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FY 1982 CP

BRIEFING MATERIALS FOR AA/AFR

POPULATION
and
FAMILY PLANNING

Prepared by AFR/DR/POP

March 1981

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OVERVIEW AND TRENDS

Q: What are the overall trends in population assistance in Africa?

A: Overall, the trend is discernably in the direction of more -- and more effective -- population assistance in Africa, both as a result of efforts by the major donors and of an increased receptivity of the African nations themselves.

There are six salient points to illustrate these trends:

(1) during the past year there has been increased activity in drawing the attention of leaders and policymakers to the problems associated with rapid population growth. RAPID presentations have been made by the Futures Group, an AID centrally-funded contractor, in Burundi, Ghana, Liberia, Mali, Mauritania, Nigeria, Rwanda, Sudan, Swaziland, Togo, Upper Volta, and Zimbabwe. The Battelle group and the Research Triangle Institute (also centrally-funded contractors) have population policy activities underway or requested in Ghana, Kenya, Mali, Mauritania, Nigeria, Rwanda, Senegal, Somalia, Sudan, Tanzania, Togo, and Zimbabwe. In general, African leaders are becoming more concerned about problems of rising unemployment and the need to create new jobs, the increasing influx of migrants to the cities, the production of food, land pressure, deforestation, soil erosion, and the costs of providing classrooms, teachers, and health services for a rapidly growing number of people.

(2) partially as a result of our efforts as outlined above, there have been significant shifts in attitudes toward population matters which until recently were taboo. Now there are numerous public statements, news articles, workshops and seminars, and a greater interest demonstrated by public officials and parliamentarians. For example, in Kenya there have been repeated public statements on the population growth problem by President Moi, Home Affairs

Minister Njonjo, Vice President Kibaki, and Minister for Economic Planning Onyonka. In Senegal, then President Senghor publicly warned of potential demographic problems, and a National Population Commission has been established. In Rwanda, President Habyarimana created a National Population Office in September 1980. In Nigeria -- the most important African country from a demographic perspective (population of 77 million) -- a National Population Commission has been created and the Nigerian Government has requested specific population policy assistance as well as help in carrying out a national fertility survey.

(3) throughout the region requests for population assistance have markedly increased in the past year. AID bilateral assistance is expected to rise from \$4.5 million in FY80 to \$6.4 million in FY81. Other AID-assisted grantees and intermediaries will increase their assistance to sub-Saharan Africa from \$20 million in FY80 to more than \$30 million in both FY81 and FY82. It should be noted, however, that this level is not sufficient to fund the growing number of requests for assistance.

(4) there are several significant developments in bilateral assistance. Zimbabwe has requested \$16.3 million for a 5-year project with the Family Planning Association (over and above an estimated \$14 million which the Zimbabwean Government itself will provide to the Association) to step up greatly the availability of contraceptive services throughout the country. Rwanda has requested \$5.7 million for a 4-year project, and Kenya has requested \$8 million for a new 5-year population effort which is part of a \$120 million project. During the past year bilateral assistance has been provided to Lesotho, Tanzania, Somalia, Sudan, and Ghana. During FY81 and FY82 new bilateral programs are anticipated for Tanzania, Burundi, Cameroon, Ghana, The Gambia, Mali, Niger, and Senegal -- in addition to the three countries noted above (Zimbabwe, Rwanda, Kenya). Additionally, project design teams were sent to Senegal, Somalia and Zimbabwe, and exploratory visits made to The Gambia, Burundi, Zambia, and Liberia in FY81.

(5) more governments have implicit or explicit population policies (including Botswana, Ghana, Kenya, Lesotho, Mauritius, Rwanda, Swaziland, Uganda, and Zimbabwe) and more family planning services are available in government clinics than ever before. By the end of 1980, the following 22 African countries were providing family planning services in government clinics:

Benin	Mali	Swaziland
Botswana	Mauritius	Tanzania
Ethiopia	Nigeria	Togo
Gambia	Rwanda	Uganda
Ghana	Senegal	Zaire
Kenya	Sierra Leone	Zambia
Lesotho	Sudan	Zimbabwe
Liberia		

Unfortunately, however, the availability of family planning information and services in most sub-Saharan countries is still concentrated in urban areas.

(6) during the past year we have increased our own capacity to provide effective population assistance by:

(a) increasing the full-time professional staff working on population problems in Africa, both in Washington (AFR/DR/POP) and in the field (new population officers in Abidjan and Dar Es Salaam). We will shortly add another regional population officer in REDSO/EA, and are actively seeking to create additional slots for full-time population professionals in the field, despite overall constraints on staffing and operating expenses;

(b) augmenting the competence of our field personnel who handle population matters only part-time. To this end, two intensive one-week training courses have been organized to which all African missions were invited (Nairobi, April 6-10 and Abidjan, April 13-17); and

(c) encouraging AID intermediaries and other donor organizations to focus increased attention on the problems of rapid population growth in Africa, and facilitating their assistance wherever possible.

In conclusion, there have been several major developments in population assistance to Africa in the past year which bode well for the future. Nevertheless, it is important to keep in mind that birth and growth rates in Africa remain the highest in the world, and the real task is just beginning.

The demographic situation is obviously serious, but we believe it is not hopeless.

FY 1982 PROGRAM COMPARED TO PREVIOUS YEARS

Q: How does the FY82 program compare with programs in FY1980 and FY1981?

A: There are really two bases for comparison: (1) funding; and (2) substantive differences.

-Funding (backup table attached)

Bilateral support for population activities in Africa in FY1982 will increase slightly from \$6.4 million in FY1981 to \$6.6 million. These levels compare to the FY1980 figure of \$4.5 million. (Levels combine the Population Planning and the Sahel accounts.)

Intermediary support, i.e., support delivered through multilateral and PVO channels (funded by contract or grant from DS/POP) will also increase slightly from \$31.1 million in FY81 to \$32.5 million in FY82, substantially above the \$20 million in FY80.

These figures, however, belie what we perceive to be important changes in the nature and thrust of AID population assistance.

-Substantive Differences

In FY 1982 we anticipate substantial gains in the development of population policies, strategies, and programs in several important African nations. These will result from: (1) an intensified effort to inform African leaders of the interrelationships between rapid population growth and their own development aspirations and outlook -- using such methods as the RAPID computer-assisted presentations and several contracts for population policy development; and (2) our enhanced capacity to capitalize on existing opportunities for project development, resulting in part from previous population assistance efforts in Africa.

We expect that the major substantive difference will be to move toward the development of more service delivery programs, both as a part of primary

health care services and through other channels as appropriate, which will predictably result in increased contraceptive usage in the region.

However, it should be remembered that Africa is in an early stage of development insofar as population activities are concerned, roughly comparable to the situation prevailing in Latin America 15 years ago and in Asia some 20 years ago. Progress will be slow, but we are confident that there will indeed be significant progress if we are able to continue to provide the necessary assistance throughout this decade.

