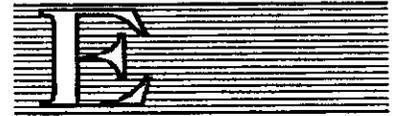


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**IMPLEMENTATION OF THE KILIMANJARO PROGRAMME OF ACTION (KPA)
AND DAKAR/NGOR DECLARATION ON
POPULATION, FAMILY AND SUSTAINABLE DEVELOPMENT**

INTRODUCTION

1. The fact that the Kilimanjaro Programme of Action on Population (KPA) remains a viable framework for the development of the region was generally acknowledged at the Third African Population Conference (APC3) when the efforts made by member states in implementing the KPA recommendations were reviewed.
2. The Conference noted that despite the increased number of explicit population policies formulated since the KPA, fertility was still high in most member states. It stressed that there were also problems with effecting desired declines in mortality levels and rural-urban in-migration rates; ensuring effective roles for women in development; implementing suggested programmes affecting children and youths; providing adequate data and information for the development of population policies; ensuring an increased role of non-governmental organizations in the development of such policies; and disseminating information to operationalize the process of integrating population factors into development plans (IPDP).
3. Accordingly, the Conference adopted the Dakar/Ngor Declaration on Population, Family and Sustainable Development urging member states to establish a follow-up mechanism to foster an accelerated implementation of the KPA recommendations. It was also stressed that no population policy could be implemented without a peaceful and stable political and social environment. Additionally the Conference examined the concept of sustainable development together with the prerequisites for achieving it^{1/}; and the ability of African families to raise and educate their young ones in the context of increasing poverty and escalating political tensions.
4. In particular, it set quantitative population targets. These included reductions of (i) the regional annual population growth rate from the current level of 3 to 2.5 per cent by the year 2000 and to 2 per cent by the year 2010; (ii) maternal mortality by 50 per cent; and (iii) infant and child mortality to less than 50 and 70 per 1000 respectively. The target also called for an increase in life expectancy at birth to at least 55 years for the region and contraceptive prevalence to 20 per cent by the year 2000; 40 per cent by the year 2010. By all standards, these targets are quite ambitious. But because they are necessary, the Conference called upon all member states to take adequate steps to ensure their attainment.
5. Before reviewing the constraints in the implementation of the KPA recommendations, it is pertinent to first examine the position of member states on the integration continuum.

I. THE POSITION OF MEMBER STATES ON THE INTEGRATION CONTINUUM

6. As at 1984, the four main difficulties identified at Bucharest (1974) still plagued the efforts of these states to operationalize the IPDP process: lack of

1/ These prerequisites included the improvement of the terms of trade; the fostering of economic integration between and among countries in the region to build strong collective bargaining power and overcome the small-market constraint; the establishment of a peaceful and enabling environment as well as effective management of the economy under democratic governance; the formulation and implementation of national population programmes simultaneously with programmes aimed at addressing environmental degradation as well as other social concerns like health and education; greater cooperation between countries having similar problems and characteristics as well as community involvement at the grassroots level in the formulation and implementation of policies and programmes; improvement and expansion of infrastructural facilities and national capabilities for formulating socio-economic development programmes; and, poverty reduction and increased employment opportunities.

data and trained personnel, inadequate knowledge about the methodology and insufficient sensitization of planners and policy makers about the need for IPDP.

7. Based on the UNFPA Guidelines for Programme Review and Strategy Development (1991), the ECA member states can be classified into four possible groupings (see Table 1) with respect to their status in terms of integrating population factors in their development plans: those that have limited and non-integrated population activities; those that are in the process of formulating national population policies; those that have explicit national population policies and experience; and, are those that are implementing comprehensive National Population Programmes (NPPs)^{2/}. Together these four groupings represent a continuum both in terms of the IPDP process and the extent to which they have implemented the KPA recommendations.

8. Where a member state starts, when it decides to initiate a programme of IPDP or how far it has gone with implementing the KPA recommendations, depends on the actual situation in relation to its position along this integration continuum. The specific form and the dimension of the process of integration in a given state depend on the magnitude, severity and relative importance attached (by the government) to the identified population problems; the carrying capacity of the national planning system; availability of data; research capacity; the perception of planners and policy makers of the importance of the national population problems; and, the available national capability to formulate and implement a National Population Programme (NPP).

