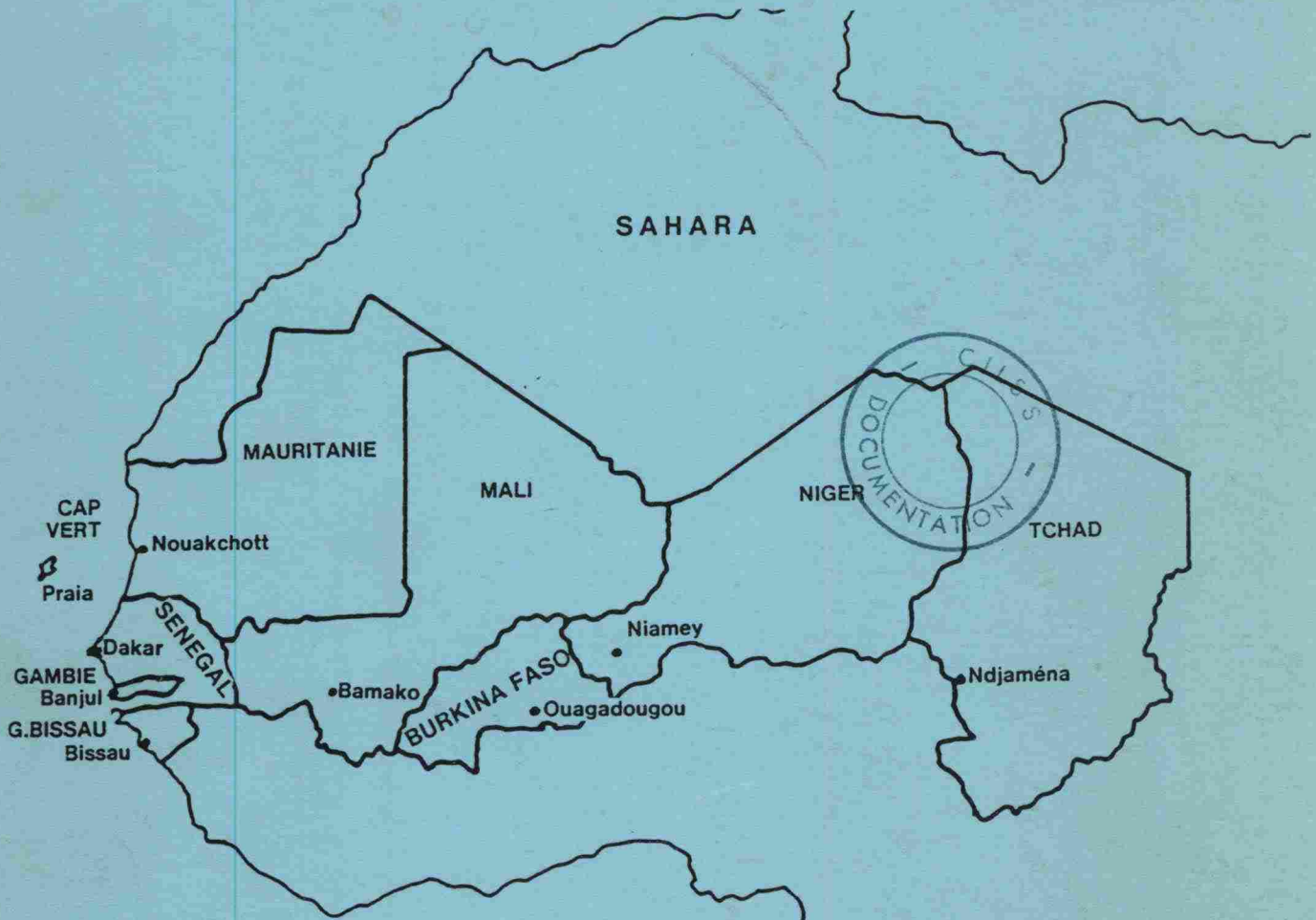


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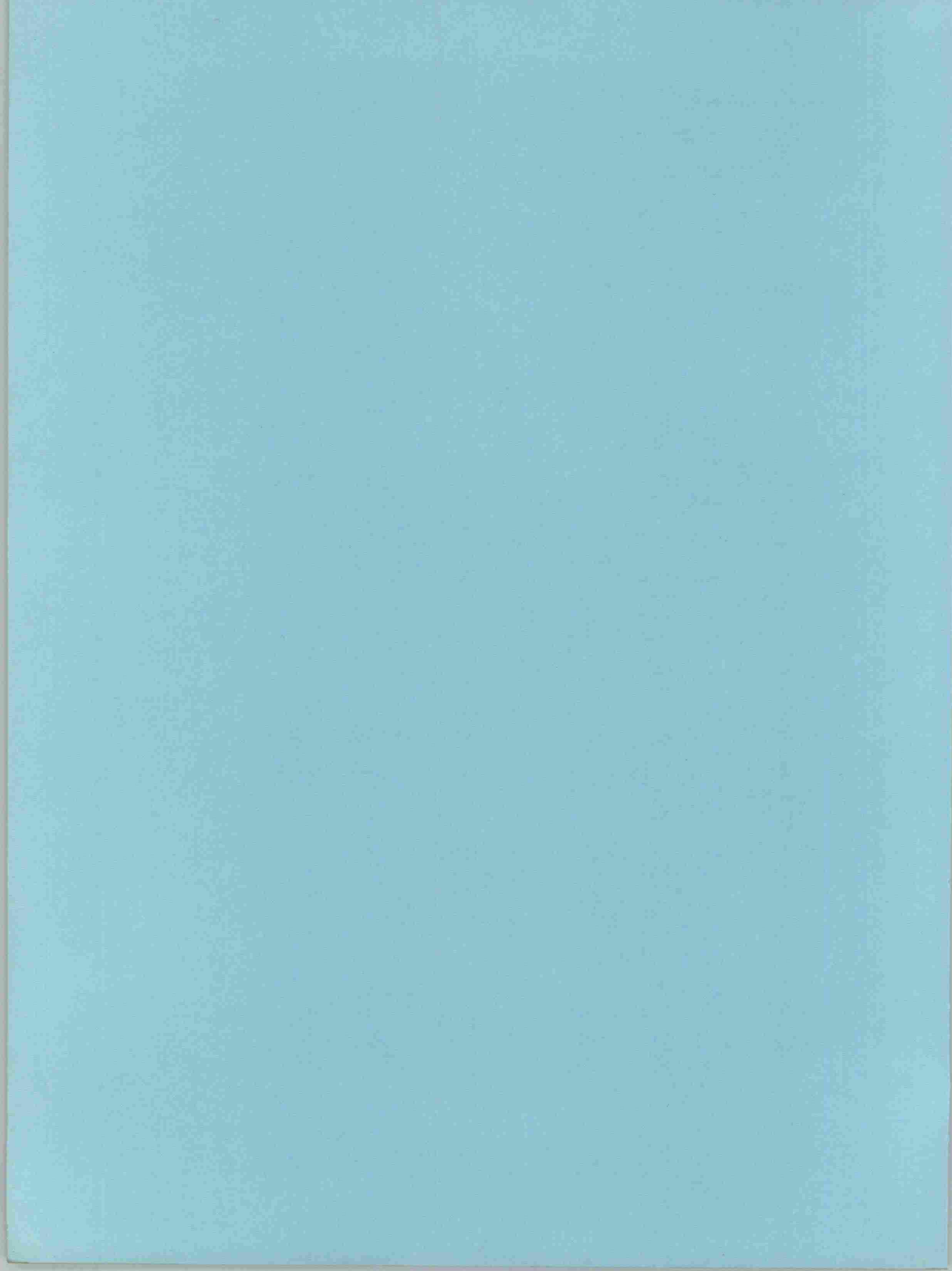
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## Population Policies and Programmes in the Sahel



Prepared by the Population Reference Bureau, Inc.  
in collaboration with USED/CERPOD

For the Club du Sahel Donor Advisory Group  
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# POPULATION POLICIES AND PROGRAMMES IN THE SAHEL

## I. DEMOGRAPHIC TRENDS AND THEIR CONSEQUENCES

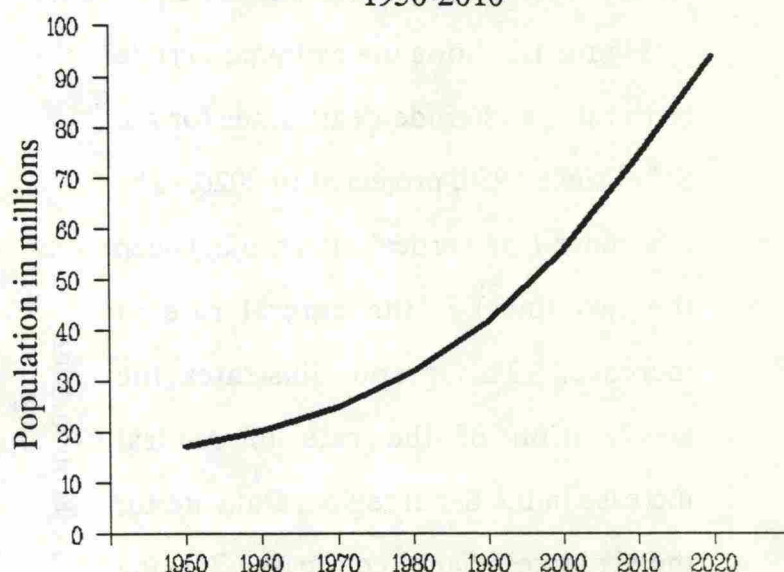
### 1.1 Growth of Sahel Populations in the Past Decades

In 1950, the total population of the nine Sahel countries--Burkina Faso, Cape Verde, Chad, the Gambia, Guinea Bissau, Mali, Mauritania, Niger and Senegal--was some 17 million.<sup>1</sup> Since then, the average annual growth rate of the region's population has been about 2.1 percent, resulting in a total population in the early 1980s of 34 million. Figure 1.1 below illustrates population growth in the Sahel region, between 1950 and 1984, and projections up to the year 2020.

