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**IMPLEMENTATION OF THE DND AND ICPD
IN THE EASTERN AFRICA SUBREGION. ***

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TABLE OF CONTENTS

I. INTRODUCTION

II. SITUATION OF POPULATION, ENVIRONMENT AND DEVELOPMENT

- 2.1 Population and Demographic Situation
- 2.2 Population and Environment
- 2.3 Population and Development

III. DND AND ICPD PROGRAMME OF ACTION

- 3.1 Dakar Ngor Declaration
- 3.2 ICPD Programme of Action

IV. IMPLEMENTATION OF PROGRAMME OF ACTION

- 4.1 Reproduction, women and family: PA
- 4.2 Population and Development: PA
- 4.3 Mortality, Ageing and Migration: PA
- 4.4 Best Practise of Success Story: PA

V. SUMMARY AND CONCLUSION

I. INTRODUCTION

The Eastern Africa Subregion of the ECA covers a geographical area stretching from the horn of Africa, the east African rift valley, the equatorial forest of the Congo and great lakes region, the Lake Victoria riparian countries and the Indian Ocean countries. The thirteen countries of the subregion are Burundi, Comoros, Djibouti, DR Congo, Eritrea, Ethiopia, Kenya, Madagascar, Rwanda, Seychelles, Somalia, Uganda and Tanzania. The subregion spans from the Atlantic Ocean to the Indian Ocean coastline passing through the equatorial and savannah forest areas of the tropics.

The 3rd African Population Conference (APC) was held in 1992 in Dakar, Senegal. The APC was a regional conference in preparation of the International Conference on Population and Development (ICPD) that took place in Cairo, Egypt in 1994. The Dakar/Ngor Declaration (DND) and the ICPD Programme of Action (ICPD.PA) were adopted by all delegations including those of member countries in Eastern Africa Subregion. These recommendations form basis for population and development frameworks for member countries. It is the expectation that appropriate implementation of the recommendations would enhance population and development for member countries in Eastern Africa subregion. The ECA was mandated to monitor progress of implementation of both development frameworks in the Africa region.

In this report an attempt was made to review and assess progress of implementation of the DND and ICPD.PA in order to identify success stories or best practices and constraints hindering achievements of commitments among member countries in the Eastern Africa Subregion. Following this introduction, part II reviews the current situation of population and development with reference to 2001. Part III considered the DND and ICPD.PA recommendations. Part IV analysed progress of implementation of commitments contained in both DND and ICPD.PA documents. The paper concluded with a summary of results of analysis.

II. POPULATION, ENVIRONMENT AND DEVELOPMENT

It has increasingly been recognised that there exist interrelationships between population, development and environment; therefore population factors were integral parts for effective development programmes for member countries to achieve goals of sustainable development. In this section the purpose was to review demographic, environmental and development situation among countries in the subregion with reference to data and information compiled for 2000 and 2001.

2.1 Population and Demographic Situation

According to the latest population estimates and projections for 2000 and 2001, the subregion has a total population of more than 254 million people or about one third of total population for Africa. Ethiopia, DR Congo, Tanzania, Kenya and Uganda contributing about 80 percent of the population of the Eastern Africa Subregion.

The Subregion is also characterised by high levels of fertility, mortality and rural-urban migration. In addition, there are high rates of annual population growth. Estimates of life expectancy at birth are below 50 years in majority of countries. For example, the crude birth rates for countries in the subregion range from as high as 52 and 51 for Somalia and Uganda respectively to as low as 34 for Kenya. The rest of the countries have CBR lying between 38 and 47 live births per 1000 population per year, except for Seychelles where there were no estimates available. The high rates of CBR implied that countries have high total fertility rates ranging from as many as 6.8 children for women completing childbearing in Burundi or Ethiopia to fewer than four children in Kenya. The high level of fertility for countries of the subregion is partly due to high proportion of births occurring to young mother under 20 years of age. Younger women under 20 years contribute more than 20 per cent of all births in DR Congo, Somalia and Uganda. Rwanda, Burundi and Djibouti had less than ten per cent of total births from child mothers. The subregion also has low contraceptive prevalence rates to influence high fertility levels.