9. From Table 1, just about one seventh of the member states (N = 7) have NPPs in place while about one third (N = 16) have an explicit population policy. About a quartile (N = 22) are in the process of formulating an explicit population policy and slightly over one tenth (N = 6) still have limited and non-integrated population activities^{3/}.

- Countries with limited population activities

10. Virtually all the countries in this group (see Table 1) are still experiencing most of the aforementioned four difficulties; they lack experts in data processing, data analysis and IPDP methodology. While Equatorial Guinea lacks civil registration data, Guinea Bissau is deficient on employment statistics^{4/}. Again, whereas Equatorial Guinea is reported as having experts in data collection as well as the capability to undertake population projections and use the micro computer for IPDP, Guinea Bissau has experts only in data collection and socio-economic planning.

- Countries in the process of formulating a population policy

11. In this group, there are also varying degrees of the four problems with IPDP. Each country situation is, however, unique. Most of the efforts in policy development by the states in this group are directed at infrastructural and

^{2/} See UNFPA, Guidelines for Programme Review and Strategy Development, UNFPA: New York, 1991.

^{3/} Many of the states that have formulated an explicit population policy since the adoption of the KPA have modelled their policy objectives and strategies around the KPA recommendations. The NPPs designed since then have largely been subdivided into sections following the 9 major areas within which the 84 KPA recommendations addressed to African governments were subsumed.

^{4/} This assessment is based on the data from the 34 member states that completed and returned the Country Questionnaire prepared in connection with APC3. Seychelles and Somalia did not respond.

training activities^{5/}. The main problem is that the modalities of the conceptual framework are inadequately understood^{6/}; and, the need for establishing national focal points for collating and disseminating population-development information required by the IPDP process has not equally been given adequate attention.

12. Most of the efforts by states in this group are directed at the infrastructural and training activities. For instance, as at 1990, about 14 states had established National Population Commissions (NPCs) to coordinate and supervise population activities and their implementation. Some 29 states then had a Population Planning Unit (PPU) to promote better understanding of the role of population variables in development planning^{7/}.

13. Angola for example, is far from formulating an explicit population policy let alone evolving the NPP. Despite two UNFPA Country Population Programmes, population and development planning is still at a very early stage because of the civil war which has overstretched the country's resources. The central objective of the third UNFPA Country Programme (1991-1995) is the creation of awareness regarding the country's population problems amongst political and mass organization leaders; strengthening Government's institutional and technical capability for IPDP; increasing the knowledge base of population-development-related data; decreasing infant and maternal mortality as well as the incidence of teenage pregnancy; increasing MCH/FP services.

14. With Botswana, there is a traditional practice of consultations within and between all sectoral Ministries prior to the preparation of the final draft of all Development Plans. Operationally, these consultations imply that each sectoral Ministry is mandated to prepare a "Keynote Issue Paper" that highlights the unique problems of the sector in relation to population. These drafts are then discussed and amended within and between the sectoral Ministries. The final versions of the drafts are then consolidated by the Ministry of Finance and Economic Development as a final Draft of the Development Plan. This *modus operandi* for preparing a Development Plan taking population into account, is worthy of emulation by other member States which are relatively at the same level of IPDP.

- Countries with explicit population policies

15. Regarding this group, the indication is that despite the increase in their numbers, fertility levels are still high. The social system in many of them still

^{5/} About 23 of the 27 respondents to the APC3 Country Questionnaire have put in place an Agency for IPDP. Three of these reported having trained personnel in all the fields of data collection, data processing, data analysis, socio-economic planning, population-development interrelationships, population projections, modelling and use of micro-computer in planning. Whereas 7 respondents had no experts at all, about 16 had experts in data collection; 12 in data processing and socio-economic planning; and 11 in data analysis and population projections.

