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CONCEPT PAPER
FOR A
REGIONAL POPULATION PROJECT

OFFICE OF REGIONAL AFFAIRS
AFRICA BUREAU
AGENCY FOR INTERNATIONAL DEVELOPMENT

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FOR A

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I. INTRODUCTION

The purpose of this concept paper is to obtain field and AID/W views on the best approach for the Africa Bureau to follow in addressing the population problem in Africa. More specifically, what should be the purposes, content, and management mode of a proposed FY 1983 regional population project. This paper provides relevant background information and some possible approaches for a regional project. After receiving comments and reactions to this paper, it is intended that a PID and PP for the new project will be prepared during the next 6-9 months.

Congress, the Administration, and AID remain concerned about the implications of rapid population growth and its effect on political stability, security and development. The Africa Bureau's functional reviews of the population and health sectors in 1979 and 1980 called attention to the need for assistance in Africa in this area. The reviews described the population problems in Africa and AID's response to it and made recommendations to improve AID's assistance. Much of the information generated by those reviews is contained in this paper. Other documents used in this paper are the Agency Health Policy Paper (March 1980) and the Population Briefing Material on Sub-Saharan Africa prepared by S&T/POP (February 1982).

II. AFRICA'S POPULATION GROWTH RATE

The population growth rate in Africa continues at a faster pace than that of any other area of the world. The present annual rate of population growth in

Africa is 2.9 percent. At this rate, Africa's total population of 472 million will double in 24 years.

The birth rate in Africa is presently recorded at 46 per 1000 population. The current average rate of fertility is 6.6 live births per woman. Measurable declines in birth rates can be observed in virtually every major region except Africa where the pace of childbearing shows evidence of continuing as in the past.

The death rate in Africa is 17 per 1000 population. Africa's infant mortality rate of 140 deaths in the first year per 1000 births is unacceptably high. The life expectancy in Africa of 49 years at birth is unacceptably low. These health statistics indicate the need for concerted action by African countries and external donors to mount programs that will improve basic health conditions on the continent. Improved health services and practices such as those included in the concept of primary health care and new programs supported by external aid such as the regional Combating Childhood Communicable Diseases project will undoubtedly contribute to lowering the death rate. African countries and external donors must recognize that improved health conditions will accelerate population growth, at least in the short term. As death rates decline, it is imperative that the other variable in the population equation -- the birth rate -- also decline.

Table I demonstrates Africa's position concerning population and other selected development indicators in relation to other developing regions. The United States is included for the purpose of comparison.

Table I. Selected Development Indicators

	<u>AFRICA</u>	<u>ASIA</u>	<u>LATIN AMERICA</u>	<u>U.S.A.</u>
Mid-1980 Population (Millions)	472	2,565	360	123
Birth Rate (Births/1000 Population)	46	28	34	16
Death Rate (Deaths/1000 Population)	17	11	8	9
Growth Rate (Annual %)	2.9	1.8	2.6	0.7
Years to Double Population	24	39	26	99
Infant Mortality Rate (Deaths in first year/1000 Births)	140	103	85	13
Life Expectancy at Birth (Years)	49	58	64	73
Urban Population (%)	26	27	61	74
Per Capita GNP (US\$)	530	760	1380	9,700

Source: 1980 World Population Data Sheet

Table I also indicates the low levels of urbanization and economic development in Africa, which bear heavily on the region's population and health problems.

2/1/87 Furthermore, Africa's population of 472 million is divided among 48 countries, *error* eighteen of which have less than two million people and twenty of which are among the world's least developed. The task of dealing with 48 sovereign entities, each with its own development policies and objectives, greatly increases the difficulty of addressing the problem of rapid population growth in Africa.

It is the viewpoint of this paper that Africa's current population growth rate causes severe restraints on development. Excessive population growth lowers the quality of life and impedes the achievement of social and economic goals including

food self-sufficiency, environmental protection, the provision of basic services, improved health and nutrition for women and children, and so on. There is an urgent need for African countries to recognize the problems being generated by their currently high birth rates and to adapt policies and programs that will lead to reductions in fertility.