Backup Table

AID FUNDING OF POPULATION ACTIVITIES IN AFRICA

FY 1980-1982 (in \$000s)

I. <u>Bilateral</u>	<u>FY 80</u>	<u>FY 81</u>	<u>FY 82</u>
A. Population Planning Acct.	3041	5527	4850
B. Sahel Account	<u>1500</u>	<u>900</u>	<u>1770</u>
Subtotal Bilateral	4541	6427	6620
II. <u>Intermediary</u>			
DS/POP-funded (Pop Planning Account)	20381	31055	32543
	<u> </u>	<u> </u>	<u> </u>
GRAND TOTAL	24922	37482	39163

Note: Does not include ESF or Health funding of MCH/FP activities (very limited).

AFR FY 82 PLANNED POPULATION PLANNING OBLIGATIONS

7

COUNTRY PROJECT #	PROJECT ACTIVITY	FY 82 BUDGET LEVEL (000's)	
	I. Population Functional Account		
Regional 698-0662	Family Health Initiatives	1500	
Regional 698-0386	Program Development and Support (Population)	500	
Regional 698-0386	PVO-OPG	460	
Regional	Special Self-Help Pop Activities	150	
	Sub-Total Regional	<u>2610</u>	
Burundi 695-0109	Rural Public Health/MCH	340	
Cameroon 631-0041	Family Health	1000	
Ghana 641-0098	Population Planning and Rural Dev	900	
	Sub-Total Bilateral	<u>2240</u>	
	Total for Population Planning Account		4850
	II. Sahel		
Sahel Regional 625-0927	Demographic Data Collection & Analysis	800	
625-0946	Regional Pop Family Health	200	
The Gambia 635-0210	Primary Health Care*	(400)	
Mali 688-0208	Rural Health Services Development*	(680)	
Niger	Rural Health Improvement*	2000	
Senegal 685-0248	Family Health Phase II	970	
Upper Volta 685-0251	Rural Health Planning and Management	1000	
	Total for Sahel Account		<u>2080</u>
	GRAND TOTAL		<u>6930</u>

*Portion of activity/funds devoted to population/family planning to be determined

AFR/DR/POP:KJones-Patron:bh:2-20-81:x21916

DS POPULATION PROGRAM ASSISTANCE
(Centrally Funded Activities)
FY 82 Estimates by Regions/Countries
(XUS\$1000)

	GOAL #1	GOAL #2	GOAL #3	GOAL #4	GOAL #5	GOAL #6	TOTAL		
<u>AFRICA</u>									
Benin	\$	\$	\$	\$ 200	\$ 5	\$ 75	\$ 280		
Botswana	10			30	20	75	135		
Burundi						80	80		
Cameroon	250	175		230	15	270	940		
Ethiopia				240	10		250		
Gabon	10					55	65		
Gambia	160			35	95	140	430		
Ghana	250			380	280	260	1,170		
Ivory Coast	80	105		125	15	55	380		
Kenya	165	105		1,225	70	715	2,280		
Lesotho	80				5	80	165		
Liberia	165		200	455	10	170	1,000		
Malagasy Rep.	10			440	30	45	525		
Malawi			30	120		45	195		
Mali	10		250	30		75	365		
Mauritania	80	105				75	260		
Mauritius				200	5	40	245		
Niger						45	45		
Nigeria		175	420	1,800	415	645	3,455		
Rwanda		385		180		110	675		
Senegal	250		470	435	25	285	1,465		
Sierra Leone	10			270	30	230	540		
Somalia	15	105			55	255	430		
Sudan	90	175	520	445	85	445	1,760		
Swaziland	10			115	40	185	350		
Tanzania	10	100	15	395	40	240	800		
Togo		215		270	30	45	560		
Uganda	10			95	25	80	210		
Upper Volta	10	210				55	275		
Zaire	160		450	960	315	300	2,185		
Zambia				275	10	100	385		
Zimbabwe	160			805		210	1,175		
Regional	1,500	1,593	4,680	60	350	1,285	9,468		
TOTAL	\$ 3,495	\$ 3,448	\$ 7,035	\$9,815	\$1,980	\$ 6,770	\$32,543		

KEY:

- Goal #1: Demography
- Goal #2: Policy Development
- Goal #3: Research
- Goal #4: Family Planning Services
- Goal #5: Information/Education
- Goal #6: Training/Institutions

SAHEL FUNDS FOR POPULATION ACTIVITIES, FY80-82

(\$000s)

<u>Project</u>	<u>FY1980</u>	<u>FY1981</u>	<u>FY1982</u>
Senegal - Family Health I	500	500	0
Senegal - Family Health II	0	0	970
Sahel Regional - Demographic Data Collection and Analysis (625-0927)	1000	400	800
Totals	<u>1500</u>	<u>900</u>	<u>1770</u>

Source: AFR/DP and AFR/SWA, 2/81

AFR/DR/POP:WTrayfors:2/24/81

SUMMARY OF PROGRAMS BY COUNTRY AND APPROPRIATION
(IN THOUSANDS OF DOLLARS)

REGION: BUREAU FOR AFRICA

CF-82-01

COUNTRY	TOTAL	AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION	POPULATION PLANNING	HEALTH	EDUCATION AND HUMAN RESOURCES DEVELOPMENT	SELECTED DEVELOPMENT ACTIVITIES	SAHEL DEVELOPMENT PROGRAM	ECONOMIC SUPPORT FUND	OTHER PROGRAMS
BENIN									
1979	195	195	---	---	---	---	---	---	---
1980	2,627	627	---	---	---	---	---	---	---
1981	4,707	---	---	2,000	---	---	---	---	---
1982	---	---	---	4,707	---	---	---	---	---
BOTSWANA									
1979	13,425	1,800	---	---	---	---	---	---	---
1980	13,000	---	---	499	---	26	---	11,100	---
1981	10,000	---	---	---	---	---	---	13,000	---
1982	10,000	---	---	---	---	---	---	10,000	---
BURUNDI									
1979	---	---	---	---	---	---	---	---	---
1980	4,370	2,370	---	---	---	---	---	---	---
1981	3,950	1,256	---	---	---	2,000	---	---	---
1982	6,455	4,669	340	340	---	2,700	---	---	---
CAMEROON									
1979	7,169	5,649	---	940	380	200	---	---	---
1980	6,340	5,076	---	534	230	500	---	---	---
1981	17,900	8,275	600	7,800	1,225	---	---	---	---
1982	21,000	15,575	1,000	2,425	1,000	1,000	---	---	---
CAPE VERDE									
1979	2,864	---	---	---	---	---	---	---	---
1980	3,100	---	---	---	---	---	2,457	---	407
1981	3,022	---	---	---	---	---	3,100	---	---
1982	3,500	---	---	---	---	---	3,022	---	---
CENTRAL AFR REPUBLIC									
1979	---	---	---	---	---	---	---	---	---
1980	---	---	---	---	---	---	---	---	---
1981	---	---	---	---	---	---	---	---	---
1982	2,000	2,000	---	---	---	---	---	---	---
CHAD									
1979	2,890	---	---	---	---	---	---	---	---
1980	163	---	---	---	---	---	2,450	---	440
1981	---	---	---	---	---	---	163	---	---
1982	---	---	---	---	---	---	---	---	---
CONGO									
1979	---	---	---	---	---	---	---	---	---
1980	227	---	---	---	---	---	---	---	---
1981	2,000	2,000	---	227	---	---	---	---	---
1982	2,000	2,000	---	---	---	---	---	---	---