Levels of mortality remain higher than for other subregions in the continent. Crude death rates range from as high as 21 each for Burundi, Djibouti and Rwanda to as low as 9 for Comoros with the average for the subregion being at 17 deaths per 1000 population. Consequently, estimates of life expectancy at birth are among the lowest. Only Comoros has life expectancy birth exceeding 61 years, being the highest in the subregion. The majority of countries have life expectancy at birth of less than 50 years. Similarly, mortality under-five is very high. The rates range from as high as 200 for Burundi, Djibouti and Rwanda. Comoros, Kenya and to some extent Tanzania have more favourable levels of mortality among children under five years. All other countries have under-five mortality rates in the intermediate. Maternal mortality rates were quite high in the subregion. Latest estimates revised in the year 2000 put these estimates to be greater than 1000 deaths per 100,000 in six of the countries where data was available. Madagascar and Seychelles were the only countries with fewer than 500 maternal deaths per 100,000 per year.

The pandemic of HIV/AIDS whose prevalence rates are high in subregion contribute significantly to situation of high levels of mortality. Estimates revised in the year 2000 suggest that adult population prevalence rates were greater than 10 per cent recorded for Kenya followed by Djibouti, Burundi, Rwanda and Ethiopia. Comoros, Madagascar and Eritrea had lowest rates while the rest of countries were in the intermediate position. There were no comparable data for Seychelles and Somalia. However, there should be caution in the interpretation of data because of variation in the data collection and analysis methodologies

2.2 Population and Environment

The subregion is characterised by a quite varied landscape including arid and semi-arid lands, forest and quasi-desert in some countries. There are countries with plenty water resources such as DR Congo, Madagascar, Ethiopia and Uganda. Deforestation is a problem in the subregion where loss of forest cover annually is severe like in Burundi, Rwanda, Uganda and Somalia.

Cropland (arable land and land under permanent crops) per capita, i.e. average number of hectare (ha) of land per person in Eastern Africa is about 0.21ha compared to 0.28ha for Africa as a whole. Uganda alone has largest piece of cropland per capita with 0.34ha followed by Madagascar, Ethiopia, Rwanda, DR Congo and Kenya. Smallest cropland per capita was available in Eritrea and Seychelles. Rapid population growth rates, inadequate water resources and loss of forest cover contribute to environmental degradation in Eastern Africa.

The distribution of population is uneven in the subregion. The population density for the subregion is quite low at 40 persons per km². In some countries the density is 325 for Comoros, 302 for Rwanda and 234 for Burundi making these countries to be the most densely populated in Eastern Africa. All the other countries except for Seychelles and Uganda have densities within the range of 14 to 58 persons per square kilometre.

2.3 Population and Development

The subregion has agriculture-based economies producing mainly primary products like raw materials and semi-processed goods. The gross domestic product per capita is very low in almost all countries. In terms of measuring GDP converted as purchasing power parity (PPP in US\$) rates the average for the subregion is less than half for the Africa region. Except for Comoros and Seychelles the majority of countries have their PPP in US\$ less than 1000. Uganda, Kenya, DR Congo and Eritrea are slightly wealthier than the rest.

Similarly, almost half of the population of the subregion is undernourished. The highest proportion undernourished is Somalia (75%) followed by

Burundi (68%), Eritrea (65%) and DR Congo (61%), respectively. Food security, particularly in these countries remains a problem.