III. CONSTRAINTS TO LOWERING THE BIRTH RATE IN AFRICA

The factors listed below have been identified as major constraints to lowering the birth rate in Africa. The constraints apply specifically to the establishment and use of family planning services. It is understood -- although not always precisely -- that other factors such as educational attainment, the status of women, urbanization, and levels of income affect the rise or fall of the birth rate. The relationship of any of these factors to population growth reinforces the need for certain programs in other sectors, for example the provision of basic education for girls. However, these related programs are outside the scope of this paper and are not addressed in the constraints to family planning activities listed below.

1. Knowledge and attitudes about population growth

A significant proportion of African leaders still question the desirability of reducing population growth rates. Some are not fully aware of its importance in the development process. Many cling to traditional, cultural, and religious beliefs which encourage the bearing of a large number of children in order to provide for the parents' security in old age, achieve self fulfillment as a parent, and other reasons. Some Africans also look upon population programs as a form of neo-colonialism. However, progress has been made in providing African leaders with knowledge about how excessive population growth can adversely affect the achievement of social and economic development goals. Attitudes seem

to be changing as the relationship becomes better understood. Twenty countries now support the provision of modern fertility control services. Due to the sensitivity surrounding the topic of fertility control, these services are normally provided in the context of health improvement.

2. Lack of population policies

The lack of an explicit or implied population policy with respect to national or sectoral development goals is frequently a constraint, especially in societies strongly influenced by central government authority and programs. Only five African nations have explicit policies to reduce their population growth rates.

3. Lack of reliable demographic data

Some countries in Africa have never taken a general census and available demographic data are frequently unreliable and inaccurate. Demographic data are necessary for planning and evaluation of development programs. Vital statistics are particularly important for determining the extent and nature of the population growth problem and to stimulate appropriate policy action.

4. Limited availability and knowledge of modern contraceptives

Traditional and cultural birth spacing practices such as breastfeeding, periods of sexual abstinence after the birth of a child, overt pregnancy prevention and termination practices are prevalent in Africa. There are both advantages and disadvantages to traditional fertility regulation methods but it is evident that many of the practices are not as reliable as modern contraceptives in preventing unwanted pregnancies. Moreover, urbanization and other changing social conditions in Africa are causing some of the traditional practices to be less prevalent. The most important considerations in comparing traditional and modern fertility regulation methods are their effectiveness, cost, accessibility,

use, and possible adverse health effects. On balance, the use of modern methods coupled with other appropriate development activities in the health, agriculture, and education sectors appear superior to traditional practices in achieving desired family size. Wide-spread use of modern contraceptive methods, however, requires both a knowledge of how these are used and easy access to them by the bulk of the population. These conditions generally do not exist in many African countries and their absence is a significant impediment to effective fertility control. The variety and multitude of ethnic groups in Africa also complicate the design and implementation of socially acceptable programs to provide family planning services.

5. Weak health and other family planning service delivery systems

Family planning in the context of health appears to be the most widely accepted means of implementing fertility control programs in Africa. However, health delivery systems in Africa have their own weaknesses which limit their effectiveness in providing family planning services. In the private sector, family planning service organizations and other outreach systems capable of assisting in family planning efforts are only at an incipient stage of development.

IV. AID'S POPULATION PROGRAMS IN AFRICA

The objective of AID's population assistance in Africa is to help countries lower their birth rates so that population growth can be brought into balance with Africa's resources and rates of economic growth. The strategy for achieving this objective is to combine population and family planning services with existing and developing health and other programs.

African countries presently show wide variation in their concern and support for family planning services, ranging from countries with active programs to countries whose governments oppose the concept of fertility control. AID's assistance and activities will obviously differ according to each country's policies and the level of development of its family planning program. In its population briefing material for sub-Saharan Africa, S&T/POP has categorized countries in terms of the status of their population programs, as follows:

Category I - Countries with on-going bilateral or centrally-funded programs and favorable policies, to which AID population assistance should be targeted (e.g., Burundi, Ghana, Kenya, Rwanda, Senegal, Sudan, Tanzania, Zaire, Zimbabwe).

