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**IMPLEMENTATION OF THE DAKAR/NGOR  
DECLARATION AND THE ICPD-PA:  
An Assessment of African Experiences**

A Summary report prepared by

**The Joint ECA/OAU/ADB Secretariat**

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## **I. BACKGROUND**

### **1.1 The Dakar/Ngor Declaration and the Programme of Action of the International Conference on Population and Development**

*(i) ICPD-PA marks a turning point in population policy development as an integral part of overall national development planning by ECA member states; (ii) major changes are taking place in the ways in which population policies are being developed particularly the opportunity for reformulation and/or reorientation of such policies hitherto devoid of sustainable development considerations; and, (iii) in a significant number of cases, the level of awareness about the importance of the population and development nexus especially among central level policy makers and the recognition of the complex interrelationships between population, development, gender and environment has grown considerably.*

1. In recent years two population and development frameworks are in use in African countries i.e the Dakar/Ngor Declaration on Population, Family and Sustainable Development (DND) and the Programme of Action of the International Conference on Population and Development (ICPD-PA). The ICPD-PA is global while the DND is Africa specific.

2. The Dakar/Ngor Declaration resulted from the Third African Population Conference held in Dakar, Senegal in December 1992. The DND formed the basis of the African Common Position submitted to the International Conference on Population and Development ICPD. In order to accelerate the implementation of the Kilimanjaro Programme of Action (KPA) adopted at the Second African Population Conference (Arusha, 1984), the DND set the following quantitative targets: to reduce the regional natural growth rate from 3.0 per cent to 2.5 per cent by 2000 and to 2.0 per cent by 2010; to increase life expectancy at birth at 55 years by the year 2000; to reduce infant mortality rate to less than 50 per 1000 live births and childhood mortality rate to 70 or less<sup>1</sup>; to double the regional contraceptive prevalence rate from about 10 per cent to about 20 per cent by the year 2000 and 40 per cent by the year 2010; to reduce maternal mortality by at least 50 per cent from the 1990 level by the year 2000.

3. The Programme of Action of the ICPD which was held in Cairo, Egypt, in 1994, is notable for creating global consensus for new development paradigm; the movement from top-down population policies with emphasis on numerical demographic concerns towards an holistic approach based on human-rights and the centrality of meeting reproductive health needs including family planning with full involvement of civil society. A basic principle of the new paradigm is the thesis that advancing gender equality, equity and empowerment of women, eliminating all forms of violence against women, and ensuring women's ability to control their own fertility are cornerstones of population and development programmes and are critical to sustainable development. The Programme of Action also underscores the need to encourage and enable men to take responsibility for their sexual and reproductive

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*Infant Mortality rate is the annual number of deaths of infants under age 1 per 1000 live births.*

*Childhood mortality rate or under five mortality rate is expressed as deaths to children under five per 1000 live births in a given year.*

behaviour and their roles in the family as important for sustainable development.

### **1.2 ECA's earlier assessments of the DND and the ICPD-PA**

4. The tradition for assessing the extent of implementation of the recommendations of the DND and the ICPD-PA has been predicated on the need for member States to learn from success stories and identify, early on, the problems and constraints that impede progress.

5. To date, there have been four assessments (including the present one) of the implementation of the recommendations of the DND and the ICPD-PA undertaken under the auspices of the Joint ECA/OAU/ADB Secretariat, in collaboration with the UNFPA. The first assessment took place at a Experts and NGOs Workshop on the implementation of the DND and the ICPD-PA which was held in Abidjan in 1995; the second one was at the Joint Conference of African Planners, Statisticians, Population and Information Scientists which was held in Addis Ababa in 1996; the third one at the 2nd Meeting of the Follow-up Committee on the implementation of the DND and the ICPD-PA, Addis Ababa, 1997 and, the fourth one at the third meeting of the Follow-up Committee (Addis Ababa, September 1998), later endorsed by the First Meeting of the ECA's Committee on Sustainable Development, Addis Ababa, January 1999.