The spatial population distribution and process of urbanization in the subregion are determined by the rural-urban migration of population. The factors that determine these movements appear to influence the pattern of population concentration into urban centres (there is no standard definition of an urban centre). Annual population growth rates are very high in urban areas. For example, annual population growth rates for urban areas averaged at 4.6 per cent for the subregion. However, countries such as Burundi, Uganda, Tanzania, Somalia and Ethiopia registered rapid growth rates that exceeded 5 per cent. Consequently, annual population growth rates for rural areas were comparatively very low. There was negative growth rate such as in Seychelles. However, the subregion has on average a rapid annual population growth rate greater than 2.4 per cent. Eritrea and Somalia having highest growth rates of 2.5 % and 4.2% respectively. On the other hand, Djibouti, Kenya and Seychelles have less than the average population growth rate.

Although urban population growth rates were very high, the subregion has a very low urban population proportion. Less than one-third of the population lives in urban areas. At the country level, urbanisation was very insignificant, particularly in Rwanda (6%) and Burundi (9%). On the other extreme, Djibouti (83%) and Seychelles (64%) were most urbanised than all countries of the subregion. Consequently, the subregion has a majority of its population basically in rural areas.

III. DND AND ICPD PROGRAMME OF ACTION

The 3rd African population conference was held in 1992 in Dakar, Senegal. The delegates adopted the Dakar Ngor Declaration of population, family, sustained growth and sustainable development. Subsequently, the Cairo International Conference on Population adopted the ICPD.PA. Member countries of the subregion participated in this conference.

3.1 Dakar Ngor Declaration

The Dakar/Ngor Declaration on population, Family and Sustainable Development as adopted at the 3Rd African Population Conference held in Dakar Senegal from 7 to 12 December 1992 contained principles and objectives expressing desires and concerns of African countries. The delegates outlined commitments for the Africa governments, the private and NGOs, the subregional and regional groupings, the ECA and other United Nations agencies as well as the international community at large.

The consensus for African governments was to articulate and implement relevant policies and programmes addressing problem areas, i.e.

- (1) Population, sustained economic growth and sustainable development. The focus is on integrating population policies and programmes to strengthen social sectors; implement measures to tackle causes underlying environmental degradation and to put emphasis on matters of food security, land use and farming systems. Other measures include encouraging economic growth and exchanging experiences on population policy formulation and programme implementation.
- (2) Family. The main concern is to take account of the rights and responsibilities of all family members as well as giving opportunities for couples deciding on the size of families and that family concerns should be integrated in all development plans, policies and programmes. Analytical studies on demographic processes within the family cycle should be encouraged to identify determinants of small family size.
- (3) Fertility and family planning. Creation of conducive socio-economic climate and political will to be able to pursue effective fertility policies and programmes including setting fertility and family planning targets, measures to improve status of women and their reproductive health, establishing strong maternal and child health (MCH) programmes, decentralising health care delivery systems in urban areas and strengthening information, education and communication in MCH and family institution to be strengthened.
- (4) Mortality, morbidity and AIDS. Giving priority to combating high infant, child and maternal mortality and morbidity as well as HIV/AIDS. Achieve set targets by the year 2000 of life expectancy of 55 years, infant mortality rate of 50 per 1000 live births, and childhood mortality of 70 or less as well as reducing maternal mortality by half of the 1990 levels and implementing the African Health Development Framework adopted in 1985.
- (5) Urbanization, migration and physical planning. Address urbanization and migration issues taking into account underlying causes and impact of demographic, social, economic and environment on regional development planning to achieve equitable distribution of development efforts and better distribution of

population as well as management of cities, urban areas and rural development programmes.

- (6) Refugees and displaced persons. Exerting effort to tackle problems of refugees and internally displaced persons, undertake measures to protect and assist refugees at time of entry into asylum and repatriation.
- (7) Women in development. Adopting national policies on improving the role, status and participation of women in development programmes including emphasis on education of girls.
- (8) Children. Ratifying the Africa Charter on the Rights and Welfare of the Child adopted in 1990 by the OAU and implement the Declaration and Plan of Action of the World Summit on Children.
- (9) Youth. Ensuring that population programmes address concerns of youth in all development activities, formulate policies and strategies that protect youth and integrating them in all development activities.
- (10) Data collection and analysis, information dissemination, training and research. Making determined efforts to improve population and demographic data collection and analysis, establishing civil registration and vital statistics systems and conducting regular population censuses and demographic surveys. Undertake demographic studies and research to assess impact of population programmes on the family, studies on interrelationships between population, environment and sustainable development to assist African countries in formulating and implementing relevant policies. Establish training and research institutions in population and development in African countries.
- (11) Information, education and communication. Establishing advocacy programmes to promote population information in African development.