Category II - Countries in which program development may be possible and which are now being assisted primarily through centrally-funded population grants (e.g., Botswana, Cameroon, Gambia, Lesotho, Liberia, Malawi, Mali, Mauritania, Mauritius, Sierra Leone, Swaziland, Togo, Uganda, Upper Volta, Zambia).

Category III - Countries with "pronatalist" policies or lack of population awareness that are receiving minimal amounts of centrally-funded population assistance (e.g., Benin, Central African Republic, Congo, Comoros, Djibouti, Gabon, Guinea, Guinea-Bissau, Ivory Coast, Madagascar, Niger, Sao Tome, Seychelles, Somalia).

Category IV - Countries which, for a variety of reasons, do not make U.S. population assistance appropriate (e.g., Angola, Ethiopia, Namibia, South Africa).

Category I countries have developed some trained personnel and infrastructure for population programs. Several have received population assistance over the years, starting in the late 1960's or early 1970's. The largest amount of this bilateral

assistance has gone to Ghana, Kenya, Tanzania and Zaire. The functional reviews have identified this group as first priority for increased AID assistance. The other categories of countries require varying degrees of assistance to develop policy and leadership support, to train population personnel, and to establish infrastructure necessary to mount national family planning services.

The development of programs to bring fertility rates into line with declining death rates and economic growth has been slow in Africa. Other development concerns have successfully competed for funds in national budgets. AID's allocation of population funds for the Africa region has also been relatively low. Currently, sub-Saharan Africa receives 16-19 percent of AID's centrally-funded population assistance and 8-9 percent of AID's bilateral population assistance. AID's FY 1982 budget includes \$21 million in centrally-funded population assistance for Africa and \$7.35 million in bilateral assistance. Bilateral projects are planned or underway in ten countries.

S&T/POP currently has 31 centrally-funded contracts or grants. They are grouped into the following areas (numbers in parentheses refer to the number of contracts or grants): demography (5); population policy development (5); basic and operational research (3); family planning services (10); information, education and communications (4); and training (4).*

The Africa Bureau has two bureau-funded mechanisms to assist Missions with population and family planning activities (in addition to PD&S and PVO funds). One is the Special Self-Help Population Fund which provides funding for small-scale activities such as training or observation tours. The other is the Family Health

* Details on centrally-funded grants and contracts are contained in the Catalog of Office of Population Centrally-Funded Projects, March 1981. The catalog is available from AFR/DR/POP or S&T/POP. Services provided by these grants or contracts are available to all missions.

Actual Review

Initiatives (FHI) project which can provide up to \$500,000 over a maximum of three years on a simplified program documentation basis. Only two country-specific activities have been funded under FHI, although some funds have been used to top-off other centrally-funded contracts or grants for work done in Africa.*

The small number of bilateral population projects in Africa may be partially explained by the fact that AID has very few population officers in the field.

The recent assignment of a population officer to REDSO/East Africa brings the number of full-time population officers to five, two of whom have regional responsibilities. These five population positions amount to only one percent of AID's authorized full-time positions in sub-Saharan Africa. There are also three part-time officers. These officers are charged with planning and managing bilateral projects and with assisting the implementation of 273 centrally-funded grant activities.

Based on the discussion in this section, it is suggested that a number of problems exist with regard to AID's current population programs in Africa.

These include:

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- The fragmentation of management, backstopping and policy development among different Bureaus (S&T and AFR);
 - The lack of an explicit Africa Bureau population policy;
 - The limited number of AID population officers in the field to stimulate the development of population projects.

* State 326912 (December 1981) provides details on the two Africa Bureau funding mechanisms.

V. SOME NEEDS FOR FUTURE ASSISTANCE

The Bureau's future population assistance, including the planned FY 1983 regional project, should be defined in terms of content and structure, keeping in mind the previously mentioned constraints to program development in Africa and the problems associated with AID's approach to date.