SUMMARY OF PROGRAMS BY COUNTRY AND APPROPRIATION
(IN THOUSANDS OF DOLLARS)

CP-52-01

REGION I BUREAU FOR AFRICA

C O U N T R Y	TOTAL	AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION	POPULATION PLANNING	HEALTH	EDUCATION AND HUMAN RESOURCES DEVELOPMENT	SELECTED DEVELOPMENT ACTIVITIES	SAHEL DEVELOPMENT PROGRAM	ECONOMIC SUPPORT FUND	OTHER PROGRAMS
DJIBOUTI									
1979	995	995	---	---	---	---	---	---	---
1980	1,145	45	---	---	1,100	---	---	---	---
1981	4,060	460	---	---	1,600	---	---	2,000	---
1982	2,000	---	---	---	---	---	---	2,000	---
EQUATORIAL GUINEA									
1979	---	---	---	---	---	---	---	---	---
1980	---	---	---	---	---	---	---	---	---
1981	1,000	1,000	---	---	---	---	---	---	---
1982	---	---	---	---	---	---	---	---	---
GAMBIA									
1979	4,175	---	---	---	---	---	4,175	---	---
1980	4,680	---	---	---	---	---	4,680	---	---
1981	6,158	---	---	---	---	---	6,158	---	---
1982	6,500	---	---	---	---	---	6,500	---	---
GHANA									
1979	7,039	5,764	---	660	615	---	---	---	---
1980	9,995	9,550	---	---	445	---	---	---	---
1981	4,860	4,200	---	---	660	---	---	---	---
1982	9,000	4,300	900	900	1,300	1,600	---	---	---
GUINEA									
1979	2,500	2,500	---	---	---	---	---	---	---
1980	5,200	5,200	---	---	---	---	---	---	---
1981	2,360	2,300	---	---	---	60	---	---	---
1982	2,530	2,380	---	---	---	150	---	---	---
GUINEA-BISSAU									
1979	2,156	1,306	---	---	850	---	---	---	---
1980	1,680	1,130	---	---	550	---	---	---	---
1981	2,078	2,078	---	---	---	---	---	---	---
1982	1,875	1,875	---	---	---	---	---	---	---
KENYA									
1979	16,438	12,651	595	3,192	---	---	---	---	---
1980	31,775	11,235	1,233	900	---	1,907	---	14,500	---
1981	26,618	10,250	2,000	6,900	500	1,468	---	5,500	---
1982	44,500	26,700	---	6,300	1,500	---	---	10,000	---
LESOTHO									
1979	6,610	1,931	150	1,804	934	1,791	---	---	---
1980	9,816	5,067	63	1,500	3,162	24	---	---	---
1981	9,281	3,977	50	1,865	3,389	---	---	---	---
1982	12,865	4,724	---	3,950	4,191	---	---	---	---

SUMMARY OF PROGRAMS BY COUNTRY AND APPROPRIATION
(IN THOUSANDS OF DOLLARS)

CM-02-01

REGIONAL BUREAU FOR AFRICA

C O U N T R Y	TOTAL	AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION	POPULATION PLANNING	HEALTH	EDUCATION AND HUMAN RESOURCES DEVELOPMENT	SELECTED DEVELOPMENT ACTIVITIES	SAHEL DEVELOPMENT PROGRAM	ECONOMIC SUPPORT FUNDS	OTHER PROGRAMS
<hr/>									
LIBERIA									
1979	13,277	2,005	---	694	4,234	1,340	---	5,000	---
1980	16,030	7,838	---	441	2,001	550	---	5,200	---
1981	18,638	2,123	300	6,000	2,340	835	---	7,000	---
1982	18,690	3,775	---	2,000	2,225	---	---	10,000	---
MALAWI									
1979	3,305	3,305	---	---	---	---	---	---	---
1980	4,382	2,182	---	700	1,500	---	---	---	---
1981	5,006	2,926	---	700	1,390	---	---	---	---
1982	8,252	2,152	---	2,500	3,600	---	---	---	---
MALI									
1979	16,100	---	---	---	---	---	16,100	---	---
1980	15,500	---	---	---	---	---	15,500	---	---
1981	13,000	---	---	---	---	---	13,000	---	---
1982	14,950	---	---	---	---	---	14,950	---	---
MAURITANIA									
1979	6,058	---	---	---	---	---	6,058	---	---
1980	2,742	---	---	---	---	---	2,742	---	---
1981	8,000	---	---	---	---	---	8,000	---	---
1982	10,000	---	---	---	---	---	10,000	---	---
MAURITIUS									
1979	230	---	---	---	---	230	---	---	---
1980	250	---	---	---	---	250	---	---	---
1981	---	---	---	---	---	---	---	---	---
1982	2,000	---	---	---	---	---	---	2,000	---
MOZAMBIQUE									
1979	---	---	---	---	---	---	---	---	---
1980	---	---	---	---	---	---	---	---	---
1981	5,000	---	---	---	---	---	---	5,000	---
1982	5,000	---	---	---	---	---	---	5,000	---
NIGER									
1979	9,511	---	---	---	---	---	9,511	---	---
1980	9,480	---	---	---	---	---	9,480	---	---
1981	13,000	---	---	---	---	---	13,000	---	---
1982	15,200	---	---	---	---	---	15,200	---	---
RWANDA									
1979	4,136	4,136	---	---	---	---	---	---	---
1980	1,930	1,930	---	---	---	---	---	---	---
1981	2,855	2,415	440	---	---	---	---	---	---
1982	8,672	7,272	---	---	---	1,400	---	---	---

SUMMARY OF PROGRAMS BY COUNTRY AND APPROPRIATION
(IN THOUSANDS OF DOLLARS)

CP-02-11

REGIONAL BUREAU FOR AFRICA

C O U N T R Y	TOTAL	AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION	POPULATION PLANNING	HEALTH	EDUCATION AND HUMAN RESOURCES DEVELOPMENT	SELECTED DEVELOPMENT ACTIVITIES	SAHEL DEVELOPMENT PROGRAM	ECONOMIC SUPPORT FUND	OTHER PROGRAMS