It is important to note that natural increase, the excess of births over deaths, has escalated steadily during the last few decades. Between 1950 and 1960, the average annual rate of natural increase in the Sahel countries was around 1.8 percent.<sup>2</sup> A population with this rate of increase doubles every 38 years. During the next decade the rate rose to 2.1 percent and reached 2.4 percent during the 1970s, when a population doubles in

29 years. The current annual rate of natural increase in the Sahel is estimated to be approximately 2.7 percent, with a population doubling time of 26 years. Projections into the next decade show that this rising trend will continue. The Sahel populations will continue to increase, and it will not be until next century that the rate of population increase may start to decline.

Figure 1.1  
Total Population of the Sahel Region  
1950-2010



Source: Appendix I, Table 1.1.

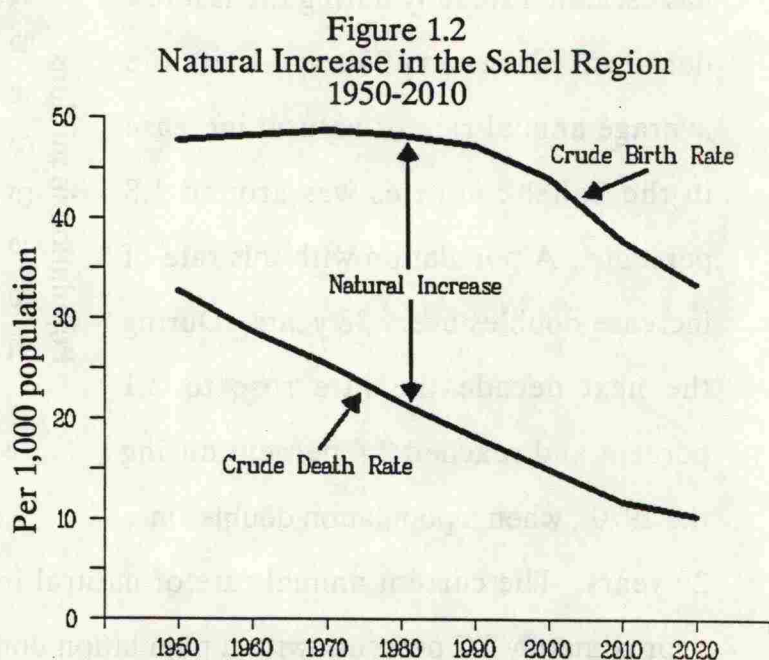
## 1.2 Causes of Population Growth

Rapid population growth in the Sahel region can be attributed to successes in reducing mortality rates, especially the deaths of infants and children. The application of modern medical knowledge and methods such as vaccination against infection, administration of antibiotics, rehydration therapy, and the use of anti-malarials, have been among the leading causes for these reductions.

The life expectancy at birth in 1950-55 in Burkina Faso was 32.5 years and the infant mortality rate was 234 per thousand live births. Life expectancy has since increased to 45 years and the infant mortality rate has declined to 150<sup>3</sup>. While mortality has been declining in the Sahel region, fertility has remained high and some countries have even experienced slight increases. Burkina Faso's total fertility rate is estimated to have been 6.5 in 1950-55, and is still about 6.5. By 2010 it is expected to drop to 4.9.<sup>4</sup>

Figure 1.2 shows the estimated crude birth rates and crude death rates for the Sahel since 1950, projected to 2020. The difference (the vertical distance between the two lines) is the natural rate of increase. This graph illustrates the acceleration of the rate of natural increase in the Sahel region. Data are for the six largest Sahel countries--Burkina Faso, Mali, Mauritania, Niger, Senegal and Chad--with weighted averages to account for differences in population size that could otherwise distort the average.

Assuming that further gains would be made in bringing down mortality rates in the coming decades, the rate of natural increase will continue to rise--unless fertility declines.



Source: U.N. World Population Prospects, Estimates and Projections as Assessed in 1984.



### 1.3 Demographic Momentum

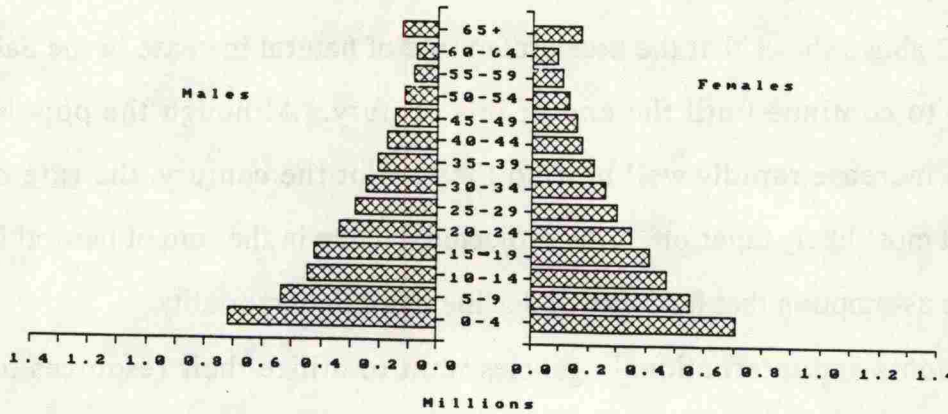
Figure 1.2 above shows that the accelerated rate of natural increase in the Sahel region is expected to continue until the end of this century. Although the population will continue to increase rapidly well beyond the turn of the century, the rate of natural increase will most likely taper off. This projected decline in the rate of natural increase is based on the assumption that fertility will decline more than mortality.

Governments and international agencies want to utilize their resources to improve public health to lower mortality. Therefore, the crucial factor in determining the size and well-being of future populations will be the fertility behavior of present and future generations.

A complicating factor in curbing excessive population growth is "demographic momentum." Due to the past high fertility of the Sahel population, a large proportion of the population is now under 15 years of age. For example, more than half of the population in Niger is under 17 years of age.<sup>5</sup> In the Sahel region as a whole, 45 percent of the population is under 15 years of age. The composition of the Sahel population, by broad age groups, is shown in Table 2 of Appendix I. Even if fertility were to change today and drop to replacement level, the level where a couple produce 2.1 children to "replace" themselves, the Sahel populations would continue to increase well into the next century as these youngsters age and begin childbearing.

The phenomenon just mentioned is illustrated in Figure 1.3. Data for Mali were used to construct the following age-sex structure, or "population pyramid", a graphic representation of the age and gender composition of the total population. The large proportion of young people, represented by the wide base, will soon be moving into their prime reproductive years. Therefore, even if the average family size in the future is far below the present average family size, the population would still increase because of the sheer size of the current population in younger age groups. This pattern would be echoed in the future and the effect would be less pronounced, generation after generation, until a zero population growth level is reached.

Figure 1.3  
Population of Mali, 1985  
Total Population: 8.4 million



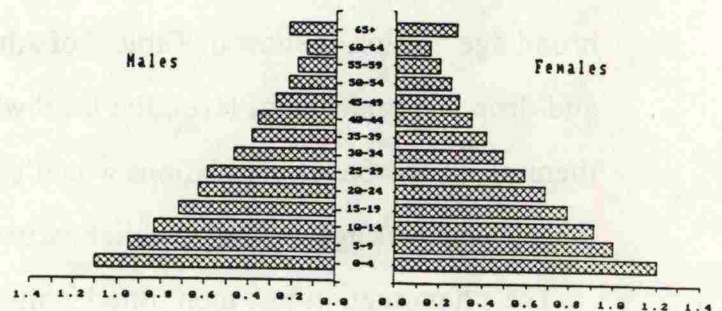
Source: United Nations Demographic Yearbook, 1985.

In Figure 1.4 the effects of different fertility patterns on the size and composition of Mali's future population are illustrated. Taking the current age-sex structure as a point of departure, projections are made for the year 2010, under two different hypotheses of fertility.

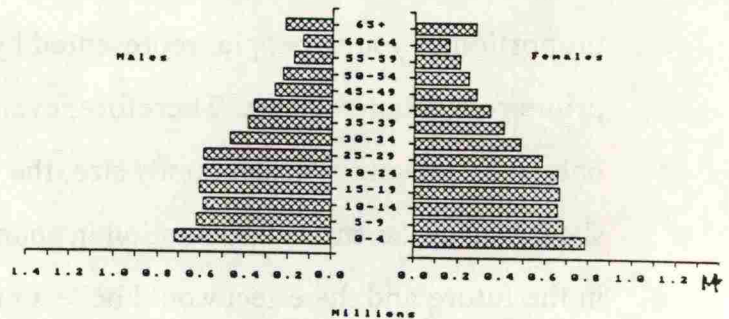
1. Hypothesis A is that the current fertility level of 6.7 children per woman will continue in the near future, falling to 5.5 by 2010. Under this hypothesis the population would reach 15 million by 2010.

2. Hypothesis B is based on an average number of 4 children per woman by 2000 and an average of 2.1 children per woman by 2010. Under this hypothesis the population would reach 12 million by 2010. That is 3 million less people than projected using hypothesis A, or more than one-third of today's population.

Figure 1.4  
Population of Mali 2010  
Hypothesis A  
Total Population: 15 million  
TFR = 5.5 in 2010



Hypothesis B  
Total Population: 12 million  
TFR = 4.0 in 2000, and 2.1 in 2010



Source: Population Reference Bureau projections.

