of the least developed countries Includes: tariff and quota free access for least developed countries' exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 14: Address the special needs of landlocked 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 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

Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth

Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications

Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing States.

#### Official development assistance

- 33. Net ODA, total and to LDCs, as percentage of OECD/DAC donors' gross national income
- 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)
- 35. Proportion of bilateral ODA of OECD/DAC donors that is untied
- 36. ODA received in landlocked countries as proportion of their GNIs
- 37. ODA received in small island developing States as proportion of their GNIs

#### **Market access**

38. Proportion of total developed country imports (by value and excluding arms) from developing countries and LDCs, admitted free of duties

- 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 40. Agricultural support estimate for OECD countries as percentage of their GDP
- 41. Proportion of ODA provided to help build trade capacity<sup>13</sup>

# **Debt sustainability**

- 42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- 43. Debt relief committed under HIPC initiative, US\$
- 44. Debt service as a percentage of exports of goods and services
- 45. Unemployment rate of 15-24 year-olds, each sex and total
- 46. Proportion of population with access to affordable essential drugs on a sustainable basis
- 47. Telephone lines and cellular subscribers per 100 population
- 48. Personal computers in use per 100 population and Internet users per 100 population

Source: Ndaguba, Ndaguba, and Okeke (2016).

# Pitfalls of MDGs in Democratic Republic of the Congo

Rich in natural resources, the Democratic Republic of Congo (DRC) has enormous economic and social potential. Nevertheless, little has been done to develop this potential for the benefit of the Congolese people, and so extreme poverty persists throughout the country despite ongoing macroeconomic growth. According to the United Nations Development Programme's 2014 Human Development Index, the DRC ranked 186 out of 187 countries, and approximately 87.7 percent of the Congolese were living on less than US\$1.25 per day (CIDA, 2016).

War in DRC as in other war-torn countries as Sudan, Afghanistan, Iran, Iraq (today Syria), and Somalia has little or no potency towards development (Collier, 2004: 1) since war and conflict are surges that tear down fabrics of development rather than build them (Dike, nd). Consequently, the over two decades of conflict in the DRC amplified the

<sup>&</sup>lt;sup>13</sup> OECD and WTO are collecting data that will be available for 2001 onwards.

The Millennium Development Agenda was insensitive to several quagmires that plagued the DRC before the introduction of the agenda by year 2000. Services in the DRC were in shambles, the state of institutional support systems was non-existent, and legitimate central governance was far from reality. These were as a result of the war that saw the end of Mobutu Sese Seko's regime (32 years in office) (Central Intelligence Agency, 2014); a war which resulted in multiple interventions from the UN Peacekeepers and nine African countries, and over twenty armed groups (McLaughlin & Woodside, 2004; Bowers, C. 2006.) and the death of over 5.4 million people (Bavier, 2008; Robinson, 2006; Coghlan, Benjamin, 2007). This led to the deployment of over 2,000 UN peacekeepers and humanitarian aid assistant agents to address various issues of conflict in the country to ensure peace and stability, in addition to the failed reconstruction process in the rehabilitation and reintegration attempts of postwar rebels in the DRC.

Several pitfalls exist that plagued the non-performance of DRC in achieving the aims of the Millennium Declaration. These pitfalls range from social, political, economic, cultural, institutional and infrastructural. Without the fulfillment of the first: political stability, institutional and infrastructural development is only wishful thinking. And the realization of the MDGs will remain an illusion.

The Agenda failed abysmally to take into cognizance the deficiencies of individual countries. For instance, DRC is a nation where,

- "6.7 million hungry people live in five conflict-affected provinces in the eastern part of the country;
- Almost half of the country's children under five are stunted (short for their age);
- Twenty-three percent of children under the age of five and 14 percent of women are underweight;
- Due to on-going conflict in the DRC and the nearby region, there are 2.7 million internally displaced people (IDPs) and 120,000 refugees in the country;
- Between 2013-2014, 1.8 million IDPs have returned to their areas of origin, finding that their houses, schools and possessions had been looted or destroyed;
- Three million children under five years of age suffer from acute malnutrition;

- Forty-seven percent of children under the age of five and 38 percent of women suffer from anaemia;
- More than half a million pregnant or breastfeeding women suffer from acute malnutrition;
- The highest percentage of food insecure people (64 percent) can be found in the agricultural sector, which accounts for three-quarters of the country's total workforce:
- In 2014, WFP assisted nearly 1.8 million vulnerable people in the DRC" (WFP, 2016).

In congruence to the assertion of the World Food Programme of the UN, the IMF (2012) further elaborated the height and depth of poverty in the country, "the Democratic Republic of Congo (DRC) has one of the highest incidences of poverty in the world...DRC is #1 out of 11 top poor countries in the world (2014). At a rate of 71.34, its incidence of poverty is "extremely high," even in comparison with other central African countries. However, this poverty is not evenly distributed. The IMF estimates that poverty is more prevalent in rural areas (75.72%) than in urban areas (61.49%), while the provinces of Équateur, Bandundu and Sud-Kivu have a poverty incidence of over 85% compared to Kinshasa's 42%." These challenges were not considered and measured towards the realization of the 8 goals, 18 (20) targets and 48 (60) indicators goals were not proffered by the UN nor did the UN engage in consultation with country in framing these goals, targets, and indicators. Other factors inhibiting development and the gains of the MDGs are, weak capacity, institutions, and systems; weak trade; human right abuse and capitalist globalization.