SAO TOME/PRINCIPE									
1979	---	---	---	---	---	---	---	---	---
1980	---	---	---	---	---	---	---	---	---
1981	1,580	1,580	---	---	---	---	---	---	---
1982	---	---	---	---	---	---	---	---	---
SENEGAL									
1979	11,982	---	---	---	---	1,300	10,682	---	---
1980	9,963	---	---	---	---	---	9,963	---	---
1981	13,800	---	---	---	---	---	13,800	---	---
1982	18,000	---	---	---	---	---	18,000	---	---
SEYCHELLES									
1979	450	450	---	---	---	---	---	---	---
1980	570	570	---	---	---	---	---	---	---
1981	500	500	---	---	---	---	---	---	---
1982	2,000	---	---	---	---	---	---	2,000	---
SIERRA LEONE									
1979	3,749	2,911	---	---	558	243	---	---	---
1980	1,984	1,315	---	---	337	332	---	---	---
1981	2,585	2,585	---	---	---	---	---	---	---
1982	2,345	2,345	---	---	---	---	---	---	---
SOMALIA									
1979	10,054	4,297	---	4,757	---	1,000	---	---	---
1980	17,300	6,900	---	4,300	---	1,100	---	5,000	---
1981	12,600	8,500	---	4,100	---	---	---	---	---
1982	36,200	13,201	---	2,999	---	---	---	20,000	---
SUDAN									
1979	6,254	9,902	---	5,649	703	---	---	---	---
1980	70,097	16,200	---	3,000	697	10,200	---	40,000	---
1981	72,870	18,106	882	3,500	---	382	---	50,000	---
1982	77,000	22,000	---	3,000	---	2,000	---	50,000	---
SWAZILAND									
1979	5,858	3,329	150	1,679	700	---	---	---	---
1980	7,465	3,417	---	800	3,248	---	---	---	---
1981	7,500	4,906	---	1,014	1,580	---	---	---	---
1982	8,200	2,631	---	1,439	4,130	---	---	---	---
TANZANIA									
1979	20,498	11,893	1,060	5,337	2,268	---	---	---	---
1980	14,917	7,353	346	3,296	3,927	---	---	---	---
1981	13,493	7,193	---	4,535	1,265	500	---	---	---
1982	24,225	14,000	---	7,225	3,000	---	---	---	---

SUMMARY OF PROGRAMS BY COUNTRY AND APPROPRIATION
(IN THOUSANDS OF DOLLARS)

CP-42-01

REGION: BUREAU FOR AFRICA

C O U N T R Y	TOTAL	AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION	POPULATION PLANNING	HEALTH	EDUCATION AND HUMAN RESOURCES DEVELOPMENT	SELECTED DEVELOPMENT ACTIVITIES	SAHEL DEVELOPMENT PROGRAM	ECONOMIC SUPPORT FUND	O T H E R PROGRAMS
TOGO									
1979	355	---	---	---	---	755	---	---	---
1980	1,854	354	---	1,500	---	---	---	---	---
1981	2,200	1,000	---	1,200	---	---	---	---	---
1982	3,100	500	---	2,600	---	---	---	---	---
UGANDA									
1979	3,000	---	---	---	---	---	---	3,000	---
1980	---	---	---	---	---	---	---	---	---
1981	---	---	---	---	---	---	---	---	---
1982	15,000	10,000	---	5,000	---	---	---	---	---
UPPER VOLTA									
1979	8,386	---	---	---	---	---	8,386	---	---
1980	9,210	---	---	---	---	---	9,210	---	---
1981	14,122	---	---	---	---	---	14,122	---	---
1982	24,450	---	---	---	---	---	24,450	---	---
ZAIRE									
1979	9,397	9,097	---	300	---	---	---	---	---
1980	6,850	4,603	---	1,247	1,000	---	---	---	---
1981	9,446	8,056	---	1,390	---	---	---	---	---
1982	10,000	8,600	---	400	1,000	---	---	---	---
ZAMBIA									
1979	20,324	---	---	---	324	---	---	20,000	---
1980	24,000	---	---	---	---	---	---	24,000	---
1981	20,000	---	---	---	---	---	---	20,000	---
1982	20,000	---	---	---	---	---	---	20,000	---
ZIMBABWE									
1979	---	---	---	---	---	---	---	---	---
1980	22,900	---	---	---	---	---	---	22,900	---
1981	25,000	---	---	---	---	---	---	25,000	---
1982	75,000	---	---	---	---	---	---	75,000	---
SAHEL REG PROGRAM									
1979	15,433	---	---	---	---	---	15,334	---	99
1980	21,628	---	---	---	---	---	21,628	---	---
1981	27,895	---	---	---	---	---	24,561	---	3,334
1982	56,800	---	---	---	---	---	56,800	---	---
SOUTHERN AFR REG									
1979	15,716	---	---	---	1,814	---	---	13,900	---
1980	8,099	---	---	---	---	---	---	8,099	---
1981	20,000	---	---	---	---	---	---	20,000	---
1982	25,000	---	---	---	---	---	---	25,000	---

SUMMARY OF PROGRAMS BY COUNTRY AND APPROPRIATION
(IN THOUSANDS OF DOLLARS)

REGION: BUREAU FOR AFRICA

CP-02-01

C O U N T R Y	TOTAL	AGRICULTURE, RURAL DEVELOPMENT AND NUTRITION	POPULATION PLANNING	HEALTH	EDUCATION AND HUMAN RESOURCES DEVELOPMENT	SELECTED DEVELOPMENT ACTIVITIES	SAHEL DEVELOPMENT PROGRAM	ECONOMIC SUPPORT FUNDS	OTHER PROGRAMS
AFRICA REGIONAL									
1979	56,719	13,800	169	9,064	14,022	4,585	---	---	14,599
1980	53,643	9,743	1,399	8,921	12,141	7,185	---	---	14,244
1981	43,803	9,553	1,255	10,386	10,407	12,002	---	---	---
1982	194,544	115,103	2,610	20,391	18,310	38,130	---	---	---
TOTAL									
1979	317,208	97,996	2,124	34,575	27,348	11,067	75,153	53,000	15,945
1980	414,926	102,713	3,041	29,366	30,343	26,049	78,474	132,879	14,244
1981	450,693	105,239	5,527	54,097	24,386	17,947	95,663	144,500	3,334
1982	798,163	265,802	4,850	61,469	40,256	45,386	149,400	231,000	---

AFR FY 81 PLANNED POPULATION PLANNING OBLIGATIONS

COUNTRY PROJECT #	PROJECT ACTIVITY	FY 81 BUDGET LEVEL (000's)
	<u>I. Population Functional Account</u>	
Regional 698-0662	Family Health Initiatives	800
Regional 698-0135	Project Development & Support (Population)	105
Regional 698-0386	PVO -- OPG	250
Regional 698-9701	Special Self Help Pop Activities	<u>100</u>
	Sub-Total Regional	1255
Cameroon 631-0041	Family Health	600
Kenya 615-0193	Family Planning II	2000
Lesotho 632-0058	Rural Health Development	50
Liberia 669-0165	Primary Health Care	300
Rwanda 696-0113	Rural Health/Family Planning	440
Sudan 650-0030	Rural Health Support	<u>882</u>
	Sub-Total Bilateral	4272
	Total for Population Planning Account	<u>5527</u>
	<u>II. SAHEL Development Program</u>	
SAHEL Regional 625-0927	Demographic Data Collection & Analysis	400
Senegal 685-0217	Family Health	500
Mali 688-0208	Rural Health Services Development	650
	Total for SAHEL Account	<u>1550</u>
Zimbabwe (688)	Population/Family Planning Project	1000?