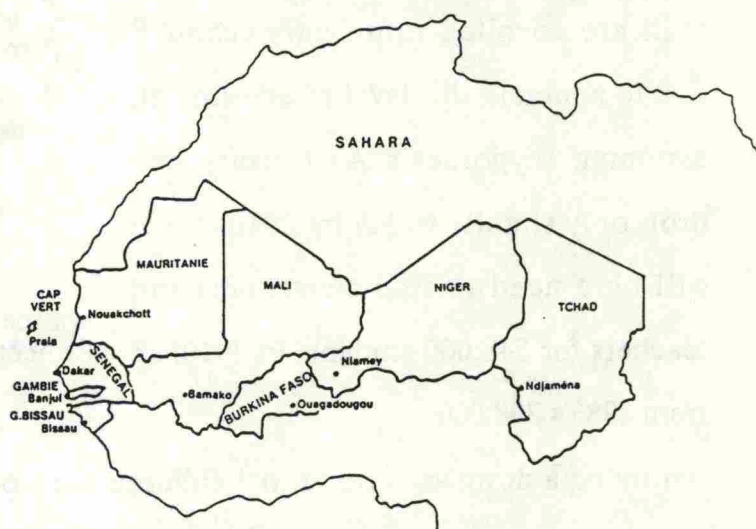


### 1.4 Consequences of Rapid Population Growth

Much debate today centers around the issue of how rapid population growth is related to socio-economic development. For example, given the fact that there is so much space in the Sahel countries, does it matter that the population has grown so fast? (An often heard argument is that "Each child is born with two hands to work.") In fact, if we calculate the average number of persons per square kilometer, we get a low average population density.

If we calculate the average number of persons per square kilometer of land suitable for human habitation, however, the picture changes. About one-third of the Sahel region is desert or near-desert, unsuited for sedentary life. Only small groups of nomads inhabit these areas as they pass between more fertile areas. If we compare population density to agricultural density--density per square kilometer of arable land--it is obvious that the "enough space" argument does not apply to the Sahel countries. This is illustrated by Figure 1.5.

Figure 1.5  
Population Distribution in the Sahel



Country	Population density (persons/km <sup>2</sup> )	Population density on arable land (persons/km <sup>2</sup> of arable land)
Burkina Faso	25	267
Cape Verde	82	815
Chad	39	162
Gambia	58	322
Guinea-Bissau	25	296
Mali	65	404
Mauritania	18	944
Niger	48	161
Senegal	322	1289

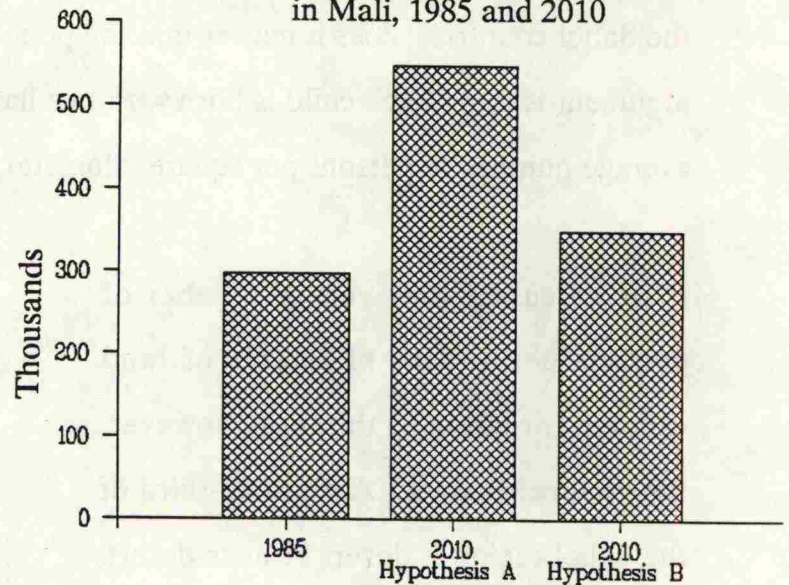
Sources: 1985 FAO Production Yearbook, Vol. 39; 1985 U.N. Demographic Yearbook.

A sustained high level of fertility results in an accelerated demand by young people for food, clothing, shelter, health care, education, and employment opportunities. In the Sahelian countries, where almost half of the population is under 15 (i.e. not economically active), there is a smaller proportion of those of working age providing for their offspring.



This inhibits investments into longer-term development of infrastructure and other important projects. We will now return to our example of Mali and take a look at primary education (Figure 1.6). At present some 24 percent of all primary school-age children (6-11) in Mali are enrolled in primary school.<sup>6</sup> Just to maintain this level of enrollment, assuming (hypothesis A) fertility will drop only slightly to 5.5 by 2010, there will be a need to find classrooms and teachers for 548,000 students in 2010, up from 1985's 298,000.

Figure 1.6  
Number of Primary School Age Children  
in Mali, 1985 and 2010



Source: U.N. World Population Prospects, Estimates and Projections as Assessed in 1984, and PRB projections.

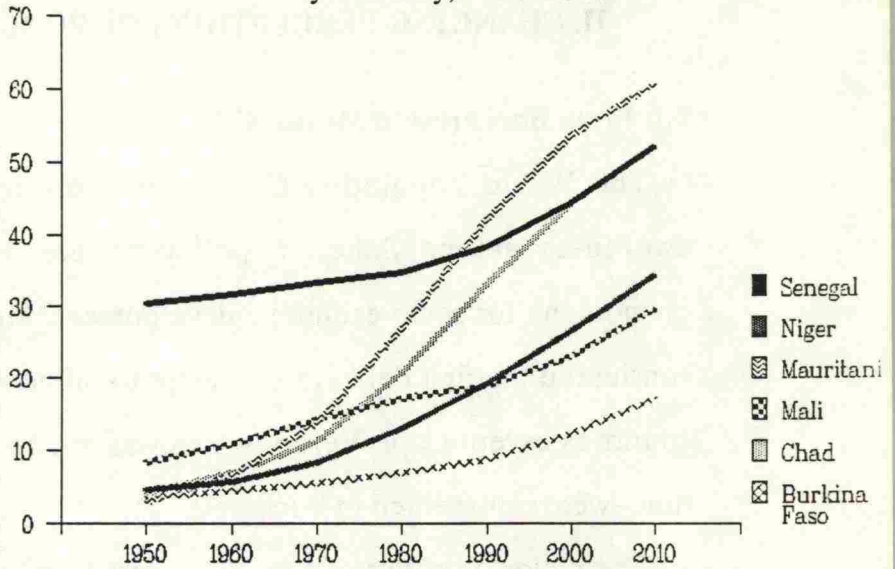
Assuming a downward trend to 4 children per woman by the year 2000 and 2.1 children per woman by the year 2010 (hypothesis B), there will be a need for teachers and classrooms for 350,500 students. Assuming a classroom size of 30 students per teacher, this means there would have been 9,940 teachers in 1985, and 18,270 teachers are necessary under hypothesis A and 11,680 under hypothesis B. Regardless of which hypothesis becomes reality, there will have to be a serious investment in education to prepare future generations.

### 1.5 Population Movement and Urbanization

Drought and economic circumstances propel movement in the Sahel. The lack of a modern agricultural sector, in conjunction with adverse climatic conditions, and a precarious marketing system have inhibited improvements in the life of people in rural areas. An increasing proportion of people, especially men 15-30, leave the rural areas in search of non-agricultural employment.

Figure 1.7  
Percent of Population Living in Urban Areas,  
By Country, 1950-2010

There is much concern in the countries of the Sahel region regarding the high levels of rural-to-urban migration, which has led to uneven and uncontrolled urban growth, an overstressed urban infrastructure, and high unemployment in urban areas. Simultaneously, agricultural production per capita has decreased.



Source: U.N. World Population Prospects, Estimates and Projections as Assessed in 1984.

Figure 1.7 shows just how quickly the proportion of the population living in urban areas is growing, and is expected to continue to grow. This rapid population growth in urban areas has serious implications for planners, primarily shortages of housing, sanitation, health, education and other infrastructure facilities, as well as unemployment. Since independence, urban centers have grown at a faster rate than the population as a whole. For example, population growth in the urban areas of Mali between 1974 and 1978 was estimated to be 5.3 percent, while rural growth during the same period was only 1.8 percent.<sup>7</sup>

International migration is also an issue to be considered by both the sending and receiving countries. Although emigration would seem to be a problem for these countries, through loss of manpower etc., most governments (except for Cape Verde) do not actively discourage people from leaving. For the most part this is because emigration is work-related, involving significant financial remittances to the sending country. For the receiving country, however, immigration puts added pressure on an already-stressed infrastructure.



## II. CHANGING PERCEPTIONS OF POPULATION IN THE SAHEL

### 2.1 From Bucharest to Mexico City

The World Population Conference held in Bucharest in 1974, marks a nascent awareness among Sahelian policy-makers of the consequences of demographic phenomena for socio-economic development. More importantly, the Conference may be considered the first deliberate attempt to influence demographic variables. All the Sahel countries except Cape Verde--which was not an official United Nations member at that time--were represented in Bucharest.

The major objective of the Bucharest Conference was to stimulate governments and international organizations to consider demographic trends as important elements of their socio-economic development planning and to formulate and implement relevant policies to keep growth within desirable limits. The hope of the industrialized countries in Bucharest was primarily to increase the awareness of developing countries' governments of the magnitude and consequences of current and future population growth. The premise of the conference was that rapid population growth constituted an impediment to socio-economic development and, as a result, hindered the improvement of the quality of life in developing societies.