The private and non-governmental organizations (NGOs) were expected to (a) promote community participation, (b) be strengthened and considered as full partners by governments and (c) promote popular participation in the implementation of the programme.

The conference further agreed that the subregional and regional groupings should (a) play their role in population-related matters through intra-regional trade and (b) promote technical cooperation.

Finally, ECA, the World Bank and other relevant organizations of the United Nations system as well as such regional organizations as OAU and ADB should undertake measures to implement the DND programme including implementing joint activities.

Lastly, the international community should (a) continue to increase assistance to Africa countries in the field of population and development, (b) consider conversion of Africa debt into grants and (c) strengthen South-South cooperation with regard to training, exchange of information, sharing of experiences know-how, and technical expertise.

3.2 ICPD Programme of Action

The International Conference on Population and Development was held in Cairo, Egypt 5-13 September 1994. The programme of Action that was adopted at the conference addressed twelve areas for national action, international cooperation, partnership with NGOs and follow-up action.

The recommendations contained in the DND that are all of greater relevance to the subregion and they are the following :

- (1) Interrelationships between population, sustained economic growth and sustainable development. The purposes include developing strategies at all levels with the goal of meeting the needs and improving the quality of life of the present and future generations as well as all aspects of development planning to promote social justice and to eradicate poverty in the context of sustainable development.
- (2) Gender equality, equity and empowerment of women. The objectives include achieving equality and equity between men and women to enable women to realize their full potential, to ensure enhancement of women's contributions to sustainable development and to ensure all women and men are provided with the education necessary to meet their basic human needs.

- (3) The family, its roles, rights, composition and structure. The objectives include formulating policies and laws that better support the family, to establish social security measures that address the social, cultural and economic factors and to promote equality of opportunity for family members, particularly of women and children.
- (4) Population growth and structure. The objective is to facilitate the demographic transition to address imbalance between demographic rates and social, economic and environmental goals.
- (5) Reproductive rights and reproductive health. The objectives include ensuring that full range of reproductive health care services as well as family planning are accessible, affordable, acceptable and convenient to all users, to enable voluntary decisions about childbearing and methods of family planning as well as to meet changing reproductive health care needs and addressing sexually transmitted diseases including HIV/AIDS.
- (6) Health, morbidity and mortality. The objectives include increasing health care services and facilities, to increase healthy lifespan by improving quality of life of all people and to prevent, reduce and minimize impact of HIV/AIDS.
- (7) Population distribution, urbanization and internal migration. The objectives include fostering a more balanced spatial distribution of the population and to reduce the role of various push factors in relation to migration flows.
- (8) International migration. Addressing root causes of migration related to poverty, to encourage more cooperation and dialogue between countries of origin and destination and to facilitate the reintegration of returning migrants.
- (9) Population, development and education. The objectives include achieving universal access to quality education and job training, to combat illiteracy and eliminate gender disparities in access to education as well as to promote non-formal education.

- (10) Technology research and development. The objectives include establishing a factual basis for understanding interrelationships of population and socio-economic and environmental variables for improving programme development, implementation monitoring and evaluation. Other objectives are to strengthen national capacity to data collection, analysis and dissemination and to ensure political commitment.

The ICPD.PA included four other action programmes that would facilitate its implementation such as (a) establishing national action plans, (b) strengthen international cooperation, (c) partnership with the Non-Governmental sector, and (d) establish mechanism on follow-up actions to the conference decisions.