^{6/} Operationally, this conceptual framework involves first, the establishment of population development interrelationship using the national data (at a macro and sectoral levels); second, the derivation of demographic objectives to be achieved in the course of implementing the Development Plan; and thirdly, formulating policies and programmes consistent with the demographic objectives.

^{7/} UNFPA, International Forum on population in the 21st century, Amsterdam, 6-9 November 1989, A/E/BD/3/Reg.1 .

places great importance on male children^{8/}. Because polygyny is still practised, the status of women tends to be linked to the number of children they have. Population policy measures are not being implemented simultaneously with those aimed at tackling the ultimate causes of environmental degradation^{9/}.

16. Ghana is one of the oldest member States with an explicit population policy^{10/}. In May 1970, the Government launched the National Family Planning Programme (GNFPP) with a secretariat as the coordinating department within the Ministry of Finance and Economic Planning. The GNFPP was charged with the responsibility for planning, funding, and coordinating activities of the family planning programme as well as for playing an integral role in economic planning under the leadership of the National Family Planning Council. In implementing the GNFPP, much responsibility was placed on the Ministries.

17. The Ministry of Health provided contraceptive services; the Ministry of Information oversaw the IEC aspects; the Ministries of Education and Agriculture contributed to the IE aspects of the policy. Private agencies provided contraceptives and played an important role in training and public information activities. The Catholic Secretariat participated by teaching the so-called natural family planning method. The MCH/FP Clinics were mainly run by the Ministry of Health and some private and mission hospitals. The Planned Parenthood Association and the Christian Council administered the family planning clinics while the distribution of non-prescription contraception was handled through commercial outlets.

18. And yet, the policy has had very little impact on fertility reduction due largely to the lack of political will; interministerial rivalry over control of the programme; dependence on doctors working in public hospitals for the delivery system of the programme; lack of adequate funding. The first attempt at social marketing of contraceptives, which was started in 1971, fell through in 1974 due to inadequate funding; pro-natalist attitudes in the rural areas due to high infant mortality rate; and, exclusion of men from the target population.

19. There have been some recent developments to reactivate the policy implementation. Social marketing was relaunched in April 1986; the programme impact project (PIP) was launched in June 1986; a nation-wide IEC programme was funded by USAID; a project on women in development was executed by ILO; emphasis was placed on primary health care; awareness by top government decision-makers

^{8/} UNECA, 'Study on social security systems and national development in Africa', Paper presented to the sixth Meeting of the Conference of African Ministers for Social Affairs, Addis Ababa, Ethiopia, 18-23 May 1992; see also Fergany, N., 'Panel on fertility policies', in Population Policies in the Third World Countries: Issues and Practice (25th Anniversary Commemorative Conference: Cairo Demographic Center, 1988).

^{9/} It has been argued that for population policies to affect long-term prospects for self-reliant and sustainable development, they have to be implemented simultaneously with measures to tackle these ultimate causes of environmental degradation. See Shaw, P. R., 'Rapid population growth and environmental degradation: ultimate vs proximate factors', Environmental Conservation, 16 (3), 1989, pp. 199-208.

^{10/} Overall, the Ghanaian official policy was to reduce population growth rate and natural increase through reducing fertility and adjusting spatial distribution; the target was to reduce population growth from about 2.5 per cent to 1.75 per cent by the year 2000.

of the population-development interrelationship was raised; support from international organizations was increased.

- Countries with NPPs

20. There are few states in this group. The core of the problem with the future of the IPDP process in the sub-region, is the formulation and implementation of NPPs particularly with the setting of targets for the various policy strategies.

21. The Government of Zambia, for example, adopted an explicit national population policy as an integral component of its Fourth National Development Plan (1989-1993) to accelerate national development and improve the standard of living for all Zambians^{11/}. Thereafter, the Government decided to prepare a comprehensive NPP to guide it in the implementation of the national population policy.

22. However, since this is an extremely demanding task in terms of both human and financial resources, it was decided that the design of sub-components of such a programme has the best potential for achieving a larger number of policy objectives and targets. It was also decided that since there is a long tradition of family planning programmes (FPP) in the country, a national FPP (NFPP) should be the first sub-component to be followed by a national population information, education and communication (IEC) programme.