The developing countries in Bucharest held a different perspective. They called for concerted efforts for redistribution of resources between the industrialized nations and Third World countries. Developing countries argued that it was a matter of misinterpretation of causes and consequences; pronounced inequities in resources among developed and developing societies, rather than rapid population growth, perpetuated poverty. A main argument was that, compared to the industrial societies, most developing countries had a small number of inhabitants for their land area. Therefore, a major obstacle to development was a lack of material, financial and human resources, rather than population size and growth.<sup>8</sup>

Despite divergent views at the Bucharest Conference, it is noteworthy that the major

outcome of the Bucharest Conference, the "World Population Plan of Action" was almost unanimously endorsed by the participating countries, including the Sahel countries. Furthermore, after the Conference many countries set out--although hesitantly in many cases--to consider demographic elements in their development plans and to implement specific interventions.

Ten years after the Bucharest Conference, two conferences on population were held. The first, in January 1984, brought together most African leaders in Arusha, Tanzania, and produced the Kilimanjaro Programme of Action.<sup>9</sup> The 1984 World Population Conference also convened later that year in Mexico City.<sup>10</sup>

In the ten years since the Bucharest Conference, a significant shift had occurred in the attitudes of developing countries with regard to population. Most countries now recognized that population size and growth rates were strongly related to their pace of socio-economic development, and had had their first experiences with population policies and programmes. All nine Sahel countries were represented at both the Tanzania and the Mexico City Conferences. The respective delegations prepared statements and endorsed the recommendations made by Conference participants.<sup>11</sup> The major elements and areas of intervention mentioned in the statements of Sahel countries are, among others, the promotion of health and education, the advancement of women, halting rural exodus, reducing mortality, and providing maternal and child health care (see Appendix II).

Although many areas of concern were suggested by Sahelian leaders in their statements at the Mexico City Conference, the high levels of mortality stand out as the major problem. As a consequence, most countries gave high priority to explicit interventions aimed at a reduction of mortality. Fertility rates, however, received less attention. Only two Sahel countries, Senegal and Gambia, described their fertility rates as being "unacceptably" high so that explicit actions were undertaken to reduce fertility in the immediate future. The other seven countries made no mention of explicit programmes to reduce fertility. Nevertheless, the Burkina Faso and Guinea-Bissau delegations stressed the importance of family planning in maternal and child health, and the delegation from



Chad remarked that family planning would be on their agenda because "the problem does not reside so much in the number of mouths to feed or the quantity of spoons available but, in the volume of the bowl of rice to distribute."<sup>12</sup> A year after the Mexico Conference, Niger joined Senegal and Gambia in initiating actions to reduce levels of fertility, considering the birth rate as too high. Niger's current policy is eloquently expressed in the following quotation from a speech delivered by former President Kountche in 1986, on the occasion of the twenty-sixth anniversary of national independence.

[In Matameye] I cited the critical aspects of Niger's population growth and set forth the grave disparity with our rate of economic growth. I concluded pessimistically that an important factor in the development of our country was at issue that merited our complete attention. How could we fail to be disquieted by this phenomenon when it is established that with only seven million inhabitants Niger has great difficulty in attaining food self-sufficiency? How can we not ask ourselves about the future implications, when the social fabric, extended by these expansionist effects, will lose the essential values that have sustained us and have until now shaped our identity and elevated the nobility of our society?

Our religion affirms that it is a grave sin for any true believer to create new lives that he lacks the means to support. On this issue, unfortunately, the commandments of the Holy Koran are not observed. The most deprived are the most polygamous and of course equally the most prolific. They exacerbate and add to their own misery the unsatisfied needs of young innocents, the privation of their spouses, the shame and depravation of their daughters. They turn to God in order to salve their consciences and escape their proper responsibilities.

Before so much useless suffering, imposed by men oblivious to our mothers, sisters, wives and children, it is our responsibility to act and act vigorously in order to safeguard our society and the chance for harmonious development.

We can, thank God, respond to this rapid growth through the effective means that science has brought us and by harmonizing the size of our families with the means at our disposal so that we may better nourish and educate our children and present them with a brighter future. Let us control and plan our births through spacing and thereby do our duty to God and future generations."<sup>13</sup>

According to the latest information on population policy in individual countries gathered by the United Nations the other six Sahel countries continue, up to the present, to consider their fertility rates as satisfactory. (See Appendix III: Government Perceptions on Fertility and Family Planning, 1976 and 1987)

At first glance, the opinions expressed by Sahelian governments' at the Mexico City



would lead us to believe that in the near future in most Sahel countries, government attention and resources would be devoted to population policies and programmes aimed at reducing mortality. Meanwhile, the level of fertility would be allowed to remain as is, without specific government intervention other than family planning as a measure to improve the health of mothers and children. Hence, the excess of births over deaths would be expected to result in a rapidly accelerating rate of population growth in the coming years. In reality, however, official government rhetoric seems to lag behind concrete facts. Emerging government programmes, as well as the multiplication of vigorous private initiatives affecting fertility and family planning, clearly demonstrate a shift in attitude from laissez-faire towards more carefully determined fertility objectives.

We shall briefly discuss recent developments in population policies and programmes in the Sahel countries. Fertility-related initiatives will be particularly emphasized, although some attention will be given to policies and programmes affecting population movement as well.

## **2.2 Beyond Mexico City: Meetings on Population in Individual Countries**

An expression of increased concern about demographic processes and balanced development is the frequency of national seminars linking population and development. These are mainly meant to provide recommendations for further policies and action. A number of these seminars either have recently been organized, or are now being organized, in the larger Sahel countries to address a variety of topics relevant to population and development. The following five examples will serve as an illustration:

In June 1986, the Association Malienne pour la Promotion et la Protection de la Famille (Mali's private family planning association, affiliated with the International Planned Parenthood Federation, IPPF) organized a seminar on "Population Growth and Development" for major political and religious leaders in Mali. Attending were most notably six high-level Muslim leaders from different regions of the country, as well as representatives of the Catholic and Protestant churches. Several technical presentations

used statistical evidence to illustrate the impact of rapid population growth on different aspects of the Malian economy. However, the "piece de resistance" of the seminar was a discussion on religion and family planning. Representatives of the different religions explained, citing evidence from teachings from the Koran, the Bible, and Papal encyclicals, how family planning was considered among their communities. The seminar resulted in a number of recommendations for action, including decreasing current levels of population growth, increasing the proportion of children in the formal education system, lowering unemployment, and improving health care and agricultural development. Last but not least, the seminar recommended that "Family planning be defined as an educational activity, leading to the use of efficient methods, traditional as well as modern."<sup>14</sup>

In July 1986, a "National Seminar on Population and Development" met in Niger, under the auspices of the Ministry of Planning.<sup>15</sup> It was the express desire of the Minister of Planning that the seminar recommendations provide the basis for a national population policy statement. Indeed, the recommendations of the seminar led to a plan of action that recapitulates the essential elements of the Kilimanjaro and Mexico Plans of Action. The seminar marks a turning point in Niger bringing the role of population growth in socio-economic development to the forefront. It has been followed by an intensification of population and family planning activities.

A "Seminar for Key Government Planners and Policy Makers" was organized in Senegal in April 1987, by the Commission Nationale de la Population (CONAPOP).<sup>16</sup> The seminar's objective was to present a number of computer based socio-economic models demonstrating the relationship between rapid population growth and developments in different aspects of the Senegalese economy, such as the provision of health care and education, the consumption of fuelwood and cereals, and the management of the labor market. The seminar constituted the culmination of several years of activity by CONAPOP to raise awareness among policy-makers on the significance of demographic variables in socio-economic development. It was followed by stepped-up activity toward the formulation of a national population policy, enhanced by a recent statement by the



President of Senegal that an official national population policy should be prepared by March-April 1988.

The Ministry of Planning in Burkina Faso is currently preparing to convene a "National Seminar on Population Policy" in December 1987.<sup>17</sup> The seminar will be a first attempt to arrive at a nationally coordinated effort aimed at integrating population variables into socio-economic development planning. In addition, the seminar participants will explicitly define demographic targets, as well as an overall policy to achieve these targets. A computer-based RAPID model, demonstrating the relationships between different scenarios of future population growth, under different assumptions of fertility, and the various sectors of Burkina Faso's economy, will be used during the seminar to demonstrate seminar discussion points and the effects of various policy recommendations.

The government of Chad recently commissioned a specialist in population legislation to draft a replacement for the 1920 French law prohibiting the advertisement and sale of contraceptives. The new text is scheduled to be discussed at a national symposium in early spring, 1988. The symposium will be preceded by an "International Conference on Family Health, Child Spacing, and Development."<sup>18</sup>

### **III. THE ROLE OF DEMOGRAPHIC INFORMATION IN POLICY DEVELOPMENT**

#### **3.1 Improvement and Utilization of Demographic Data**

Until the 1970s demographic information on the Sahel countries was meager, to say the least. During the last ten years, however, significant improvements have been made in all the countries concerned. The increase in both the quality and quantity of demographic data has led to greater knowledge and a better understanding of the role and importance of demographic trends in planning for social and economic development. At the same time, reliable information on these trends provides governments and private institutions with the basic elements necessary for formulating policies and programmes for action in all domains of socio-economic development.

### 3.2 Sources of Demographic Data

Population censuses constitute the most important source of demographic information in the Sahel countries. All nine countries undertook a census or population survey in the 1960s. For most countries, except the smaller ones, this was the first population count ever held. All countries, except Chad, have since conducted censuses for the second time. Third censuses have been completed in Burkina Faso, Cape Verde, and Gambia. Furthermore, censuses are at present either in preparation or in progress in Mali, Mauritania, Niger, and Senegal. A complete overview is provided in the table below.