The ICPD.PA outlined above was adopted on the basis of principles such as considering that human beings are born free and equal in dignity and rights, are at the centre of concerns for sustainable development, the right to development is universal and advancing gender equality as well as recognition that population related goals and policies are integral parts of cultural, economic and social development. Section IV that follows presents the analysis of the progress of implementation of both DND and the ICPD.PA.

IV. PROGRESS OF IMPLEMENTATION

There has been debate concerning monitoring implementation of both DND and ICPD.PA as development frameworks without reaching consensus. The difficulties arise from disagreement on conceptual understanding to paucity of data to be used in analysing trends and fixing indicators for measuring trends. In this regard, progress of measuring impact of implementation of both development frameworks took a descriptive approach to what has occurred since adoption of the DND and ICPD Programme of Action.

Another factor for consideration is that the APC was organised as a preparatory conference to the International Conference on Population and Development that was held in Cairo, Egypt in September 1994. In this regard, the thematic areas of concern adopted by the APC were necessarily similar to the programme of Action adopted at the Cairo conference. Therefore, in the presentation of progress achieved in implementing both DND and ICPD.PA would focus on areas of common to both programmes. The ECA has written reports presented at various fora including workshops on assessment of experience in the implementation of the DND and ICPD.PA in the past. Two of these series of reports were issued in 1998 and 1999, respectively. The ECA

presented a framework of analysis focusing on thematic areas for implementation of the DND and ICPD.PA .

In this presentation areas covered by both the DND and ICPD.PA were recast into 3 major areas as the following groups :

- (1) Reproduction, women and family;
- (2) Interrelationships between population dynamics and development; and
- (3) Mortality, migration and elderly.

Each of these areas was covered by a programme of action and subsequently presented herewith as follows:

4.1 Reproduction, women and family

This programme has the largest number of recommendations that cover five areas as follows:

- i. Reproduction, reproductive rights, health problems and sexuality;
- ii. Family planning, freedom of choice and contraceptive services;
- iii. The family, its social formation and protection, and relations among its members;
- iv. The Programme's main target groups;
- v. Those responsible for implementing the recommendations

In considering progress of implementation under this Programme of Action, both DND and ICPD dealt with issues of reproductive health, abortion, family planning, the family, women, adolescents, children (youths) and partnerships with NGOs, private sector and community groups. Recommendations regarding these topics are available in the relevant documents of the APC and the ICPD and should be referred to for details .

ECA, **Implementation of the Dakar/Ngor Declaration and the Programme of Action of the International Conference on population and Development: An assessment of the Africa experience**, FSSDD/ICPD/FC.3/98/5, Addis Ababa, November 1998

ECA, **African experience on the implementation of the Dakar/Ngor Declaration and the programme of Action of the International Conference on Population and Development**, FSSDD/ICPD/FC.3/99/6, Addis Ababa, 17 March 1999

Louise Lassonde, **Coping with population Challenges**, Earthscan publications Ltd, London 1997, pp14-69

UNECA, **Dakar/Ngor Declaration on Population, family and Sustainable Development**, E/ECA/POP/APC.3/93/1

Progress of implementation since adoption of the DND and ICPD.PA is that governments, partner organizations and the United Nations system have exerted efforts and adopted measures, in the subregion on the following:

- (a) Population policy reformulation in countries like Uganda, Tanzania, Rwanda, Kenya
- (b) Population planning units established in nearly all member countries
- (c) Reproductive health services have been reorganised to make family planning accessible to all by 2015 and identifying fundamental causes of maternal mortality to reduce by half its rate by 2015
- (d) Governments have commissioned scientific studies on perceived birth control and sexual health needs, as conducted by Ministries of health in Kenya, Rwanda and other research institutions
- (e) Data collection and analysis undertaken to provide databases on relevant topics of this thematic group to enable compute indicators of progress (see Statistical Tables in the Annex)

4.2 Population and Development

In this thematic group both the DND and ICPD had recommendations in three areas, namely;

- i. Integrating population and development strategies
- ii. Population, sustained economic growth and poverty
- iii. Population and environment

The other areas mentioned included food security and its related issues of marketing services, agricultural mechanization, research and extension services, land use and farming systems. Industrial strategies to encourage economic growth and exchanging experiences in population

policy and programme formulation and strengthen institutions in charge of implementation of programme of action.