23. The substance of Zambia's NFPP is divided into two parts: background and rationale for the NFPP and elements of the NFPP. The first part presents in some detail the country profile^{12/}; the national reaction to the demographic/socio-economic situation^{13/}; and, achievements and constraints of the MCH and FP situation. The second part sets out the guiding principles, objectives and targets of the NFPP; and the programme strategies^{14/}.

24. The Government of Senegal promulgated a Population Policy Declaration (PPD) into law on 28 April 1988 with the aim of improving the quality of life for all population categories through a better distribution of people in the national geographical area; reduction of morbidity and mortality; reduction of fertility and population growth rates; improvement in national capacities for research and training in the fields of population sciences.

25. To implement the PPD, an Interministerial Council (comprising one group for each of the ten foci of the PPD) was constituted under the coordination of the Ministry of Plan and Cooperation to evolve "The First Programme of Priority Actions and Investments for Population Activities" (PAIP). Each working group was

^{11/} The specific objectives are to initiate, improve and sustain measures to reduce the high population growth rate; enhance health and welfare among high risk mothers and children; achieve a more even distribution of the population; maintain and expand the population data base; promote fundamental human rights while at the same time providing information, education and communication (IEC) on number and spacing of children.

^{12/} This covers the geographic and administrative setting, the demographic and socio-economic situations and the implications of the demographic situation for national development.

^{13/} This consists of population-related activities and the national population policy (its goals, objectives, targets and implementation strategies).

^{14/} For details, see Republic of Zambia, National Family Planning Programme: 1992-2000, July 1992 (Draft).

to analyze the objectives and strategies set within its field of competence in order to select important priority projects to be implemented.

26. The implementation of the PAIP is a joint undertaking by the Ministries of Economy; Interior; Public Health and Social Action; Equipment, Transport, Housing; National education; Youth and Sports; and Delegate for the emigrants. Evaluation and Follow-up of the projects are undertaken at the sectoral and national levels. For each sector, each ministry appraises and follows up on projects under its responsibility. For the whole country, four committees perform both of these roles [i.e. Technical Committee for the follow-up of population policies and programmes; Consultative Committee on Population IEC; Studies on research fund for population; CONAPOP and CREPOP - Regional Population Committees]. The management of financial resources for the PAIP is a decentralized activity with each executing agency responsible for the means at its disposal.

27. Although the PAIP is to be seen as a package for presentation to Donors, it would appear that the MCH/FP component dominates the 17 projects. There has been much progress with the implementation of the PAIP but some of the 17 projects are yet to take off. Among those that had taken off, there is need to monitor their implementation in order to reconcile their focus and direction with their initial conceptualization as prescribed within PAIP.

28. Overall, much as Senegal has made progress towards formulating an NPP, there is still much room with the actual implementation of the identified actions aimed at ensuring the ultimate goal of harmonizing the country's economic and population growth rates.

II. CONSTRAINTS IN IMPLEMENTING THE KPA RECOMMENDATIONS

29. Given the foregoing on the relative position of member states on the integration continuum and/or their status in terms of implementing the KPA recommendations, it is also pertinent to review the constraints of these states in this context.

30. In the area of Population and Development Planning Strategy, there are still gaps between perceptions of various population growth components and associated desirable actions. Population policy development is a difficult process. The formulation of a policy, though necessary, is not a sufficient prerequisite for inducing declines in fertility levels. There are still problems with mastering the skills for IPDP given the reported number of difficulties with the IPDP process. The modalities of the conceptual framework are inadequately understood; the dissemination of population-development information required by the IPDP process has not equally been given adequate attention. There are still problems with the formulation and implementation of the policy strategies. As indicated in the previous section, most of the efforts in policy development are directed at infrastructural^{15/} and training activities.