Population Censuses Held in Sahel Countries Since 1960

Country	1960-1969	1970-1979	1980 -
Burkina Faso	1961	1975	1985
Cape Verde	1960	1970	1980
Chad	1964 (survey)		**
Gambia	1963	1973	1983
Guinea-Bissau	1960	1970	1979
Mali	1961	1976	1987*
Mauritania	1965	1977	1987*
Niger	1960	1977	1987*
Senegal	1961	1976	1987*

\* A population census is now in preparation or in progress

\*\* A population census is planned in the near future

Sources: 1. World Population 1983: Recent Demographic Estimates for the Countries and Regions of the World. ISP-WP-83. (Washington, DC: U.S. Bureau of the Census.) 2. 1985 United Nations Demographic Yearbook. (New York: United Nations, 1987.) 3. Population and Vital Statistics Reports. (New York: United Nations.) Various years.



In addition to demographic information obtained from population censuses, considerable insight has been gained, particularly with respect to fertility, from a number of recent surveys. In Senegal, for instance, a World Fertility Survey (WFS) was conducted in 1978, a Current Population Survey (CPS) in 1982, and field work for a Demographic and Health Survey (DHS) was carried out in 1986. A World Fertility Survey was conducted in Mauritania in 1981. A Demographic and Health Survey is currently underway in Mali.<sup>19</sup>

### **3.3 Institution Building for Demographic Information and Policy Formulation**

Improved demographic data was made possible by the development of a specific capacity for collection and analysis of demographic data within existing institutions such as the national statistical bureaus. At present, all Sahel countries have an institutionalized capacity for handling demographic data. An inventory of institutions with an explicit demographic unit or component is provided in the table below.

The improvements in the quantity and the quality of demographic data have led to an increased awareness among Sahelian leaders of the fact that demographic trends do have significant consequences in all spheres of economic and social life. The next step--the formulation of appropriate policies to keep these trends within desired boundaries--is facilitated in most countries by the establishment of specific institutions to formulate population policies. The statistical offices and the units in charge of policy formulation are complementary. Whereas the former usually provide the basic quantitative information, the latter utilize this information for two specific purposes, namely the formulation of relevant population policies, and the selection and preparation of demographic data to be integrated into the countries' development plans.



## Inventory of Institutions in Charge of Demographic Data in Sahel Countries

Country	Name of institution	Ministry
Burkina Faso	Institut National de la Statistique et de la Demographie (INSD)	Ministere de la Planification et du Developpement Populaire
Cape Verde	Direction de la Statistique	Ministere du Plan
Chad	Direction de la Statistique, des Etudes Economiques et de la Demographie	Ministere du Plan et de la Cooperation
Gambia	Central Statistics Dept.	Ministry of Planning
Guinea-Bissau	Direction de la Statistique	Ministere du Plan
Mali	Direction Nationale de la Statistique et de l'Informatique	Ministere du Plan
Mauritania	Direction de la Statistique et de la Comptabilite Nationale	Ministere du Plan et de l'Amenagement du Territoire
Niger	Direction de la Statistique et de l'Informatique	Ministere du Plan
Senegal	Direction de la Statistique	Ministere des Finances

Source: Information obtained from USED staff, Institut du Sahel, Bamako, Mali, October 1987.

At present, seven of the nine Sahel countries have the institutional capability to formulate population policies and to integrate demographic variables into development planning. Following is a brief description of these institutions:<sup>20</sup>

In Burkina Faso, a UN/UNFPA sponsored "Unite de Population" was established at the Ministry of Planning in 1983. This Unite is presently being reorganized. Under the new mandate, its major objective will be to formulate a national population policy in the coming two years.

In Cape Verde, a Population and Human Resources Planning Unit was initiated in 1985, under ILO/UNFPA sponsorship. Its major goal is to reinforce the institutional capability for the integration of population variables into national development planning,

through the formulation of population and human resource policies at the national and sectoral levels.

Gambia's Ministry of Planning and Industrial Development has a specific, UNFPA-supported, division in charge of population policy formulation and development planning.

In Mali, a first phase of an "Unite de Population" was established at the Ministry of Planning under ILO/UNFPA sponsorship in 1981. A second phase, initiated in 1986, is intended to assist in effective integration of population policies into development planning to achieve greater satisfaction of basic needs, such as health, education, employment, housing, and a more balanced population distribution.

In Mauritania, a "Centre d'Etudes Demographiques et Sociales" (CEDES), funded by the UN, became a part of the Ministry of Planning in 1980. Its objective is to assist relevant government agencies with studies of the interrelationships between demographic factors and other components of economic and social development, and to promote the utilization of study results in development planning.

An "Unite d'Etudes Demographiques pour le Developpement" was created in Niger in 1983, under UN sponsorship, at the Ministry of Planning, it supports a permanent group of multi-disciplinary technicians in the field of population and related matters. Its mandate is to formulate and implement population policies and to integrate demographic variables in development plans with a view to improving living conditions.

A population communication unit was established in Senegal in 1981, under UNESCO sponsorship. Presently, a second phase, the "Unite de Population" is underway, sponsored by the United Nations. The Unite has the following six objectives: 1) improve the knowledge of demographic phenomena and their relationship to social, cultural, and economic factors; 2) help obtain the necessary scientific bases to define population policy in the context of development strategy; 3) improve the integration of demographic factors into development planning on the national, as well as the regional and sectoral, levels and, more specifically, to assist the Government in integrating demographic factors into its seventh Five-Year Plan, which began in July 1985; 4) reinforce the technical capacity of



the National Population Commission (CONAPO) in demographic research and the formulation of a population policy integrated into social and economic development; 5) assure technical coordination of all population activities carried out by various offices of the Government; and 6) provide CONAPO with specific recommendations concerning the definition of population policies and their implementation.

### **3.4 USED at the Sahel Institute as a Resource in Information Gathering and Dissemination**

When the CILSS authorities established the Unite Socio-Economique et de Demographie (USED) at the Sahel Institute, one of the primary objectives was to acquire more extensive knowledge of Sahel populations. USED is the implementing agency for the Sahel Regional Demographic Data Collection and Analysis Project, whose long-term goal is to lead to more effective planning and more appropriate population policies in the region, particularly in terms of achieving food-self sufficiency for the region and the reversal of environmental degradation. USED became operational in 1980-1981. Presently, USED works with 20 national institutions throughout the CILSS member countries in research, training, and technical assistance in the field of population.

On the basis of USED's achievement and role as a Sahelian institution, CILSS has approved its evolution into a "Centre d'Etudes et de Recherches sur la Population et le Developpement" (CERPOD). The ultimate objective of USED's transformation into CERPOD is to provide the CILSS member countries with an efficient institutional framework for research, training, technical assistance, and information dissemination to support population policy development. A comprehensive workplan for the period 1988-1992 has been developed to achieve CERPOD's objectives. USED/CERPOD's major activities are summarized below.<sup>21</sup>

## **Activities Undertaken or in Preparation by USED Under USAID Sponsorship**

### **1. Policy Development**

USED/CERPOD has become a major resource for training and assistance in population policy development in the CILSS member countries.

\* In addition to organizing four major seminars per year on technical subjects and population policy, USED/CERPOD has, in collaboration with the Westinghouse Demographic Data for Development (DDD) project, recently completed a three-year series of four workshops for Sahelian planners and demographers on the integration of population data into development planning in the Sahel.

\* Follow-up activities to the workshops include: A regional report on population trends and their implications for development planning, a series of workshops/conferences on the integration of population and planning data, a research program on the integration of population and development planning in the Sahel, technical assistance to individual countries on the integration of population and planning, and transfer of additional microcomputer equipment.

\* In collaboration with the IMPACT project, USED/CERPOD is organizing a three-day seminar for 30-35 journalists representing newspapers, journals, radio, and television in each of the nine Sahelian countries, as well as inter-regional publications. The seminar will focus on major population trends in the region, the information resources USED/CERPOD can offer journalists, and ways to communicate population information to non-specialists.

### **2. Publications/Dissemination**

USED/CERPOD publishes scientific research undertaken by USED alone or in collaboration with the national institutions or other Sahelian researchers in the series "USED Studies and Research," now comprising 8 titles. In addition to extensive analysis of existing census data in 7 countries (EXADD), USED/CERPOD has also established its own quarterly information bulletin, POP SAHEL, for wide popular dissemination (4 issues to date). Other publications include a study of the social and legal status of women in four Sahelian countries (with Columbia University). Numerous workshops and seminars have been conducted to disseminate the results of research to key technicians and users.

### **3. Training**

Six graduate degrees in demography have been funded under this project (University of Pennsylvania, Johns Hopkins, Brown), and 26 statisticians from national agencies have been trained at the Ecole Nationale d'Economie Appliquee (ENEA) in Dakar. In addition, 3 Gambian statisticians received M.A. level training in Ibadan, and 4 Gambian mid-level technicians were trained in Dar-es-salam. USED/CERPOD also provides continuous short-term training and internships for Sahelian students and technicians, and receives visiting researchers and scholars for long- and short-term research projects. This effort has built up a major demographic capability within the region, which is now being further extended through collaboration with the Rockefeller Foundation to set up the first master's degree program in demography in the Sahel.

### **4. Technical Assistance**

USED/CERPOD provides continuous technical assistance to all Sahelian countries in the area of research, methodology, data processing and analysis, and computer sciences.



## **5. Applied Research**

USED has conducted a number of surveys, including a Demographic and Health Survey in Mali in collaboration with Westinghouse/Demographic and Health Surveys, and three studies (in Burkina, Mali and Senegal) on the interrelationships of population, health, and development. A migration study on the Senegal River Valley supported legislation to improve working conditions and social benefits for Sahelian migrants in France and to assist their reintegration in the Sahel.