6. The first assessment in 1995 was aimed at minimizing the incidence of a poor implementation rate of the recommendations of the DND and the ICPD-PA as was the experience following the adoption of the KPA arising from the non-provision (to member States) of specific guidelines. The Abidjan workshop highlighted the fact that while some of the set targets might be achieved for the region as a whole or by individual member States by the year 2000 (i.e. decline of population growth rate to 2.5; 20 per cent CPR; infant mortality rate target of less than 50 per 1000; child mortality of 70 or less), attainment of most of the targets might be difficult to achieve by the set dates owing, among others, to uncertainties about future socio-economic conditions in most member States (i.e. decline of population growth rate to 2.0 per cent by the year 2010; 40 per cent CPR by the year 2010; reducing by at least half of the 1990 level of maternal mortality by the year 2000; life expectancy greater than 65 years by 2005). The workshop came out with guidelines and mechanisms for monitoring and evaluation of the implementation of the DND and the ICPD-PA.

7. The second assessment in 1996 focussed on the progress of efforts that have been made towards implementing the DND and the ICPD-PA at the national, sub-regional and regional levels. It was observed that attitudes of some African countries towards the adoption of population policies were undergoing rapid changes and that many countries have developed more comprehensive country-wide national population policies. For instance, the case for providing better family planning services to a larger proportion of the population was increasingly based on welfare and health arguments; reference to gender issues were frequent and policy documents tended to link population to gender issues.

8. The third assessment in 1997, undertaken in the context of the Second

Meeting of the Follow-up Committee, identified factors facilitating or constraining national efforts at implementing the DND and the ICPD-PA, based on the analysis of 31 completed country questionnaires on the formulation, content and pursuit of national population policies. Among the favorable factors were the emergence of democracy in member States; a positive shift in perceptions and attitudes; the persistence of relatively high level of fertility; the topicality of gender equality. The meeting identified the poor commitment of policy-makers as the main obstacle to the implementation of population policies and programmes. Accordingly, the Meeting translated into practical modalities on implementation of national policies and programmes, guidelines and mechanism suggested by the Abidjan workshop and adopted a framework that calls for intensified efforts from member States with a view to speeding up the implementation of the DND and the ICPD-PA and of ensuring the continuous monitoring and evaluation of the implementation process.

### **1.3 The present assessment**

9. As Africa's response to the quinquennial review and appraisal of the implementation of the International Conference on Population and Development (ICPD+5), as mandated in the General Assembly Resolution (52/188) of 18<sup>th</sup> December 1997, the present assessment has been undertaken under the coordination of the Joint ECA/OAU/ADB Secretariat, in liaison with the UNFPA and the various UN Regional Demographic Training and Research Institutes.

10. This fourth assessment of African experiences in the implementation of the DND and the ICPD-PA is based on the responses to a country questionnaire administered by the ECA and completed and returned by 41 countries, as well as on several regional and sub-regional reports provided by UNFPA Country Support Teams based in Addis Ababa, Dakar and Harare and reports of two ECA-sponsored field missions on the implementation of policies, programmes and laws related to RH and RR in Africa and on constraints and best practices in the implementation of the DND and the ICPD-PA.

11. At the Third Meeting of the Follow-up Committee on the implementation of the DND and the ICPD-PA in Addis Ababa in September 1998, ECA reviewed progress in the region as a whole and the trends and specific perspectives in the countries that responded to the survey. Participants at the meeting, including Governments, international organizations, donors and NGOs, reviewed African experiences in the implementation of the DND and the ICPD-PA covering the full range of topics included in the ICPD Programme of Action.

12. At the First Meeting of the ECA Committee on Sustainable Development, held in Addis Ababa from 25 to 29 January 1999, representatives of African Governments, international organizations and regional institutions reviewed and endorsed the report assessing African experiences including the recommendations for the way forward, as the African input into the Hague Forum.

13. The main findings of the assessment are presented below in terms of achievements, best practices and constraints associated with key programme areas in the implementation of the DND and the ICPD-PA.