31. In the area of Fertility and Family Planning, despite the increase in number of explicit policies, fertility levels are still high in most member states because these policies lack infrastructure and personnel; are concentrated on

^{15/} About 23 of the 27 respondents to the APC3 Country Questionnaire (ie. about 85 %) have put in place an Agency for IPDP. Three of these reported having trained personnel in all the fields of data collection, data processing, data analysis, socio-economic planning, population-development interrelationships, population projections, modelling and use of micro-computer in planning. Whereas 7 respondents had no experts at all, about 16, 12 and 11 respondents had experts in data collection; data processing and socio-economic planning; and data analysis and population projections respectively.

women and the urban areas; and, are influenced by the high illiteracy levels and infant mortality and the low status of women. Over 60 per cent of the 27 respondents to the APC3 Country Questionnaire desire to lower their fertility levels.

32. By far, integrated MCH/FP programmes are the most favoured component of NPPs for influencing fertility reduction in the region. To be successful, the management of these programmes should be based on setting targets for the service points of the programme, and on a cost effectiveness analysis of programme options. This involves arriving at the most rationale decision regarding modes of service delivery (clinic-based services, community-based delivery, social marketing and regular commercial distributions) and contraceptive methods employed in order to ensure accessibility of services and to achieve the highest possible contraceptive prevalence in the shortest possible time.

33. The factors that seriously affect the service delivery are largely macro-environmental. They include political commitment, legislation, receptivity to family planning, nature of government organizations, degree of socio-political stability as well as geography, infrastructure and budgetary support. The most serious of these is funding because the formulation and implementation of NPPs is very expensive.

34. Besides funding, there are also religious and socio-economic and cultural difficulties. The influence of religion is still strong in several States. On the one hand, the Catholic Church, which still opposes the use of modern forms of contraception, is a negative factor in Zaire; on the other hand, in countries that are predominantly muslim (eg. Sudan), it is a positive factor^{16/}. However, the religious basis for opposition to family planning programmes has weakened somewhat because of the series of sensitization seminars and workshops for muslims and Protestant religious leaders in the wake of awareness creation for the population policy drafts.

35. The social system in many member States still places great importance on male children. Because polygyny is still practised, the status of women tends to be linked to the number of children they have. Together, these considerations contribute to large family sizes. The various forms of social security schemes (eg. social insurance, provident fund, employer liability, etc) existing in some member States (as well as the types of risks covered, the coverage of the population, methods of financing and problems in their administration) have so far been unable to contribute much to social development in the region^{17/}.

36. For one thing, it is difficult for the governments to extend the schemes to those most in need (i.e. the vast mass of non-wage earners made up of poor peasants without the means of financing their protection). The signs are that any attempt to extend existing schemes prior to major internal reforms would prove meaningless. Provident funds, workmen's compensation, public servants compensation and social insurance schemes - all suffer from inflation, mismanagement and poor investment (particularly in French-speaking Africa). However, with urbanization, there is a transition from traditional to modern family planning. Better health care and technological advances are helping to

^{16/} Wulf, D., 'The future of family planning in sub-Saharan Africa' International Family Planning Perspectives, vol. 11, No. 1, March 1985.

^{17/} UNECA, 'Study on social security systems and national development in Africa', Paper presented to the sixth Meeting of the Conference of African Ministers for Social Affairs, Addis Ababa, Ethiopia, 18-23 May 1992.

reduce preferences for large family sizes in some States. Still many other constraints hinder contraceptive acceptance and use.

37. Regarding the area of Mortality and Morbidity, the levels of infant, childhood and adult mortality are still high in the region^{18/} principally due to the low status of women; socio-cultural and traditional practices favouring high fertility; poverty; poor nutrition for pregnant mothers; low female literacy; relative inaccessibility to good quality health care; and, underfunding or poor management of health services despite several Declarations.

38. Regarding the area of Urbanization and Migration, member States still regard their population maldistribution (particularly the disproportionate concentration of their urban population and development projects in a single or at most two metropolitan areas) as the most serious of their population problems^{19/}. The population redistribution policies have generally been ineffective largely because they are predicated on a relatively inadequate information base; they persist on economic structures which reflect a dependent situation vis-a-vis the international economic system; the development planning scenario overemphasize the growth in GDP rather than the more fundamental socio-economic transformation based on the effective mobilization of the entire population and total resources within the national territory; and their weak policy formulation together with inefficient coordinating machinery.