## **6. Regional Networking**

USED/CERPOD has extensive contacts with national statistical offices, research institutions, and universities throughout the CILSS constituency, as well as with the "Unite de Recherche demographique" in Lome and the Institut de Formation et de Recherches Demographiques in Yaounde. USED/CERPOD also collaborates regularly with international institutions including UNFPA, IDRC, Institut National d'Etudes Demographiques (Paris), the Universite Catholique de Louvain, the London School of Hygiene, the Population Council, and the Rockefeller and Ford Foundations.<sup>22</sup>

### **3.5 Other Institutions' Contribution to Demographic Information**

The institutions described above are specifically in charge of the collection and utilization of information on demographic phenomena in the respective countries. Other institutions also contribute to the development of human and institutional resources in the field of population. For instance, the Ecole Nationale d'Economie Appliquee (ENEA) in Dakar plays a key role in training statisticians specifically in charge of collection, analysis, and management of demographic data. In addition, several university level institutions in the various countries play an important role in supporting population-related activities. As an example, the Dean and several Professors of the Ecole Normale Superieure in Mali promote research on demographic issues among their students and participate regularly as lecturers and advisors in seminars and conferences on population in Mali, as well as in other Sahel countries.<sup>23</sup>



## **IV. EMERGING POLICY AND PROGRAMME RESPONSES TO DEMOGRAPHIC PHENOMENA**

### **4.1 A Note on Institutions in Charge of Policy and Programme Implementation**

The previous section provided an overview of institutions involved in the first and second stages of population policies and programmes, namely in the establishment of demographic facts and the formulation of relevant policies and actions to master these facts. Institutions involved in the third step--the actual implementation of activities in specific substantive areas such as family planning, particular aspects of health care, and improvements in the status of women are now discussed

The implementation of projects and programmes requires stepped up activity on the part of the institution(s) in charge. This intensification of activities is usually facilitated by financial and human resources contributed by external bilateral and multilateral donors. An overview of major donors in the field of population and related activities in the Sahel, as well as the extent of their support, is provided in Appendix IV.

### **4.2 Family Planning**

The Government of Burkina Faso has been providing family planning services since February 1985. At present there are 53 Ministry of Health (MOH) service sites in 27 of the 30 provinces and two non-governmental organization (NGO) clinics which offer family planning services. The Government promotes family planning activities as an integral part of maternal and child health care. The National Family Planning Action Plan, promulgated in April 1985, calls for the integration of family planning services in existing urban health clinics and rural primary health care (PHC) facilities as well as the institution of programmes to treat infertility and sexually transmitted diseases. The 1986-90 national health plan includes family planning as one of the eight components of the national primary health care program, with specific objectives to decrease illegal abortion, combat health problems due to closely spaced births, and reduce infertility.

In October 1986, the Government of Burkina Faso decreed that previous laws and ordinances forbidding the advertisement and promotion of contraceptives be abrogated.

NGOs active in family planning are the IPPF-affiliated Association Burkinabee pour le Bien Etre Familial (ABBEF), established in 1983, the Midwives Association, and the Entr'Aide Familiale.<sup>24</sup>

The government of Cape Verde is also aware of the need for family planning to create an equilibrium between population and resources and to reduce mortality. Family planning services were initiated in 1978 as an integral part of maternal and child health care under the Ministry of Health.<sup>25</sup>

In Chad, the Ministry of Public Health is in the early stages of designing and implementing a national family planning programme. The end of 1988 is the target date for offering family planning within the health care delivery system. Paramedical and health workers in public and private facilities are now being trained in family planning. Demographic and operations research in service delivery is scheduled in the near future for the urban area around Ndjamenana.

The government of Chad, in collaboration with USAID in Ndjamenana, commissioned a specialist in population legislation to draft a replacement text for the 1920 French anticontraception law. The proposed legislation will be discussed at a special symposium for legislators and relevant policy-makers, in the spring of 1988.<sup>26</sup>

In Gambia, a wide-range of private sector organizations work in family planning. The most important is the IPPF-affiliated Gambian Family Planning Association (GFPA). Other NGOs active in family planning activities are the World Evangelical Crusade, the Red Cross, and the Christian Council. Government organizations with family planning and/or related activities include the Ministry of Planning and Industrial Development; Ministry of Health, Labor and Social Welfare; Ministry of Broadcasting; Central Statistics Department; Non-Formal Education Unit; Community Development; Book Production Unit; Women's Bureau; Department of Medicine and Health.<sup>27</sup>

Family planning has been integrated country-wide into maternal and child health



services since 1981 to reduce fertility. Contraceptives, available through government health services and non-governmental sources, can be imported duty-free. The Ministry of Health is presently developing an efficient management and logistics system for contraceptive supplies within the overall drug system.<sup>28</sup>

In Guinea-Bissau family planning services are indirectly supported by the Government for health reasons. A pilot program was being prepared in 1985 to integrate child-spacing within the maternal and child health programme.<sup>29</sup>

Mali was the first West African francophone country to repeal the 1920 French law which prohibited the advertising, sale, or distribution of contraceptives. The Government encourages child-spacing for family wellbeing, rather than to reduce fertility. Abortion is illegal, although it may be authorized to save a woman's life. Sterilization is available on medical grounds.

The private, IPPF-affiliated Association Malienne pour la Promotion et la Protection de la Famille (AMPPF) is the most prominent family planning institution in Mali. It was established in 1972 and became an IPPF affiliate in 1975. Since then, it has run an urban clinic in Niarela, Bamako, and a rural clinic in Baguineda. New branch offices were recently opened in Mopti and Sikasso. Extensions into the other regions are being prepared. AMPPF staff consists of now-retired, high-level former civil servants (regional governor, cabinet chiefs) with high political visibility and influence.

The Family Health Division, set up within the Ministry of Health and Social Welfare, is responsible for co-ordinating and expanding all family planning activities in Mali. Family planning is integrated into the Government's maternal and child health program to reduce maternal and child morbidity and mortality through birth spacing.<sup>30</sup>

In Mauritania the National Hospital provides family planning services for medical reasons. Active attempts are made by the Ministry of Health and Social Affairs to promote awareness among policy-makers on the importance of family planning. To this end, a tour to Morocco and Tunisia under MOH auspices was recently organized for four key political and religious leaders as a means of familiarizing these leaders with family planning

activities in other Muslim countries.<sup>31</sup>

In Niger a non-governmental National Family Health Center (NFHC) in Niamey has been providing family planning services since 1984. Family planning services have also been integrated into ten preventive maternal-child health care centers in Niamey. This expansion has been accompanied by community meetings and limited mass media publicity. Presently, a family planning and demography project is being prepared under which support will be provided for the integration of family planning services into 120 public health facilities and expansion to all "departements" of Niger.

Although the 1920 French anti-contraception law is still officially on the books, the government of Niger has declared its strong commitment to family planning in national and international fora. The 1979-83 National Development Plan already included a large budget allocation for maternal and child health care to reduce infant and maternal mortality and to promote child spacing and a later age at marriage. Family planning services are actively encouraged by the Government as a means to reduce fertility, as well as for health reasons.<sup>32</sup>

In Senegal a family planning program was initiated and integrated into maternal and child health services in 1978 to reduce fertility and improve maternal and child health.

The Association Senegalaise pour le Bien-Etre Familial (ASBEF) is the major NGO involved in family planning activities. ASBEF was established in 1979 and became an IPPF member in 1981. The Association aims to increase public awareness of the advantages of family planning, to provide assistance in the training of government personnel in family planning, and to collaborate with other agencies in the integration of family planning with other development activities.

The government sponsored programme "Sante Familiale et Population du Senegal" includes a private sector family planning component. Under these auspices, a regional workshop for Africa on family planning in the private sector was held in November 1987 in Dakar.

The French 1920 anti-contraception law was recently repealed. The Government of



Senegal actively promotes and encourages initiatives in family planning, and views it as a means of fertility reduction, as well as a measure to improve maternal and child health.<sup>33</sup>

#### **4.3 Health Policies and Programmes**

"La sante pour tous d'ici l'an 2000" has been the slogan for health policies in the Sahel countries. Although this target still seems difficult to reach, we have noted in this paper that mortality has decreased during the last decade. An increase in the provision of maternal and child health services, in combination with large-scale efforts in immunization and the application of rehydration therapy, have contributed to a reduction in maternal, infant, and child mortality. MCH services now exist in all nine Sahel countries. Improvement of the quantity and quality of these services, and their further expansion into rural areas, is a primary preoccupation of the Ministries of Health in the Sahel region.