### **III. ACHIEVEMENTS, BEST PRACTICES AND CONSTRAINTS IN THE IMPLEMENTATION OF THE DND AND THE ICPD-PA**

14. This assessment highlights the main achievements and examples of best practices as reported by member States. Also highlighted are several constraints in following key programme areas: creating and enabling environment; gender equality, equity, empowerment of women and male involvement; family; youth and adolescents; reproductive health including family planning and sexual health, reproductive rights and HIV/AIDS; advocacy and IEC strategies; forging partnerships with the NGOs civil society and the private sector.

#### ***2.1 Creating an enabling environment***

15. Progress in creating an enabling environment for the implementation of the DND and the ICPD-PA has been demonstrated by initiatives taken to increasingly place emphasis on sustainability in the new population policy environment. In this regard, most African countries have reformulated their national population and development policies and programmes to take into account the recommendations of the ICPD. Countries have also internalised the new concepts and expressions such as "gender" and "reproductive health" while establishing institutional mechanisms for formulating, implementing, coordinating, monitoring and evaluating the implementation of the national population programmes. As much as practicable, several countries have involved concerned individuals and groups in the formulation and implementation of population policies which focus on the relationships between population, social and health dimensions and well-being. Countries have also improved the quality of census and survey data and some have created national databases. It is also noteworthy that the curricula for Regional Training Institutes such as RIPS and IFORD have been revised to accommodate ICPD concepts.

16. In spite of the growing number of national population policies and programmes adopted in Africa, there are still many constraints in creating an enabling environment for planning their implementation. Major constraints are: inadequate financial resources and insufficient number of trained personnel; ineffective advocacy strategies; insufficient consultations with all stakeholders; lack of clearly defined implementation strategies; inadequate emphasis on decentralized structures needed for integration of population factors in the development planning process; reductions in both international funding and local contributions to programmes and data collection and analysis; insufficient cooperation among sectoral ministries; political instability and the consequence of adjustment programmes with their concomitant effects on long term perspectives planning which is a key prerequisite for the IPDP process

#### ***2.2 Gender equality, equity, empowerment of women and male involvement***

17. The assessment identifies key achievements and best practices regarding gender equality, equity, empowerment of women and male involvement. These include: ratification and implementation of the CEDAW; improved access to

development resources; enactment of laws to abolish gender discrimination; establishment of institutional mechanisms to address gender issues; increased participation in decision-making; establishment of training centers; emergence of a prominent role and leadership of First Ladies; recognition of the economic contribution of women's work; establishment of female friendly banks; establishment of programs to improve girls' education; availability of gender sensitive data; formation of organized women's groups; introduction of quotas for women in parliament; establishment of gender development centers; development of comprehensive policies and action plans on gender and women empowerment; establishment of Gender Focal Points; provision of credit and technical advice to female entrepreneurs; promotion of female's participation in the labor force; increased recognition that men's participation is critical for the attainment of gender equality.

18. Despite the achievements so far, most African countries continue to face the following constraints: perpetuation of traditional and cultural stereotypes to justify gender division of labor; difficulties in changing gender attitudes and behavior; ad hoc-based development of gender programmes; underfinancing of national mechanisms for promoting gender equality; unequal opportunities for education for men and women; lack of specialized gender experts; ineffective advocacy strategy for promoting women's rights; lack of guidelines for mainstreaming gender into population policies and programs; inadequate staff in Departments and Ministries dealing with women's concerns; lack of gender analysis skill.

### **2.3 Family**

19. The African family has been recognized as a key player in the social and economic development of the region. Its function is not only limited to the sphere of biological reproduction and intergenerational solidarity, but it has also a crucial role as the primary production and consumption unit. In terms of achievements, the assessment noted that, although population programme activities in most of African countries had not paid specific attention to the family, the measures taken for the improvement of the quality of life for various components of the population may have positively impacted on the family. Additionally, many countries reported that they had adopted Family Code.