39. In the area of Women in Development (WID), member States have enacted reforms to ensure equality of sex opportunities while participating in the process of socio-economic development. They have also established professional associations, cooperatives, religious organizations, mutual help societies to conduct research, training workshops, etc. By 1989 about half of the countries had ratified the UN convention on the elimination of all forms of discrimination against women^{20/}.

40. And yet, in spite of the United Nations Convention on the elimination of all forms of discrimination against women, discrimination still continues in all

^{18/} Although much is being done to contain these constraints [e.g. increased expanded programme on immunization (EPI) from 20 per cent (1985) to 56 per cent (1990); increased adoption of quantitative targets to reduce mortality, morbidity and IMRs], the life expectancy at birth estimate of 56 years for 2000 is still short of the target of 60 years set by the International Conference on Population (1984); the corresponding IMR estimate of 103 is very much short of the 120 target.

^{19/} And yet, of the 27 respondents to the APC3 Country Questionnaire, only 15 indicated having adopted a policy [explicit and implicit to modify their population distribution.

^{20/} Of the 27 respondents to APC3 Country Questionnaire, 17 had adopted various measures relating to WID particularly in the areas of (i) education (increased opportunities for female higher education, family life education, IEC re use of modern contraception, etc.); (ii) employment (increased female access to employment, increased income generating opportunities, self help projects, etc.); (iii) marriage (increased age at first marriage, EPI, MCH/FP, etc.); (iv) inheritance and property; (v) the establishment of Ministry of Female Affairs to promote WID; and, (vi) improved data base on women. While some governments have processed a decree on WID, others have legislated to establish female cooperatives, promote or revise family code, reduce tax on female incomes and permit access to female participation in politics, among others.

fields affecting their status, role and life. The various programmes to promote WID face structural problems since national machineries are inadequately financed and are not located at a sufficiently high position within government. Hazardous practices still prevail as well as wide gaps in technologies for reducing women's workloads (in agricultural production, storage and processing). There is also lack of data on women to assess the progress in their involvement in development. Only modest gains have been made in the area of female participation in politics and in the holding of key positions both in government and in the private sector. In the area of health, hazardous practices (e.g. early marriage and pregnancy, female circumcision), still prevail. There still remain wide gaps in technologies developed by research institutions for reducing women's workload (in agricultural production, storage and processing).

41. Concerning the area of Children and Youths and consistent with the recommendations of the Regional Meeting on the International Youth Year (IYY: Addis-Ababa, 1983), most member States had set up structures for monitoring youth activities (eg. Ministries of Youth and Sports, Social Affairs, Labour and Employment or Community Development; youth wings of political parties; youth associations and national youth councils). And yet, there has not been any significant improvement in the provision of basic education since 1984; in some cases, there has been a decline. There are imbalances as well, in the distribution of educational facilities, high illiteracy, unequal educational opportunities by sex, declining educational standards, loss of motivation among teachers and students, failure to strike a balance between the established curricula and the social, cultural and economic needs of youths, the excess number of graduates in relation to absorptive capacity of the labour market and lack of relevance. There has been no follow up of the second phase let alone the third.

42. The provision of basic education in member States has been declining consequent upon lack of educational facilities, imbalances in their distribution (urban-rural), scarcity of resources, high illiteracy, unequal opportunities, declining standards, loss of motivation among teachers and students, failure to strike a balance between the curricula taught and the social, cultural and economic needs of youths, the surplus number of graduates produced in relation to the absorptive capacity of the labour market and their lack of relevance.

43. In the area of Data collection, Analysis, Training and Research, in the wake of the lack of effective statistical organizations, census regularity still falls short of the KPA stipulations. Other problem areas include the lack of financial provision for analysing data. The vital statistics and civil registration systems suffer from inadequate allocation of funds by the national governments, lack of motivation on the part of the public, problems connected with registration officials, administrative management and difficulties encountered in the rural areas. General fatigue follows data collection and with no incentive available, there is little interest in carrying out the operations beyond data collection. Much remains to be done to ensure fuller utilization of data for the development of population policies and programmes.