#### **4.4 Improvement in the Status of Women**

Projects and programmes for women with the specific objective of indirectly affecting fertility and mortality have been implemented in several Sahel countries. The following activities will serve as examples:

1. The government of Cape Verde initiated a "Family Life Education and Advancement of Women Programme" in 1980, under the auspices of UNESCO and UNFPA. The programme served four objectives: 1) contribute to family life education of the child and adolescent; 2) create greater awareness among women of their rights and obligations in society and their role in marriage; 3) provide information to the population in order to promote a better understanding of traditional beliefs and models of masculinity and womanhood; and 4) contribute to the consolidation of the population policy as defined by the Government.<sup>34</sup>

2. In Mali, the Ministry of Health and Social Affairs in collaboration with the Union des Femmes du Mali (UNFM) initiated a project on "Women and Population" in 1978, under UNESCO auspices. The project's mandate was to develop a knowledge-base on problems of unwed mothers, excision, infanticide, etc., and to organize seminars on these

and other subjects, and the relation between the status of women and population problems.<sup>35</sup>

3. In Senegal, a project for training rural women's groups for participation in family health/family planning programmes was initiated in 1982. The objective was to assist the Ministry of Social Development in the establishment of a model project in a rural area, with educational activities in the areas of health, nutrition, hygiene, and population.<sup>36</sup>

#### **4.5 Migration and Decentralization Policies**

Three major areas of concern on migration are international migration, rural-urban migration, and resettlement schemes. Although international migration in some countries, such as Burkina Faso, is significant, there are no vigorous attempts to counteract the trend, since remittances sent back by migrant workers to their families contribute to the national economy.<sup>37</sup>

With regard to rural-urban migration, many countries do undertake specific activities with the goal of decreasing the rural exodus. This is primarily manifested in the implementation of rural development projects intended to improve the potential of rural areas and to make these areas more attractive to young people with a certain level of formal education. Examples of such attempts to revitalize rural areas and to keep young people from migrating to the cities are the ILO-sponsored "Travaux Publics a Haute Intensite de Main d'Oeuvre," implemented in Burkina Faso and Mali in the past few years. The projects helped villagers build infrastructure such as roads, dams, wells, clinics, schools and cereal banks, in order to develop the villages' potential for improved agriculture, marketing and better living conditions. Labour was provided--at minimum wages paid by the project--by the villagers themselves. Activities were carried out during the dry season, when cultivation had come to a halt until the next rainy season. The philosophy of the programme was that seasonal migrants would be motivated to settle permanently in their villages of origin, after having been employed year-round for a few years and expecting improvements in their living conditions in the near future.<sup>38</sup>



A well-known resettlement scheme is the Volta River Valley in Burkina Faso, where river blindness was eradicated during the late 1970s by the Onchocerciasis Control Project. Another large-scale attempt at population resettlement is made by the Organisation pour la Mise en Valeur du fleuve Senegal (OMVS), on the border between Senegal and Mali. Both aim at accelerating development in agricultural production and rural infrastructure. From the standpoint of development economics, these types of projects are easily justified because they can take advantage of the economic potential in areas with fertile land and few people, in the hope that enterprising individuals from overpopulated areas with lesser production potential will move to the newly-accessible regions. As for demographic consequences, these efforts are assumed to have positive side-effects on rural-urban migration, since they will most likely attract young villagers who would otherwise migrate to urban centers.<sup>39</sup>

#### **4.6 Rural Development and Food Self-Sufficiency Policies**

Virtually all the Sahel countries have active policies to achieve food self-sufficiency in the near future. Although these are not really population policies, they do have a direct bearing on demographic processes such as migration, as explained above, as well as on mortality, since famine and starvation are by no means exceptional phenomena in the Sahel. In addition, rural development policies exert an indirect influence on fertility, since increased agricultural production, mechanisation, water management, and other changes in the rural economy tend to affect farmers' perceptions of ideal family size.

Two recent shifts in agricultural and rural development policies are important in reaching the target of food self-sufficiency. The first is the shift of agricultural extension services from emphasizing cash crops only, to a "package approach" in which farmers are encouraged to cultivate cash crops such as cotton and groundnuts--and rice in irrigated areas--in combination with traditional food crops such as millet and sorghum. This combination allows farmers and, at macro-level, governments as well to receive cash and to be self-reliant in food as much as possible. The second change of importance for food

self-reliance is the increasing number of women in agricultural extension and rural development services. This female presence facilitates the communication of agricultural innovations to village women, who perform approximately half of all agricultural work.<sup>40</sup>

#### **4.7 Education**

Formal education negatively affects people's desire for a large number of children. This is particularly so for women. A general rule of thumb is that the more education a woman has, the smaller her number of children. However, in the Sahel countries the proportion of all children in primary schools is already very small, and for girls even smaller than for boys.<sup>41</sup> Therefore, advanced education for women is hardly a variable whose influence on fertility shows its results at a national level, and it will not do so until far in the future.

Another aspect of education deserves our attention when speaking about population policies and programmes, namely the introduction of sex education to schools and in functional literacy projects. A good example is the pilot training project in Burkina Faso under UNESCO sponsorship, relating sex education and MCH activities. The project's objective is to assist the literacy programs of the Ministry of National Education and Culture to prepare and implement pilot training experiences in sex education, both in-school and out-of-school, to increase maternal/child health protection, and to improve family and community life.<sup>42</sup>

### **V. ASSUMPTIONS AND REALITY IN POLICY FORMULATION AND PROJECT AND PROGRAMME CHOICE**

#### **5.1 Government Perceptions of Demographic Processes Versus the Perceptions of Individual Families**

In the latest issue of POP SAHEL, one of the USED/CERPOD researchers observes that "...Sur le plan démographique, les intérêts des gouvernements sont souvent en contradiction avec ceux de la majorité des ménages..."<sup>43</sup> The potential contradiction



between government interests and the motivation of individual families is a major point to consider in the preparation of population-related activities. Governments may consider their rate of rural-urban migration too high and a cause of disequilibrium in their socio-economic development. However, for individual families the same demographic process may be considered as highly desirable, bringing some of their individual members into contact with the urban job market, where salaries are higher, and jobs and services more widely available than in rural areas. By the same token governments may be fully convinced of the desirability of family planning services as a means of appropriate child spacing in order to preserve the health of mothers and children, as well as a means to curb excessive fertility. However, rural families faced with a high rate of infant and child mortality may want to accelerate their childbearing to insure against child mortality. In addition, they may desire a large number of children to help with agricultural and domestic production. Hence, they may consider the integration of a family planning component into maternal and child health services as a means to boost, rather than diminish, their family size.

## **5.2 Anticipated Versus Actual Project and Programme Outcomes**

The previous section introduced a real dilemma faced by policy-makers and donors alike. When national and individual perceptions of the "right" demographic behaviour are different, it is most likely that expected outcomes of particular projects or programmes designed to affect this behaviour, fail to materialize, while unanticipated effects occur. These effects may be just the opposite of what was intended and therefore an embarrassment for those who implemented the programme. For instance, a training and development programme for young farmers, designed to counteract rural-urban migration by promoting rural development and increasing motivation to remain in the villages, often has the opposite effect. Numerous are the examples of activities, designed to halt rural exodus, that resulted in an accelerated pace of rural-urban migration instead; young people who had acquired some training in the programme used their new knowledge to

leave the village for the city in the hope of improving their situation. A family planning programme, specifically designed to reduce the average number of children per family, can easily undergo the same fate. The combination of more efficient child spacing practices, a lower incidence of miscarriages and still-births, a lower incidence of pathological sterility, as well as more information on proper health and nutrition practices on the part of the mother, may well result in an increase, rather than a decrease, in the average number of children per family.

### **5.3 Implications for Donors**

Discrepancies between individual and national goals, as mentioned above, occur in most countries. However, the occurrence of unanticipated (and often unwanted) outcomes resulting from these discrepancies can be somewhat diminished by a careful design and preparation of activities. The following seven points may help in achieving this.

1. Modest expectations of project results may avoid unpleasant surprises and disappointments.
2. A re-definition of certain policies which repeatedly yield the opposite effect of what was intended, will contribute to project design with more realistic targets. For instance, policies to curb rural-urban migration could be aimed at the development of small semi-urban centers, rather than trying to keep the large majority of the economically active population in the rural areas.
3. A distinction between immediate and longer-term project outcomes will contribute to a more realistic assessment of project results. For instance, the introduction of family planning in maternal and child health care projects may initially result in an increase of fertility in the region concerned. However, in the long run this activity will most likely contribute to lower the number of children per family.
4. Round table discussions and other forms of communication on project operations and methodology among various donors, and between donors and project implementers in the recipient countries, contribute to an evaluation of the efficiency of various approaches of



intervention. This exchange between all parties involved is especially crucial for newly introduced activities, such as family planning. Lessons from field experience are very useful in the design and implementation of future projects.

5. The establishment of small-scale, carefully monitored pilot projects prior to the implementation of larger scale activities allows planners and implementers to observe closely what can go right or wrong in the specific type of activity. Operations research on the activities of the pilot project contributes to a systematic documentation of project performance. This information can be used for future, larger-scale projects.

6. The examination of documents in which similar projects are described and evaluated provides insight to problems and pitfalls, as well as in potentially successful aspects of the project.

7. Admitting that one's project was not successful leads to a more fruitful approach to future activities, rather than trying to make project outcomes look much better than they were. It prevents oneself and others from making the wrong assumptions all over again.

## VI. CONCLUSIONS

Population growth has outstripped economic growth in the Sahel countries and will continue to do so in the future. A large number of people will enter the reproductive ages in the coming decades, adding significantly to the present population size, even if the average number of children per family were to decrease immediately. Scarce resources will then have to be divided among a growing number of persons. In addition to sheer population size, the uneven spatial distribution and unchecked movement of Sahel populations constitute areas of great concern for leaders and policy-makers.

During the 1980s, leaders in the Sahel have more and more shown their awareness of the consequences of demographic phenomena on social and economic development, as seen in a multitude of projects and programmes designed to affect one or more of the basic demographic components.

The present imbalance between population and resources, as well as the best approach to handle this problem, are eloquently expressed in the following quotation from a speech delivered by Mr. Brah Mahamane, the Executive Secretary of CILSS, on April 28, 1987, at the official opening of a meeting on CERPOD's future workplan and funding:

"..En effet, s'il est vrai que l'avenir du Sahel reside dans ses ressources humaines, il est egalement temps qu'une reflexion profonde s'amorce dans notre region sahelienne sur la future maitrise de la croissance demographique qui hypoteque de plus en plus cet avenir. Des voix plus autorisees que la mienne ont deja souleve la question. Pour commander les evenements plutot que de les subir, il est urgent qu'un equilibre dynamique soit instaure entre l'homme et l'environnement. C'est dire qu'une attention toute particuliere doit etre accordee aux disequilibres existants entre les moyens de production, les systemes de production et la croissance demographique. Si nous voulons sauvegarder l'avenir, il faut que de nouvelles politiques soient non seulement etudiees et proposees, mais appliquees."<sup>44</sup>



## Notes

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2. Appendix I, Table 1.1.
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35. Ibid, p. 323.