In this thematic group there are four priority areas of action focusing on combating poverty and meeting needs of growing population. The priority areas are the following :

1. Provision of food security through strengthening of food and agriculture programmes and policies
2. Creation of jobs in industry, agriculture and services
3. Decentralization of production and decision-making structures
4. Investment in human resources

Inadequacy of data due to inappropriate mechanisms for data collection and analysis, it was not possible to provide a quantitative or qualitative monitoring of progress of implementation of the Programme of Action in the subregion. However, available information from countries suggested that implementation was on course that implies that action had had taken place in to some extent in all the four areas mentioned above. For example, population trends have continued to show expected patterns, like in the case of population growth rates have been reducing from high levels of 1990s to below 2.5 in many countries. Life expectancies at birth have been showing an increasing trend, although its tempo has reduced significantly due to HIV/AIDS pandemic in the subregion.

Studies conducted by the EA-SRDC have suggested that countries of the subregion have been reformulating population policies, policies on food security and agriculture, policies on environmental conservation to reverse deforestation and soil erosion, policies on management of water resources such as in the Lake Victoria Basin countries. These policies and other measures taken would facilitate enhanced

implementation of commitments of the DND and ICPD.PA in the subregion .

4.3 Mortality, Ageing and Migration

Both the DND and ICPD.PA adopted a number of recommendations and strategies linked to this thematic group that covers mortality among infants, maternal and sexuality (AIDS). Recommendations also covered topics such as primary health care and health-care sector, child survival and child health, safe motherhood, refugee, asylum seekers and displaced persons, and population growth and structure including elderly persons.

In this Programme of Action governments were called upon to increase lifespan and quality of life and reduce differential mortality between and within countries. All countries were expected to reduce mortality and morbidity to achieve set targets of life expectancy at birth. Regarding the elderly, all countries were expected to develop health care systems and social security schemes as well as paying special attention to women's needs. On migration, it was endorsed that migration flows should be reduced, political and economic migrants should be dealt with. Management should be improved of controlled migrations for benefit of countries concerned. Lastly, there should be individual's rights to freedom of movement.

Regarding progress of implementation of DND and ICPD.PA on reducing infant and maternal mortality countries in the subregion made significant advance since 1990s. However, the HIV/AIDS pandemic reversed gains in reducing mortality levels during the past decade since implementing both DND and ICPD programmes of action. Estimates of IMR and under-five mortality rates barely showed any changes. Similarly estimates of e_0 were lower than a decade later. Countries of the subregion have taken efforts to combat the impact of HIV/AIDS as part of implementing the programmes of action. Recent estimates of prevalence of AIDS among adult population are lower in all countries than before (see Statistical table in the Annex).

The proportion of elderly population aged 60 years and over was 4 per cent on average in 2000. The highest proportion was in Djibouti (6%). The other implication is in terms of old age dependence ratio being 6 per cent for the subregion. Djibouti had the highest elderly dependency ratio of 7 %. The challenge of elderly population is being recognized in the subregion.

Migration in the subregion is mainly due to rural-urban movements of people, refugees across borders and internally displaced persons within countries at war, particularly civil wars and civil strife. In implementing recommendations of the Programmes of Action countries of the subregion have set mechanisms to deal with causes of civil strife through the Organs of the OAU/AU and the United Nations System. In order to stem rural-urban migration, governments were establishing new settlements of medium size centres in line with the recommendations of DND and ICPD as well as Habitat Agenda on human settlements.