FINANCIAL STATUS REPORT 2/28/81

<u>Country/Region</u>	<u>OYB</u>	<u>Allotted</u>	<u>Obligated</u>
Cameroon	600	0	0
Kenya	2000	0	0
Lesotho	50	50	50
Liberia	300	0	0
Rwanda	440	0	0
Sudan	882	881	881
	<hr/>	<hr/>	<hr/>
Bilateral	4272	931	931
	<hr/>	<hr/>	<hr/>
Regional	1255	132	27
	<hr/>	<hr/>	<hr/>
Africa Total	5527	1063	958
	<hr/>	<hr/>	<hr/>
Zimbabwe	(2000?)		

Source: Flash Report - Worldwide (W-208) February 28, 1981

AFR/DR/POP:WTrayfors:3/11/81

UNFPA Planned Expenditures for 1980

	1,000,000 +	\$500,000- 999,999	\$300,000- 499,999	\$200,000- 299,999	below \$200,000
<u>Africa</u>					
	*Kenya *Mali *Nigeria *Senegal *Sudan *Swaziland *Zambia	*Botswana *Burundi Cent Afr Rep Comoro Isl *Congo *Lesotho *Liberia *Malawi *Mauritania Mauritius *Niger *Sierra Leone *Somalia *Uganda *Un.Rep.of Tanz *Upper Volta *Zaire	*Benin Gabon *Ghana *Guinea *Guinea-Bissau *Ivory Coast Madagascar *Mozambique *Rwanda *Togo *Un.Rep.of Camer.	*Cape Verde Is *Gambia Sao Tome/Princ	Angola Chad *Ethiopia *Seychelles

SECTION II

PROBLEMS AND ISSUES RELATING TO

POPULATION ASSISTANCE IN AFRICA

WHY GIVE POPULATION ASSISTANCE?

Q: Why should AID provide population assistance in Africa?

A: There are at least five good reasons:

(1) Urgent problems - Despite vogueish articles to the contrary, population pressure is real, severe, and growing. Rapid population growth poses a severe threat not only to the impoverished nations in which it generally occurs, but to the vital national security interests of the United States. These adverse consequences are both logical and often empirically verifiable, as in the case of: (a) diminishing returns to labor; (b) rapidly growing rural-to-urban migration; (c) depletion of natural resources; (d) inflationary trends resulting from increased competition for scarce resources; and (e) the food vs. population race, which we appear to be losing rapidly.

(2) Effective means now exist for coping with population growth. These have evolved over the past decade, substantially because of our help. These include: (a) provision of safe, effective, affordable, and acceptable family planning services; (b) support for development programs which make smaller families a more attractive option, especially by improving women's education and employment opportunities.

(3) Requests for our population assistance are climbing fast and already far outstrip current donor resources. All major donors, including AID, have large backlogs of projects they are unable to fund because of inadequate resources.

(4) Nobody else gives much population assistance. Population assistance is a mere 2% of official development assistance from DAC donors -- about \$350 million annually. Montgomery County spends about this much on its schools each year. We provide more than half of all population assistance and other donors are gradually increasing their share, but overall the need is for far greater resources throughout the developing world, including Africa.

(5) Population assistance is a leading, if not the leading, example of what U.S. assistance can generally do best:

(a) innovation -- technical assistance to develop better ways of getting the job done, of using our tradition of Yankee ingenuity;

(b) private sector support -- programs with private international organizations (such as IPPF) and with private enterprises such as Westinghouse, Battelle, universities, and the like...to provide services and development broader markets for them. The World Bank and the U.N. agencies can't support the private sector easily, since they must work largely with governments; and

(c) ability to reach the people and to make a difference - - this stems from our strengths in technical assistance and in the private sector. The evidence is clear and mounting that U.S. population assistance does reach the people; does make an impact on birth rates; and does make a difference.

ADEQUACY OF POPULATION FUNDING

- Q. Are we programming sufficient funds for population assistance in Africa?
If not, what would we use additional monies for?
- A. In my view we are not programming sufficient funds for population assistance on a worldwide basis. Thus far U.S. appropriated funds available to tackle one of the greatest challenges (and threats) to mankind have been on the order of the cost of 10 fighter planes per year, or roughly the amount spent for maintenance of swimming pools in the nation's capital. I don't mean to be flippant here, but truly, when compared to the global dimensions and implications of the population problem, population assistance thus far has to be viewed as token. This year there is a documented \$100 million shortfall in the availability of funds for centrally-financed projects alone, not counting the needs of the individual geographic bureaus. In the Africa Bureau where in the past we have not been very successful in obligating population funds for bilateral projects -- for a host of reasons -- we are for the first time facing a possible shortfall in the current fiscal year due to the need to fund a first-rate, bilateral project which had not been foreseen (Zimbabwe). Perhaps more critical than the current pressure on bilateral funding, however, is the shortage of funds for centrally-funded contracts since these constitute about 75% to 80% of all AID assistance to the region. Additional funding is needed in Africa to step up training, information and education, policy development, and family planning service delivery programs, chiefly administered through AID's centrally-funded grants and contracts. We also anticipate a heightened requirement for bilateral program funding to support both public and private family planning delivery systems, as African governments increasingly seek foreign assistance to carry out population-related programs.

THE NEED FOR ADDITIONAL POPULATION STAFF

Q: Why is it necessary to have additional full-time population officers in the field? Why can't health officers or others be trained for the job?

A: The evidence is clear, both in Africa and elsewhere, that full-time, fully trained and experienced population officers are required to identify, foster, and nurture opportunities for population program assistance, and to make effective use of bilateral, multilateral, and intermediary assistance. This is particularly true in the early stages of population awareness, where it is ideas and diplomacy which are most important in addition to technical skills. There are numerous examples of successful population projects in Asia, North Africa, Latin America, and the Middle East which simply would not have occurred had there not been a full-time population officer present. It would appear that the same is true in Africa, where full-time population officers (of which there were only two from 1970-1975, and between 4 and 5 from 1975-1980) accounted for 70% of overall obligations of population planning funds. The few part-timers accounted for an additional 10% of overall population obligations. African leaders seem now to be more ready to understand and to face the population challenge than ever before, and we believe it will be essential to have full-time AID population officers assigned in key countries in the region to take full advantage of the changing situation, and to help it move along at an accelerated pace.

In addition, we are carrying out in-service training of part-time population coordinators and program officers throughout the region to enhance their ability to generate new interest and opportunities for population programming.

CONTRACEPTIVE TECHNOLOGY IN AFRICA

Q: Are there significant problems with existing contraceptive technology in Africa?

A: Problems of existing contraceptive technology in Africa are not markedly different from those in other areas of the world. All major methods, including oral contraceptives, IUDs, vaginal methods, sterilization, and injectable contraceptives have been used effectively in programs in Africa. However, African experience in the use of contraceptives is clearly less than that in other areas of the world, and there are some issues particularly relevant for Africa. One such issue relates to the much higher incidence of infertility in Africa. This might suggest greater reliance on contraceptive methods which are linked with decreased risk of venereal disease and/or pelvic inflammatory disease (such as the oral contraceptive, condom, and spermicides), and less reliance on the IUD, which increases the risk of PID.