20. Nevertheless, the assessment noted many constraints to the harmonious development of African families. The vicious cycle of poverty and high fertility is identified as a major constraint in achieving an acceptable standard of living for the majority of families which have been less able to meet their basic social needs. Civil and political unrest and other forms of social disorganization have resulted in 30% of the world's refugees and over 50% of internally displaced people being located in Africa. Family instability, violence and sexual exploitation have often followed due to breakdown of traditional family-support networks. In the same way, the unprecedented rural-urban migration and out-migration have disengaged the elderly from receiving requisite care while at the same time they themselves are shouldering the responsibility of caring for the increasing number of AIDS and war orphans.

Other constraints include difficulties in communication between spouses themselves and between parents and children thus delaying the promotion of equal opportunities and the rights of women and children; preference for sons in many societies and their consequences for the girl-child; lack of special attention given to vulnerable groups such as the disabled and the elderly; persistent opposition of various groups of parents, religious and even educational authorities to the introduction of PLE programmes in school in some member States.

#### **2.4 Youth and adolescents**

21. Achievements and best practices noted on the issue of youth and adolescents include observations that several progressive legislative and policy measures and IEC strategies relating to children, youth and adolescents have been instituted in sectoral programmes in virtually all member States. These include : measures taken to promote legal protection of the girl child and equal opportunities in the areas of access to education and promotion of RR and RH ; measures to increase age of consent to sexual intercourse ; laws allowing re-entry into schools by drop-outs due to premarital pregnancy and the provision of IEC and RH/SH services to in- and out-of-school adolescents. Some countries have also initiated special scholarships to encourage girls to take science subjects.

22. Constraints observed from the findings of the assessment included the following: persistence of taboos in some cultures that restrict or prevent explicit recognition and discussion of the sexuality of young adults; lack of research on the needs of youth and adolescents; inadequate knowledge of magnitude and extent of harmful traditional practices and their effects in some member States; persistence of traditional attitudes which are conducive to high fertility, gender discrimination and sexual exploitation of girls and women; existence of diverse barriers to the formulation and implementation of comprehensive adolescent RH strategies. Moreover, it was noted that, in general, the youth in most of the member States have not been actively involved in the formulation of programmes that concern them. In some cases neither their parents nor other authorities have been fully sensitised to the goals and methods of such programmes.

#### **2.5 Reproductive health including family planning and sexual health, reproductive rights and HIV/AIDS**

23. The report identifies a number of achievements and best practices made by African countries in the implementation of the DND and ICPD-PA in the area of reproductive health and reproductive rights. A number of countries have been able to formulate reproductive health policies and standards as well as servicedelivery protocols. These countries also started providing integrated services. The delivery of family planning services by community-based distribution channels has increased in a number of countries while fertility decline has been recorded in countries like Botswana, Egypt, Kenya, Nigeria and Senegal. Countries have made efforts to combat the spread of HIV/AIDS especially in Uganda. RH information and services have also been expanded to meet the needs of adolescents, internally displaced

people and refugees.

24. Furthermore, laws have been enacted in countries such as Burkina Faso, Senegal, Uganda and Ghana to eliminate female genital mutilation and other harmful practices against women and the girl-child. Legal measures have been taken, in a number of countries, to increase the age of consent for sexual intercourse and the minimum age of marriage.

25. Despite the progress since ICPD in the areas of reproductive health and reproductive rights, African countries reported a number of constraints. These include the compartmentalization of reproductive health services in many countries; non-functional referral systems; non-involvement of males in reproductive health activities; financial and human resources constraints as well as cultural inhibitions to the provision of services to specific population groups; concentration of services in urban areas contributing to rising unmet need of services for adolescents and disabled. Moreover, in most African countries, the number of those afflicted by HIV/AIDS is increasing. The pandemic reportedly draws its largest toll in sub-Saharan Africa where 20.8 million or close to 70 per cent of the people currently infected live (UNAIDS. AIDS Epidemic Update: 1998).