Future assistance might be guided by some or all of the following needs:

- A need for more Bureau policy guidance and management control in the population sector, providing a clear African focus.
- A need for greater field awareness and capability to develop and manage population programs and to take advantage of currently available and future funding and technical resources.
- A need for more explicit population policies and greater awareness of population problems at the national level in Africa.
- A need for more delivery/distribution infrastructure (i.e., health outreach systems, family planning centers, private associations, etc.) for greater utilization of family planning services and dissemination of family planning information.
- A need for successful demonstrations of family planning projects in Africa to show that there are a variety of approaches to addressing the population problem in the African context.
- A need to increase the involvement of African leaders in the planning and implementation of population programs.
- A need for regional and/or national institutionalization of family planning activities including training of personnel, the development of educational materials, evaluation of programs, and applied research.
- A need for improved AID capability to respond quickly to any private or public African initiatives in the population and family planning areas.

VI. OPTIONS FOR THE CONTENT OF A REGIONAL POPULATION PROJECT

At least six options may be considered for the content of a regional population project. At this time, no one option is being advocated as a preferred approach. The six options are listed below for the purpose of stimulating reactions from the reader, including the possibility of suggesting additional options or some combination of the suggested options.

Option 1 -- Do nothing directly in population and family planning 104d

Instead of undertaking a regional project to promote population and family planning programs directly, AID's resources could be used to increase educational opportunities for girls, raise the status and income of women, and do other activities in the education, health and agriculture sectors that relate indirectly to population growth. Such an indirect, long-term approach could ease acceptance and implementation of family planning programs in the future. On the other hand, experience has shown that family planning programs can be effective in societies not yet subject to "modernization." Because of Africa's high population growth rate, delay in making modern contraceptives readily available could have an adverse effect on Africa's development programs.

Option 2 -- Continue present arrangements for population activities

AID's present population program in Africa consists of a mixture of bilateral projects, S&T/POP centrally-funded activities, and activities funded by two regional Africa Bureau projects (Family Health Initiatives and the Special Self-Help Population Fund). This approach lacks clear policy guidance and it fragments the management and backstopping responsibilities for population activities. However, financial and technical resources are available to

Missions, if they wish to take advantage of them, and Missions have a fairly large degree of flexibility to design and implement population activities suitable to the particular situation in their countries.

Option 3 - Concentrate an Africa regional program on one or two priority needs

A regional project might be designed to concentrate on one or two content areas, focusing, for example, on awareness programs, demographic studies or policy development (largely for Category III countries) or, alternatively, emphasizing the provision of family planning services, supplies or training (largely for countries in Categories I and II). Such a focused approach has the advantage of concentrating limited funding, AID management efforts and population expertise in one or two priority areas. Regional project objectives and expected outputs could be more easily delineated. Impact would possibly be greater and easier to measure. A disadvantage to such an approach is that flexibility in responding to specific country needs would be lost. Support for some desirable activities in some countries might be impossible to provide because of the restricted objectives of the project. Given the variety of country needs and the family planning requirements unique to each country, it would be difficult to select priority areas of concentration for a regional population project.

Option 4 - Fund a wide variety of activities tailored to meet identified needs on a country-by-country basis

Under this option, a regional project could be designed to provide funding and technical assistance for any population activity appropriate to a given country. This diffused approach has the advantage of being able to respond to a variety of country needs by providing assistance to address a range of

areas, such as policy development, training, service provision, demography, research, education, or involvement of the private sector. The disadvantages of such an approach are the difficulty of delineating project objectives, measuring outputs and achievements, and managing inputs. There is also a possibility that such an approach could spread resources too thinly to make any major impact on population problems.

A diffused approach would be similar in concept to the Family Health Initiatives project, offering a quick response to a variety of African needs. However, some new elements, lacking in the FHI project, might be added to the design of a new project. These could include a stronger promotion of the program, assistance with the design of sub-projects, strengthened policy guidance and coordination, and an increase in the level of authorized sub-project funding. It could also provide for the support of selected African institutions concerned with population activities.