4.4 Best Practice of Success Story

The Eastern Africa Subregion comprises heterogeneous countries in terms of social, economic and demographic as well as environmental conditions. In this regard there would be large differences in the level and effectiveness in relation to implementation of the Programme of Action adopted at the APC and ICPD meetings that were held at Dakar, Senegal and Cairo, Egypt respectively.

While considering the review of implementation of population activities in the subregion, it was evident that there was lack of comprehensive and comparative data and information among the countries. Data presented in various tables annexed to this report would suggest countries that have been implementing the Programme of Action more successfully than otherwise.

Studies undertaken by the EA-SRDC on the topic of best practices in population, food security and sustainable development considered implementation of relevant programme activities to have been more successful in Kenya than all other countries in the subregion. Similarly, it was apparent that implementation of the DND and ICPD Programme of Action was better achieved in that country than elsewhere. Countries of the

subregion may replicate approaches adopted by Kenya taking into account their own situations. Population programmes being implemented in Kenya such as MCH, PHC and family planning as well as on spatial distribution including establishing medium size towns in peri-urban and rural areas enhance efforts towards better standard of living and improved lifespan and reduced mortality, morbidity and fertility levels. However, programmes to reduce and minimize impact of sexually transmitted diseases including HIV/AIDS in Uganda provide experiences of successful examples for other countries to emulate.

V. SUMMARY AND CONCLUSION

The 3rd African Population Conference that was held in Dakar, Senegal was one of the preparatory meetings for the International Conference on Population and Development that was held in Cairo, Egypt in September 1994. The teams that negotiated the APC and ICPD worked on an integrated format for both conferences. The recommendations adopted by the APC, commonly referred to as the Dakar/Ngor Declaration on Population, Family and Sustainable Development (DND) and those endorsed at International Conference on Population and Development (ICPD.PA) had common principles and objectives.

The DND formed important input to the ICPD.PA. African countries endorsed both documents as important guidelines in the formulation and implementation of development programme activities for the continent and its subregions. It was apparent that both development frameworks were adopted given the constraints and bracketed issues that prevailed. These constraints and bracketed issues have influenced the tempo and effectiveness of implementation of the Programme of Action. The impact of the HIV/AIDS, weak state of economies, rapid population growth, persistent food insecurity and environmental degradation as well as social and political instability, numerous civil wars and civil unrest have contributed to less effective implementation of the Programmes of Action adopted at the APC and ICPD.PA.

The implementation of the Programmes of Action would need effective means and mechanisms to be used in monitoring and assessing its

achievements. It would be necessary to create institutional structure to establish coordinated methodologies for assessment. For example, there should be relevant and specific data collection and analysis approaches to enable monitoring and evaluation of implementation of the Programme of Action at all levels.

ANNEX: STATISTICAL TABLES

Table 1: Population size, density and annual growth rates in rural and urban areas based on 2001 estimates.

Density

Annual

Pop.

Growth

rate

Eastern

DR

Source: Population, environment and development, wall chart 2001

Table 2: Fertility levels estimates and proportion of all births to women aged less than 20 years of age, based on 2000 estimates.

Eastern

DR

Source: World Population 2000, wall chart

Table 3: Mortality levels, life expectancy at birth and HIV/AIDS prevalence (%) based on 2000 estimates.

Country/Area U5MR MMR CDR e_0 HIV

Eastern

Eritrea
142
1400
13
52
2.87

Ethiopia
183
1400
19
43
10.63

Kenya
103
650
14
49
13.94

Madagascar
147
490
13
54
0.15

Rwanda
196
1300
21
41
11.21

Seychelles
...
67
...
...
...

Somalia
186
1600
17

49

...

Uganda

159

1200

17

46

8.30

Tanzania

117

770

13

51

8.09

Source: Population wall chart 2000, UNAIDS website

Table 4: Urban population and structure based on 2000 estimates.

Eastern

DR

Source: Population wall chart 2000

Table 5: Water resources, forest cover, cropland, undernourished and GDP recent estimates

Forest cover

GDP

Source: Population, environment and development wall chart, 2001.