Another issue relates to the use of injectable contraceptives. Injectable contraceptives appear to be well suited to African program needs. Depo-provera (DMPA) has been widely used in Africa and is very popular. Although DMPA is not approved for use as a contraceptive in the United States at present, the Agency has for some time debated the complex issue of whether to begin supplying DMPA along with the UNFPA and the International Planned Parenthood Federation which already are supplying it for use in developing nations. (Note that the World Health Organization has given its approval for the use of DMPA as well). Whatever the ultimate outcome of the Agency's debate, epidemiologic studies of the safety of DMPA use in Africa would be highly valuable.

A final point with respect to contraceptive technology in the African context is the necessity for greater reliance on distribution systems

providing "non-clinical" methods, including oral contraceptives. This is necessary due to the relative lack of/^{health}infrastructure in Africa and the likelihood that this situation will persist for some years.

The relevance of these and other topics are discussed in a forthcoming special African edition of the book "Contraceptive Technology" now being prepared by the U.S. Center for Disease Control.

WHY IS AFRICA BEHIND?

Q: Why is Africa so far behind other regions in recognizing the threat of uncontrolled population growth?

A. Africa tends to be behind the other regions in most respects. Population awareness is no exception. There are several interrelated reasons for this. First, the area is severely wanting with respect to economic analysis and planning ability. Even if that weren't the case, the dearth of demographic data would continue to be a major constraint. A third factor is the very high infant mortality rates in the region which have tended to encourage family systems, beliefs, and practices which encourage high fertility, and to which the concept of birth avoidance is anathema. A fourth factor is the relative absence of foreign donor activity in the fields of health and population in the past, with few notable exceptions.

The significant point here, however, is that things are changing -- often as a result of better training for technicians and policymakers as well as of specific population awareness interventions such as RAPID*

RAPID: Resources for the Awareness of Population in Development -- a centrally-funded project with the Futures Group of Connecticut under which country-specific, computer-assisted analyses are made of the impact of rapid population growth on various development sectors and on the country's overall development objectives. Formal presentations are made by senior development economists to Presidents, Prime Ministers, and other senior leaders.

PAST PERFORMANCE

Q: Why haven't we done more in the past?

A: There is no simple answer to this. I personally tend to believe we could have done more, but no doubt this is attributable to the clearer perspective which hindsight affords.

Perhaps the most formidable obstacle which has constrained us in the past is that of readiness: African nations were themselves not generally prepared to accept the notion that rapid population growth poses serious problems for economic development. In a different sense we, too, were not fully prepared to deliver the goods. Our overseas missions have always been understaffed with population professionals and, regrettably, have not always benefitted from the best population talent within the Agency. It is not easy to provide effective population assistance anywhere. The need for sensitive, talented, seasoned population professionals is greater in Africa than elsewhere if we are to have a real impact.

It is gratifying to be able to report that real progress, though slow, is being made, both in terms of African readiness and of our own preparedness to provide effective assistance.

THE PROBLEM OF CULTURAL SENSITIVITY

Q: Is the problem of cultural sensitivity to family planning an insurmountable one in Africa?

A: The evidence would suggest that it is not insurmountable at all. It is difficult to make generalizations about Africa, because we're talking about 40-some countries with widely varying cultures and socio-economic systems. While it is clear that one cannot often approach the question head-on, particularly in discussions at the government level in some African nations, in Africa as elsewhere governments seem sometimes more sensitive to family issues than are their constituencies.

Success in dealing with problems of cultural sensitivity will be governed by our capacity for tactful diplomacy at the government level, and of intelligent project design at the field level.

Projects we support must take account of regional and local sensitivities, and must offer population/family planning assistance in a context which is likely to be highly acceptable. This will vary from place to place, but will always require a close collaborative relationship with host country officials and technicians involved in project implementation.

HOW AFRICA DIFFERS

Q. Is Africa really different? Is it necessary to have a different approach?

A. Some African hands contend that Africa is different. Others, particularly those who have served in other regions as well as in Africa, maintain that Africa is not fundamentally different from other regions, although Africa as a whole tends to have relatively less developed infrastructure, manpower, and institutions which are prerequisite to social and economic development. In terms of readiness to accept population assistance, Africa can be compared to Latin America some 10 to 15 years ago, though the situation is changing noticeably.

In terms of approach, greater emphasis needs to be put on awareness and on information and education activities in Africa. Because of the frequent weaknesses in the health infrastructure in many African nations, there is the need to utilize semi-public and private organizations to a somewhat greater extent than is necessary in other regions. Often private groups function as service providers in lieu of, rather than in addition to, government services. Because of the typically high infant mortality rates in the region, it is often more acceptable to build in family planning services as a part of maternal and child health services. Overall, the difference in approach needed is one of emphasis rather than of substantive difference.

AFRICAN LEADERS WILLINGNESS

Q: What concrete signs do we have that African leaders are willing to accept our assistance? To initiate family planning service programs?

A: The most concrete signs we have that African leaders are willing to accept our assistance are that they do in over 34 countries in subsaharan Africa. The real question is what concrete signs do we have that African leaders are committed to international development that balances national population growth rates with growth rates in other sectors, such as agriculture productivity, employment generation, and provision of increased numbers of schools and health services and housing, for example.

Two countries in Africa--Kenya and Ghana--have had a population policy since the 1960's. Ghana leadership has been consistent in implementing its policy. Kenya, under the recent leadership of President Moi, is only just beginning to implement its policy, but its leadership now seems committed to slowing the population growth rate.

Several other countries have established high-level population commissions--Senegal, Rwanda, Lesotho; and the leadership in several other countries has indicated its willingness to stand in support of family planning services--Zimbabwe, Cameroon, Liberia (previous government and second-level politicians in present government), Swaziland, Burundi. In most countries family planning is provided in more laissez-faire fashion with no stated government commitment, coverage is low and services irregular--Togo, Mali, Sierra Leone, Gambia, Mauritius, Zaire, Tanzania, Uganda, Upper Volta, and Sudan.

There is even less leadership interest in other countries--Somalia, Ivory Coast, Mauritania, C.A.R.

We have seen over the last several years however that African leadership is awakening to the benefits of family planning for mothers and children and to the need for development planning that incorporates demographic factors.

POTENTIAL FOR IMPACT

Q. Can we really hope to have an impact? Is the situation hopeless?

A. Based on current trends in Africa as well as on inferences drawn from experience in other regions, our best judgment is that there is hope for significant progress in this decade, beginning now. In FY81-82 we are programming \$ 6.5 million for new and expanded programs in 7 countries. Additionally, we are currently developing a bilateral assistance project for Zimbabwe in the area of family planning services which looks most promising. We have started two centrally-funded operations research projects in Sudan and in Zaire which have considerable potential for increasing contraceptive prevalence in the project areas, and for subsequent expansion to other areas. We are currently assisting several countries in the development of population assistance strategies which will, we expect, result in new and intensified population program activities. It would be reckless and misleading to suggest that the situation is well in hand. It isn't. But there are encouraging signs of progress, -- such as Zimbabwe -- some of them/highly significant and promising in terms of socio-economic, health, and demographic impact.