# **Capitalist Globalisation**

Both capitalism and globalization have continually suppressed the ingenuity of the African continent. But when merged, Marmolejo refers to it as a "supervillain duo" (Marmolejo, 2013). Marmolejo argues that the twin concepts are responsible for 'everything going wrong in our lives' (Marmolejo, 2013). This can be argued as the reason behind the depleting economy and chaos in Africa, in their (capitalism and globalization) puritanical form, capitalism entails private ownership of wealth and the means of production as seen in Adam Smith's Wealth of Nations of 1776. Globalisation on the other hand, is described

# **Weak Trade**

Trade is a critical element in the development discourse. China, Hong Kong, Dubai and India are some of the fastest growing economies of the world as a result of trade.

Production is key to development, but consumption on the other hand, is argued as a weakness of institutional and infrastructural governance framework to establish or attract both capital and entrepreneurs. This is a failure on the part of the DRC government in providing both peaceful atmosphere and a level playing ground for businesses to thrive, as one of the critical elements of any government is to provide peaceful and equal opportunities for people to compete favourably.

# **Human Rights Abuse**

Human life is sacrosanct and something that should be cherished and respected. The foregoing resonates in us the popular saying that, "All animals are equal." If you stop there you are deceived, because the ensuing sentence reckoned in completion with a "but" and it read, "But some are more equal than the others" – Animal Farm. In the developing world, especially Africa and to be precise, the DRC, we saw animal farm tragedy repeated and perpetrated by vested powers that felt that the only sacrosanct life is theirs whereas the lives of other folks of different consanguinity matter not. This axiom was evident and boldly x-rayed in what is currently on going in the USA where white policemen have gone berserk, turning their guns on the hapless, helpless and vulnerable blacks. The irony is that, this is the so called "democracy" where all men are supposed to be equal and rights respected – the very nation that is at the forefront forcing down the throat of nations especially Africa, their system of governance that is fraught with hypocrisy and travesty. The brazen rape, murder, harassment, illegal detention without trial and the law and other sundry illegalities that took place under the watch of the western world and America proved that

<sup>&</sup>lt;sup>14</sup> http://www.globalization101.org/what-is-globalization/

they were not sincere and keen about the MDGs successes. MDGs cannot thrive under a corrupt and repressive government. Reason is because most African nations like DRC are harbinger of brazen lawlessness in cahoots with their foreign collaborators who look away as long as it suits their interests.

Humanitarianism can only be human. When we lend alms and there is no one to earn it, it means nothing. Humanitarianism in the face of repression keeps everyone in abeyance, indifferent and aloof. A nation is run by its people of which the majority that constitutes the work force that could bring change are the youths who are hounded. When an organization or its agents as constituted like the UN resorts to racketeering, drug peddling, child abuse, sex trafficking and prostitution, it is then foolhardy to believe the workability of MDGs proposals with its preachment for development and better life for the poor. MDGs become a hoax where nepotism is rife and is the bed rock in areas of job or political appointments. Where it is a case of "who do you know" as against "what can you offer." Such lopsided cronyism where men of higher echelons appoint themselves, their cousins, party faithful, government loyalists, hack men, spies and what have you, are pure man's inhumanity to man, corruption, violations and rights abuse.

#### Conclusion

The mortality rate for children younger than five years old (104 individuals per 1,000 live births in 2011) and the maternal mortality rate (846 per 100,000 live births in 2013) remain among the highest in the world. People continue to be displaced and sexual violence against women and girls remains a problem. As of March 31, 2014, there were more than 2,635,000 internally displaced persons in the DRC. According to the Freedom House (2015), "Political corruption, weak rule of law, and violence remained prevalent in the Democratic Republic of Congo (DRC)."

It must be noted that nations world over are built by their productive capacity. It could be argued that trade and services are the oil that lubricates the engine and wheels of economics in developed societies. Therefore, it could be argued that the prosperity of DR Congo is in consonance with how profits from the goods and services produced are redistributed among members of the country. In the face of the convulsion, miasma and decadence precipitated by war, it has been difficult for investors to plunge huge resources in a fragile state as DRC. The country has mainly witnessed much of mine merchants filling the country with informal workers. The conundrum according the Guardian (2008), has

refused to abate is traceable to the existence of abundance of five major key mineral resources namely: diamonds, copper, cobalt, gold and coltan - which is a metallic ore (raw materials) used in the production of mobile phones and laptops.

According to the Guardian (2008), an investigation by the UN posits that as long as these minerals remain, there will remain continued conflict in the DRC. It is arguably so that the reason behind the lingering conflict in the Congo is basically the presence of oil (see oil curse) in the country. In sum, it is abundantly difficult and acutely impossible to either grow or fulfil the aspirations of the MDGs in DRC especially when the foreign government is complicit. Finally, there is a need for a multi-agency collaboration hence the increasing need of human service in fragile state. Taking into account its weak capacity, systems and structures, for the gains of development and the development agenda in the Congo, a tripartite alliance of multiagency, private sector, stakeholders, International Community and NGOs, and the government must establish a mechanism towards strengthening effectual delivery of services to final beneficiaries in a sustainable manner. The government alone is at the moment not capable of providing effective service.

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## **AUTHORS' CONTACT:**

# NDAGUBA, Emeka A.

School of Government & Public Administration (SGPA) University of Fort Hare Email: endaguba@ufh.ac.za

# **OKARAH**, Anthony

Dept of Public Administration, University of Nigeria, Nsukka

# **UKANWAH, Chijioke Hope**

Dept of Public Administration, University of Nigeria, Nsukka

# **NEBO**, Godwin

Faculty of Science & Agriculture University of Fort Hare South Africa

# NDAGUBA, Solomon U.

Fareast Mercantile Co. Ltd Nigeria