## **2.6 Advocacy and IEC strategies**

26. On countries' achievements and best practices in formulating Advocacy and IEC strategies, the assessment highlights the fact that most African countries have recognized the need to formulate and implement advocacy strategies. While some of them have developed IEC and advocacy strategies as one package, others have developed strategies for both. Those which have not developed any strategy are, nonetheless, implementing advocacy strategies within sectoral programmes, partly through the creation of multi-sectoral coalitions, networks, alliances, and consortia. Some countries such as Tanzania, Uganda and Zambia have set up institutional structures for the design, implementation and co-ordination of advocacy and IEC programmes

27. Advocacy and IEC strategies have been widely used by national NGOs to: mobilize political commitment and subsequent allocation of resources to address population and development issues; seek support for the promotion of practices that guarantee protection of women and men from abuse; initiate programmes that prevent and treat STDs including HIV/AIDS; involve communities to conduct programmes aimed at eliminating traditional harmful practices. For instance, Advocacy and IEC have influenced the reduction of FGM in Kapchorwa district of Uganda. NGOs working in coalitions have convinced governments to formulate laws to eliminate FGM in Burkina Faso and Ghana for example; support management of abortion complications as in the Republic of South Africa; outlaw sexual violence and support women's inheritance as in Tanzania and Uganda; support girls' education as in Côte d'Ivoire and Guinea and, eliminating young girls as shrine slaves, for example, Ghana.

28. A number of constraints are identified and these include: non participation of some stakeholders in advocacy activities: lack of well coordinated institutional

mechanism; non-involvement of beneficiaries and private sector in advocacy programmes; prohibitive cost of media production; inadequate dissemination of materials to stakeholders and partners; absence of socio-cultural research-based information.

## **2.7 Forging partnerships with the NGOs, civil society and the private sector**

29. This assessment shows that after the ICPD, many African Governments have recognized the importance of the involvement of NGOs, civil society and private sector in the implementation of population and development programmes. The justification for enhancing such involvement is that NGOs, civil society and private sector are more participatory in their orientation and usually pursue a bottom-up development approach. Countries further reported that there now exists a wide range of links between governments, NGOs, private sector and civil society in many member States. These entities are increasingly being involved in discussions and decision-making related to population and other development issues. Governments are also increasingly willing to take actions related to concerns expressed by these entities.

30. However, the assessment notes the following constraints that have minimized the contribution of civil society to the implementation of DND and the ICPD-PA. These include lack of clarity in management structure; small scale intervention of African NGOs; lack of professional skill in project planning, implementation, monitoring and evaluation; limited expansion of the roles and activities of the private sector due to uncertain and complex legal, fiscal and regulatory frameworks; diversity and complexity of civil society; absence of coordination of efforts by the different components of the civil society in their endeavor towards poverty reduction, women empowerment, protection of human rights.

### **III. THE WAY FORWARD**

31. Given the achievements, best practices and constraints identified during the review process, the most recent follow-up meeting Committee adopted many recommendations for improving population and development issues in Africa and implementing the key programme areas of the DND and the ICPD-PA. These recommendations which were formally reviewed and endorsed by the First Meeting of the ECA's Committee on Sustainable Development, are summarized below.

- (i) Governments and the international community should make HIV/AIDS prevention and control in the region a priority at the highest political level;
- (ii) The centrality of achieving family values should be the basis for development and there is therefore an urgent need to focus attention on the family, both to better identify its roles in the population-development interrelationships and to stress the content of policy-decisions and collective responsibilities at national and international levels ;

- (iii) Women and adolescents should be provided with income-generating opportunities to cope with poverty, and hence be empowered to address RH/SH and other issues ;
- (iv) Greater efforts to halt conflicts and political instability in the region are needed;
- (v) Appropriate RH and population and development policies should be formulated and targeted to meet the needs of adolescents and youth ;
- (vi) The role of NGOs, civil society and the private sector should be better recognized in addressing population health concerns;
- (vii) Appropriate research should be undertaken for the development of IEC/Advocacy messages with the full involvement and participation of NGOS, civil society and the private sector ;
- (viii) Governments and their development partners (bilateral and multilateral donors, international organizations, NGOs, civil society and the private sector) should ensure allocation of resources required for the full implementation of DND and ICPD-PA recommendations.