HOW TO ACHIEVE GREATER IMPACT

Q: What would be necessary to have a greater impact? How do we know it would work?

A: This one is easy. What is needed is: (1) considerably more money; and (2) more full-time population staff, both overseas and in Washington. The need for both is great.

More money is needed just to meet existing demands for population assistance, as well as the greatly increased demands which we anticipate in the near future. I'm referring here just to funds required for population/family planning programs. Additionally, we believe increased expenditures on formal and non-formal education and on primary health care services would have an important indirect effect on increasing the effectiveness of our population assistance.

More staff is required at home and in the field to identify and foster opportunities for population/family planning program development, and to design and carry out these programs effectively.

We know that increased financial and manpower resources would be more effective because: (a) there are already serious shortfalls in our capacity to fund P/FP activities in Africa; (b) our capacity to identify and fully develop new projects is constrained by the present shortage of funds and manpower; and (c) there is sufficient evidence from research in Africa and elsewhere to convince us of the important positive correlations between women's educational level and employment and health services availability on the one hand, and the demand for and use of contraceptives on the other.

DEMOGRAPHIC OUTLOOK TO YEAR 2000

Q: What is the demographic outlook for Africa for the remaining 19 years of this century?

A: Quality demographic data are virtually nonexistent for most of sub-Saharan Africa. What demographic knowledge we have is derived from national censuses (all countries except Chad and Ethiopia have taken at least one census), supplemented by survey data which can be used for birth and death estimation.

Infant and child mortality in the region is the highest in the world, ranging from a low of about 70 in Kenya (infant mortality rate, or deaths per 1000 live births) to well over 200 in Gambia and Guinea-Bissau. We anticipate the marked decrease of infant and child mortality as a result of targetted basic health interventions. In all likelihood, fertility rates will decline much more slowly for the remainder of this century due to pronatalist values in the region and to the fact that fertility rates are considerably harder to influence than are infant and child mortality rates.

If these assumptions are borne out we can anticipate even higher rates of natural increase than those which presently prevail, even though there may well be progress in bringing about substantial fertility declines in some countries. This points up the urgent need to build strong population/family planning programs to offset increases which will occur due to mortality declines.

By the year 2000 the UN estimates that about 45% of the total population will still be under age 15, but that the numbers of under-fifteens will have grown by about 125 million persons. Overall, it is estimated that 296 million additional persons will reside in sub-Saharan Africa.

(see backup table next page)

SUB SAHARAN AFRICAPOPULATION (1,000,000)

REGION	POP1980	POP2000	INCREASE	% INCREASE
EASTERN	154	276	122	79
CENTRAL	54	87	33	61
SOUTHERN	32	52	20	62
WESTERN	141	262	121	86
SUB SAHARAN	381	677	296	78

FERTILITY (1,000)

REGION	1975-1980		1995-2000		% CHANGE	
	CBR	BIRTHS	CBR	BIRTHS	CBR	BIRTHS
EASTERN	48	7354	39	10880	-19	48
CENTRAL	45	2430	33	2871	-27	18
SOUTHERN	39	1248	29	1508	-26	21
WESTERN	49	6909	41	10742	-16	55
SUB SAHARAN	47	17856	38	25915	-19	45

MORTALITY (1,000)

REGION	1975-1980		1995-2000		% CHANGE	
	CDR	DEATHS	CDR	DEATHS	CDR	DEATHS
EASTERN	18	2772	11	3036	-39	10
CENTRAL	20	1080	12	1044	-40	-3
SOUTHERN	11	352	7	364	-36	3
WESTERN	19	2679	12	3144	-37	17
SUB SAHARAN	18	6826	12	8005	-33	17

SOURCE: U.N., World Population Trends and Prospects by Country, 1950-2000 Summary Report of the 1978 Assessment. (ST/ESA/SER.R/33). PRB, 1980 World Population Data Sheet.

NOTES: The regional grouping follows UN 1978 Assessment. However, the EASTERN region here includes Sudan.

NATURAL FAMILY PLANNING

Q: What is the role of natural family planning in Africa?

A: As you know, it is the policy of this Agency to provide support for natural family planning methods as well as for other non-clinical and clinical methods. Research has demonstrated clearly the advantages of offering a variety of family planning methods so that clients and practitioners may choose the most appropriate method for the individual concerned, taking into account socio-cultural, economic, religious, and medical factors. This is important because, unfortunately, no single method is "perfect" as yet.

Natural family planning methods have particular relevance for parts of Africa where for personal or religious reasons other methods may be less acceptable. For example, the Government of Rwanda is presently wrestling with the question of which services, if any, should be introduced in addition to natural family planning. The outcome of their debate is not yet clear, although it appears that Rwanda may opt for the so-called cafeteria approach which most nations (and this Agency) believe is appropriate.

NIGERIA

Q: What are we doing in Nigeria, one of the most important countries?

A: Nigeria is viewed as important to the United States for several reasons. Its huge population of 80-100 million people will double by the turn of the century to reach 160-200 million people. We import large amounts of crude oil and have the second largest trade deficit. Nigeria is a regional power that affects our relations with other African countries, especially those in Southern and West Africa.

Because of its OPEC membership, we are precluded from direct bilateral assistance; however, through centrally-funded initiatives Nigeria receives one of the highest country total amounts of population assistance in Africa. Practically one million dollars is estimated to be spent in family planning services in FY 82 through organizations such as Family Planning International Assistance (FPIA), The Pathfinder Fund, International Planned Parenthood Federation (IPPF), UNFPA.

Nigeria has a newly established high-level population commission, as well as a population bureau. It is still hotly debated within Nigeria whether they will release results of the latest census, or take another; however, the commission is using data whose collection was funded by A.I.D. Nigeria had a preliminary Resources for the Awareness of Population Impact On Development (RAPID) demonstration in February and the contractor will proceed with the development of a final in-country presentation. We provide other policy-related (e.g. through Battelle Memorial Institute) and research assistance. We also support participant training through Johns Hopkins University, Center for Population Activities (CEFPA), International Training in Health (INTRAH).

-2-

In general, the questions of family planning and census taking have been quite sensitive issues in Nigeria; however, President Shagari seems willing to have, indeed, will have to come to grips with the question of numbers of people in order to carry out his American style government, including budget allocations to states based on population, and membership in congress/parliament based on population.

UNFPA

Q. What is the role of UNFPA in Africa?

A. The United Nations Fund for Population Activities (UNFPA) is a very important source of population assistance in Africa. In 1980, UNFPA had programs in 41 African countries, involving \$28.0 million in assistance; in addition, UNFPA supported \$5.1 million in regional projects. The total of \$33.1 million represented 17.5 per cent of UNFPA's total budget.

UNFPA has placed disproportionate emphasis on program development in Africa. More than one-fourth of its resident country coordinators (11) have been assigned to Africa, and local program officers supplement this in-country staff. One-half (21) of UNFPA's "major" country programs have been initiated in Africa--i.e. multi-year commitments involving \$1 million or more. More than one-third of UNFPA's Needs Assessment studies have been conducted in African countries: 10 have been completed, and 12 are in process.