44. Three problem areas have been raised in relation to improving the potential of sample surveys as a planning input, namely, the type of survey programme best suited to the region (i.e. whether *ad-hoc* or integrated surveys); the choice between single- and multi- round surveys; and the relationship between demographic surveys and other national data collection activities. The main problems of the vital statistics and registration system relate to inadequate allocation of funds by national Governments, lack of motivation on the part of the public, problems connected with registration officials, administrative management and difficulties encountered in the rural areas (particularly their inaccessibility and the dispersed settlement pattern).

45. On Information, Education and Communication (IEC), it is to be noted that until the adoption of the KPA (1984), some member States were unfavourably

disposed to population programmes; pockets of resistance still exist. What is needed additionally, is to intensify these efforts at establishing national focal points for assembling and disseminating population development related data and information required to foster the IPDP process.

46. Regarding the role of NGOS, given their relative recency, they have had little time as yet to develop a tradition of grassroots' work; they also lack their own resources and depend upon foreign funding. With the scope of the development problems and the task of reaching the unserved population in the various member states, the benefits from their activities, scattered and isolated, are simply too minimal.

47. There is also the lack of sustained programmatic focus and the tendency to go from one sectoral project to another depending on available funding. This inability to stick to their original goals and mission as well as failure to specialize in particular areas of competence render organizational learning irrelevant and make continuity of particular agenda and goals impossible. Equally, they display a shortage of professional skills in planning, implementation and monitoring, financial and management control systems and evaluation functions.

48. There are few mechanisms by which indigenous NGO experiences can be shared and there are basically no viable and effective permanent networks and communication structures both locally and across states to exchange information or disseminate innovations and success stories; accordingly, there is basic lack of knowledge about each others' efforts. Additionally, they lack meaningful leverage in the political process and have little policy impact and are generally unable to exercise influence at the macro level let alone affect the structure of impoverishment in any systematic fashion. This is not to play down on the fact that indigenous NGOs work in difficult circumstances. The challenge facing them is to discover and institute an organizational structure and process that combines modern professional management while retaining the comparative advantages, grassroots orientation and the participatory nature of the indigenous NGOs.

CONCLUSION

49. The Third African Population Conference (APC3) reiterated the preeminence of the KPA as a viable framework for the sustainable development of ECA member states. To foster an accelerated implementation rate of the KPA recommendations, it adopted the Dakar/Ngor Declaration on Population, Family and Sustainable Development in which, among other things, it (i) recommended the establishment of a follow-up mechanism to ensure the said acceleration; and, (ii) set demographic targets within the framework of the KPA recommendations and urged member states to take appropriate steps to ensure their attainment in a bid to meet the goals and objectives of the KPA.

50. The present session of the Joint Conference is therefore urged to ensure that appropriate actions are taken in the member states to operationalize the aforementioned follow-up mechanism as well as the realization of the set demographic targets.

TABLE 1

**LIST OF ECA MEMBER STATES
BY GROUPS ON THE INTEGRATION CONTINUUM**

GROUP A	GROUP B	GROUP C	GROUP D
Djibouti	Angola	B. Faso	Algeria
Eq. Guinea	Benin	Cape Verde	Egypt
Guinea Bissau	Botswana	Gambia	Kenya
Libya	Burundi	Gabon	Mauritius
Seychelles	Cameroon	Ghana	Nigeria
Somalia	C. A. Rep.	Guinea	Senegal
	Chad	Liberia	Tunisia
	Cote D'Ivoire	Madagascar	
	Comoros	Mali	
	Congo	Morocco	
	Ethiopia	Niger	
	Lesotho	Rwanda	
	Malawi	Sierra Leone	
	Mauritania	Sudan	
	Mozambique	Tanzania	
	Namibia	Zambia	
	S.T.& Principe		
	Swaziland		
	Togo		
	Uganda		
	Zaire		
	Zimbabwe		

GROUP A : Countries with limited and non-integrated population activities;
GROUP B : Countries in the process of formulating population policy;
GROUP C : Countries with an explicit population policy;
GROUP D : Countries with a National Population Programme.