Option 5 - Provide funds to PVOs or other private sector organizations

An Africa Regional project might be designed for the purpose of funding activities by U.S. and African private voluntary organizations or other private sector organizations with demonstrated expertise in managing population and family planning programs. PVOs are already carrying out a variety of population activities in Africa and this approach could extend their services to new countries or into new fields of activity. Such a project might also be used to stimulate indigenous private sector involvement in this area and help circumvent the problem of weak health delivery systems in Africa by establishing alternative delivery methods.

Option 6 - Establishment of an African Population Institute or network of institutes

An approach to population problems suggested by REDSO/West Africa is the development of a Sub-Sahara (West) African Institute for Population Planning. The institute would combine external and African resources to place more full-time family planning and population personnel in the region; provide academic and short-term training and research; provide practical program experience for students; stimulate population research and training in other institutions; support family planning information and service delivery through an out-reach program; and stimulate more favorable population policy development in the region. The project would be a long-term, institution-building effort which might be replicated in other regions to form a network of support institutions for population programs in Africa. There is a recognized need to assist institutional development in Africa but such long-term (and often high-cost) projects may divert funds from smaller, innovative projects that respond to immediate needs and opportunities.

VII. OPTIONS FOR THE MANAGEMENT OF A REGIONAL POPULATION PROJECT

Management procedures for a regional population project will be determined largely by the content of the project. On the other hand, the selected management mode may have an influence on the project's content and strategy depending, for example, whether the project is centrally administered, managed by Missions, or implemented through a contractor. It is therefore worthwhile, at this early stage in project design, to consider alternative management procedures for a regional project.

In general, the management of a regional project should assure that project activities conform to the project's policies and guidelines, without being

overly rigid and inflexible. A regional project should provide for coordination of the project with related programs and for exchange of experiences on field activities. Although approval and funding procedures for field activities under regional projects may take various forms, the management of these activities belongs in the field. It is often the intent of regional projects to help Missions undertake experimental activities, with the assumption that Missions will develop bilateral projects in the future based on their experience with a regionally supported activity.

The management of AID population assistance in Africa is currently split between S&T and the Africa Bureau. For the purposes of this paper, it is assumed that the rationale for this division of responsibility is valid, with the caveat that the Africa Bureau should provide more policy direction and coordination with S&T to influence the nature and direction of population programs in Africa. Within the Africa Bureau, two management modes for population assistance are being used: management by Missions of bilateral projects and management by AID/W of regional projects, with delegation of authority to the field, as appropriate.

Four options for the management of the planned regional population project are suggested below. Other options recommended by the reader, or some combination of the suggested options, are entirely open to consideration.

Option 1: AID/W provides the management for reviewing sub-project proposals submitted by Missions or REDSOs, and allots funds from the regional population project to Missions or REDSOs to implement approved sub-projects.

Option 2: REDSOs assume management functions for the project, review sub-project proposals, and allot funds to the Missions.

Option 3: A grant or contract (managed by AID/W) is made to a U.S. organization to provide technical assistance to help Missions design, implement and evaluate sub-projects. Sub-project proposals are submitted for approval and funding by AID/W under the regional project.

Option 4: Grants or contracts (managed by AID/W and Missions) are made to PVOs, other private sector organizations, and/or African institutions to carry out population activities approved by the concerned Missions and AID/W.

VIII. CONCLUDING REMARKS

Congress, the Administration, and AID are concerned about Africa's high population growth rate. They intend that U.S. resources will be used to help African countries understand more fully the effects of rapid population growth on their development and to help them establish or improve programs to address the problem.

A regional population project appears useful for mustering U.S. resources to deal with the problem. This concept paper has suggested various options for the content and management of such a project. Mission and AID/W views on these options -- or suggestions for other alternatives -- are being sought prior to the preparation of a PID and Project Paper.

In selecting the content and management mode for an effective regional project, consideration should be given to the following: the relative merits of short-term and long-term approaches to the problem; the readiness of African countries for population programs; their need for institutional development to sustain and support population activities in Africa; and AID's funding and personnel constraints.

Thoughtful consideration at this time of the content and management mode for a regional population project will greatly help in the design of a useful and effective project to deal with the urgent problem of rapid population growth in Africa.