About one-half of UNFPA's support in the recent past has been in the area of data collection; UNFPA was the major supporter of the African census program in the 1970's. Another quarter of UNFPA's support has focussed on family health programs, with family planning components wherever governments request such assistance.

Worldwide, UNFPA is the second largest source of population assistance. AID and UNFPA together provide about 75 per cent of all population assistance. In 1981, the AID contribution to UNFPA of \$32 million amounts to about one-fourth of all UNFPA contributions. AID-UNFPA program coordination in the African region has generally been satisfactory.

POPULATION POLICY FOR AFRICA

Q: Do we have a population policy for Africa? How does it differ from overall AID policy?

A: All population assistance in Africa follows agency policy and Congressional guidelines for population program activities. In addition we are drafting, through the efforts of the Africa Population Task Force, separate policy guidance for Africa for use by Agency personnel, especially our population and program officers in the field and our mission directors. This statement will emphasize the importance the Africa Bureau places on population, explain Agency policy and amplify upon it with a description of the unique African setting which conditions the need and demand for services. We plan to emphasize the need to carefully link each country program and project to its social, economic, and political setting -- which means sensitivity to both governments and individuals who may interpret problems somewhat differently than we do. We will urge action in several key areas, among them: (1) building family planning into maternal and child health programs wherever possible; (2) working with private organizations as well as governments; (3) carefully designed information, education, and communication efforts geared both to population education/population policy concerns and to service delivery; and (4) small-scale trials, pilot efforts and operations research to explore alternative (especially community-based) distribution of family planning services. In addition, we will encourage activities in a range of development sectors which can bring about a heightened demand for family planning services by improving economic opportunities, especially for women, and by reducing family dependence on children for labor or old age support.

HOW TO CHANGE AFRICAN VIEWS ON POPULATION

QUESTION:

How are we attempting to change the views of African leaders with respect to the need for an explicit population policy? Is it effective?

ANSWER:

A.I.D. has taken many concrete steps to increase the African leadership commitment to action programs in response to rapid population growth.

The first step is to assist countries develop a population policy which recognizes the impact of rapid population growth on development. To that end, A.I.D. has expanded its program RAPID (Resources for Awareness of the impact of Population Growth on Development). In operation since 1978, this program includes:

A. Careful preparation of country specific computer simulations which visually illustrate the impact of demographic factors on the ability of a country to attain its own development objectives as reflected in its own four or five year plans.

B. Dramatic presentation of the model and its implications to carefully selected audiences of key African government decision makers and planners using latest technology.

To date, RAPID analyses have been made for over 16 African countries. This program has been credited with changing official attitudes towards population growth. For example, shortly after he had viewed a RAPID presentation, President Adhidjo of the Cameroons made an important policy statement incorporating the major population/development relationships included in RAPID.

The second step is to maintain the momentum of increased official recognition of the impact of high fertility levels on development. In this regard A.I.D. supports two other projects, Integrated Population-Development Planning (IPDP) and Population and Development Policy (PDP). These projects encourage LDC governments to formulate effective action policies to lower population growth rates. This goal is achieved by:

- A. providing direct technical assistance to government ministries to prepare detailed plans which incorporate demographic factors;
- B. sponsoring population policy research projects to be prepared by or disseminated to official planners;
- C. commissioning policy analyses by leading private citizens on problems of concern to the national interest, and
- D. supporting workshops and conferences to convey the findings of research and how these findings might be incorporated into action plans.

Finally, it should be stressed that all the above efforts are supportive of and integral to the goal of providing easy access to contraceptive services for those couples who want and need to plan their families.

DELIVERY SYSTEMS

Q: What types of delivery systems seem most appropriate for Africa?

A: In general, it is desirable to provide population/family planning information and services through multiple channels, thus affording the chance of reaching the greatest number of potential clients. Health services systems, both government and private, often provide an appropriate structure on which to build family planning service delivery. In Africa, as often as not, one finds that government health services are not well organized and do not have extensive coverage, particularly in rural areas where 80% of the people live. Often, however, there are private organizations -- including church-sponsored ones -- on which the government and the people rely for provision of basic health services. These are usually appropriate channels for family planning service delivery.

Existing commercial networks -- the ones through which soap, soft drinks, matches, kerosene, and other basic consumables are distributed -- provide a second basic system through which nonclinical family planning services may be provided, especially in situations where government sensitivity does not preclude their consideration. A major commercial distribution program is underway in Ghana at the moment.

Women's groups, youth organizations, literacy programs, and other private or semi-private organizations are often particularly good channels through which family planning information (and sometimes services) may be provided. Finally, every opportunity to build in population education and family planning information/services should be made in government and private social service programs: health, education, agriculture, housing and urban development, women's bureau, information, etc.

Q: What is AID doing to implement Sec 104(d) in Africa?

A: While the state-of-the-art is still imperfect with respect to understanding the determinants of fertility, we are nevertheless attempting to put into practice what we believe is known. Two factors which appear to be most closely linked with use of contraceptives -- apart from the provision of information and the contraceptives themselves -- are women's educational status and women's employment outside the home. It therefore follows that whatever can be done to raise the status of women and to strengthen their role in the development process will have a payoff in family planning, as well as in development terms. In the Africa Bureau we are taking steps to ensure that population coordinators and program officers in all our missions are fully aware of the components and concepts of 104(d), and are able to identify opportunities for the development of new projects (or the reshaping of existing ones) to promote 104(d) activities. For example, a full day is being devoted to 104(d) in the population training courses scheduled for April of this year, to which all African missions have been encouraged to attend.

Draft-JMYates
3/5/81

POLITICAL AND DIPLOMATIC ACTIONS

Q. What can be done in Africa at the diplomatic and political level?

A. Understanding and awareness of the population problem by both African policymakers and their constituencies are pre-conditions for action to develop the policy level commitment lacking in most African countries. In order to convince national leaders to initiate or upgrade population policies or programs, a general understanding of the dimensions of the problem, its impact on development, and possible solutions are important in establishing an atmosphere which make it politically easier. Among ways this might be approached are:

--The agenda for Diplomatic and other senior level meetings with African government leaders should include U.S. concerns about population growth.

--In collaboration with other countries, the U.S. should promote meaningful resolutions on population in international forums.

--Consideration should be given to coordination with other developing countries which have successful population programs, such as Tunisia and the PRC, to exchange experiences with African leaders.

--The U.S. should work closely with UNFPA, the Economic Commission for Africa, ^{the} World Bank and ^{the} African Development Bank to offer program recommendations.

In support of the above recommendations, continued efforts will be necessary to assure that American diplomats (and AID officials) assigned to Africa are sensitive to the population

issue. Among the steps which should be taken are:

--Population should be made a specific item for briefing of all Ambassadors, AID Mission directors, DCMs, and senior political and economic officers assigned to Africa.

--A population officer^{or coordinator} should be designated within each African Embassy (whether or not there is an AID Mission) with specific periodic reporting responsibilities.