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37. Op. cit. 24: Population Policy Brief: Burkina Faso.

38. van den Oever, Pietronella. Programme de Travaux Publics et Distribution du Temps de Travail des Femmes: Le Cas de Burkina Faso, ILO, Geneva, Sept. 1984.

39. Science, "A Project Born of Hope, Desperation," Vol. 232 (May 1985) pp. 1081-1083.

40. L'Organisation des Nations Unies pour l'Alimentation et l'Agriculture (FAO), Consultation gouvernementale sur le role de la femme dans la production vivriere et la securite alimentaire en Afrique, Rome, 1984.

41. UNESCO Yearbook, 1985, Table 3.2.

42. Op. cit. 34, p. 76.

43. Unite d'Etudes Socio-Economiques et de Demographie (USED), "Des perspectives peu certaines," article by Cheikh Mbacke in Pop Sahel, No. 4, Bamako, Oct. 1987.

44. USED. Reunion sur le financement du programme du Centre d'Etudes et de Recherches sur la Population pour le Developpement (CERPOD), Rapport General, Bamako, May 1987, p. 5.

## APPENDIX I

### TABLE 1.1

#### Total Population of the Sahel, By Country

1950-2020 (in thousands)

Country	Year							
	1950	1960	1970	1980	1990	2000	2010	2020
Burkina Faso	3652	4279	5076	6159	7923	10538	14096	18159
Cape Verde	148	200	271	296	367	470	575	668
Chad	2658	3064	3652	4477	5668	7308	9337	11412
Gambia	331	374	469	583	715	898	1129	1382
Guinea Bissau	505	540	626	809	987	1229	1523	1849
Mali	3850	4636	5685	7023	9362	12658	16992	21855
Mauritania	796	981	1247	1631	2202	2998	4030	5216
Niger	2868	3234	4146	5311	7109	9750	13266	17114
Senegal	2500	3041	4008	5672	7377	9765	12837	16267
<b>TOTAL</b>	<b>17308</b>	<b>20349</b>	<b>25180</b>	<b>31961</b>	<b>41710</b>	<b>55614</b>	<b>73785</b>	<b>93922</b>
Natural growth (percentage)	1.82	2.14	2.41	2.7	2.92	2.87	2.44	

Source: United Nations Department of International Economic and Social Affairs. World Population Prospects, Estimates and Projections as Assessed in 1984, Population Studies, No. 98, (New York: UN, 1985) in tables on demographic indicators, medium variant projections, pp. 185-218.



**TABLE 1.2**

**Population Age Structure of the Sahel Countries**

1985

COUNTRY	AGE GROUP			
	Total (000's) (percent)	0-14	15-64	65+
Burkina Faso	6942 (100)	3051 (44)	3692 (53)	199 (3)
Cape Verde	326 (100)	134 (41)	175 (54)	17 (5)
Chad	5018 (100)	2123 (42)	2715 (54)	180 (4)
Gambia	643 (100)	273 (43)	350 (54)	20 (3)
Guinea-Bissau	889 (100)	362 (41)	489 (55)	38 (4)
Mali	8082 (100)	3739 (46)	4123 (51)	220 (3)
Mauritania	1888 (100)	875 (46)	960 (51)	53 (3)
Niger	6115 (100)	2856 (47)	3059 (50)	200 (3)
Senegal	6444 (100)	2858 (44)	3395 (53)	190 (3)
<b>TOTAL</b>	<b>36347 (100)</b>	<b>16271 (45)</b>	<b>18958 (52)</b>	<b>1117 (3)</b>

Source: United Nations. World Population Prospects, 1985, pp. 185-218.

## APPENDIX II

Following are excerpts of comments made by leaders at the International Conference on Population held in Mexico City in 1984.

### **Burkina Faso**

"In Burkina Faso, attention is being given to population problems not because of the repeated cries of alarm here and there or some theory or another, but rather because we see development as being focused both qualitatively and quantitatively on human beings. In this connection, Burkina Faso's population growth rate and current population figures offer no cause for alarm, especially when we consider the exceptionally high rate of emigration of its active population ... . Although still in its early stages, urban development, with its attendant problems of unemployment and crime, is on the increase as a result of the high drop-out rate from a school system that is ill-suited to students' real needs and the persistence of obstacles to genuine agricultural development....In our recognition of the need to accord a place to the population variable in our future development plans, we have set up the National Population Council as the focal point for population activities..."

### **Cape Verde**

"When Cape Verde became independent, one of its government's main concerns was precisely to learn about the country's population situation in all its dimensions, with all its very specific characteristics, through qualitative and quantitative research. Thus it was that, in June 1980 ... it conducted its first general population and housing census. The population data thus obtained were a valuable input into the preparation of the 1st National Development Plan, 1982-85. Their abundance and variety also make it possible to define an appropriate national population policy which will, of course, take into account the fundamental principles of world population policy."

### **Chad**

"After 18 years of war, Chad, more than other countries, is deeply concerned about its population policy and greatly appreciates international cooperation in this area ... Despite its limited means and the difficulties caused by drought, Chad is making noteworthy efforts living conditions of displaced persons and halt rural exodus."

### **The Gambia**

"It must be generally accepted that our views on present day population trends will influence our judgement on the economic, social, and political issues of the day. These are closely related to issues such as the role of the family, the status of women, mortality, fertility, morbidity, immigration and emigration, economic and social conditions of living in general, employment and unemployment, crime, education and training, conservation of the natural environment, energy, etc. Also, our attitudes about population questions will



affect our national relations at the subregional, regional, and world levels. In all our deliberations and planning activities at these levels, population will be one of the most important factors to be taken into account ... [The] overall objective is to reduce the rate of population growth by directing action simultaneously at three determinants of population growth: mortality, fertility, and migration over the borders. Mortality and fertility will both be reduced through an integrated approach combining family planning with maternal and child health services, especially within the national Primary Health Care programme ....".

### **Guinea-Bissau**

"With more than fifty percent of the population still unmarried, the marriage age is rising and this may help to reduce fertility rates. The employment problem will, however, become increasingly acute. Already, limited, often sectoral, action is being taken at the national level as a short-term solution to the problem.

### **Mali**

"In its awareness of the vital role of mankind as the means and the end of any development process, Mali has adopted a policy aimed above all at ensuring its population enhanced living conditions and environment conducive to the realization of the people's creative genius ... That is why we believe that a population policy must be directed first and foremost towards combating the main obstacles of using man's full potential to improve his standard of living. Food security, improved health and nutritional levels and efforts to combat illiteracy and ignorance are the major challenges that we must take up in order to enable human beings to fulfill their role in the development process ... we believe that any population policy must consider mankind in all his dimensions in relation to his physical economic cultural and social environment. Any policy centered on purely demographic objectives is bound to prove ineffective ...".

### **Mauritania**

"Sectoral population policies are being implemented ... We would first mention our research program which is aimed at enhancing knowledge of our country's population numbers and structures and has taken the form of the first population census in 1977, a national fertility survey in 1981 and the establishment of a Centre for Demographic and Social Research in 1983 ... At the same time, our efforts in the health area are directed towards reducing infant and juvenile mortality in our country. With regard to fertility, we are concerned primarily with improving maternal and child health and, more generally, the socio-cultural and economic levels of our population, in the conviction that this is the only way to find lasting solutions to the problems of population growth. In order to stem the tide of migration from rural to urban areas, special attention is given to sectoral projects aimed at maintaining populations as they are ...".

### **Niger**

"Since people are a central concern in Niger, we cannot view population in isolation from socio-economic development. Given our level of development and the numerous

geographical and natural constraints we have to face, our population remains the most important valuable resource for developing our country's potential. That is why we attach particular importance to population trends in time and in space, our struggle against that social scourge, the rural exodus, is a decisive element of our development strategy, in which social concerns, namely the satisfaction of people's basic needs--health, education and food, remain both a prerequisite and a priority. In health, we have given priority to preventive medicine and primary health care, backed up by specific actions in the area of family health...we try to give our population every opportunity for full personal development, through a new kind of society: the society of development, based on three principles of cooperation, consultation and participation ...".

## Senegal

"... a Plan of Action for Women has been drawn up to ensure women's liberation in all areas: economic, social and cultural. One of the main effects of this plan will be to help control fertility. In addition, in order to reverse the tide of migration towards urban centers caused by the deterioration of the living conditions of the rural masses as a result of the persistent drought, we have launched a rural economic recovery program by reducing income disparities between urban and rural areas. Population problems cannot be solved properly, however, unless they are first integrated into the country's medium- and long-term economic and social development programs and this is where one of the typical weaknesses of our development planning lies. Realizing these weaknesses we have embarked, with the United Nations' support, on a massive nationwide program of research and consultation on the different aspects of devising a population policy and on integrating the population variable into planning in Senegal."



### APPENDIX III

#### Government Perception of Selected Fertility Variables in 1976 and 1987

Country	Government's Perception of Fertility Level	
	1976	1987
Burkina Faso	Satisfactory	Satisfactory
Cape Verde	Satisfactory	Satisfactory
Chad	Satisfactory	Satisfactory
Gambia	Satisfactory	Too High
Guinea-Bissau	Satisfactory	Satisfactory
Mali	Satisfactory	Satisfactory
Mauritania	Satisfactory	Satisfactory
Niger	Satisfactory	Too High
Senegal	Satisfactory	Too High

Country	Policy of Contraceptive Use	
	1976	1987
Burkina Faso	No Major Limits;No Support	No Major Limits;Indirect Supp.
Cape Verde	No Major Limits;No Support	No Major Limits;Direct Support
Chad	No Major Limits on Access	No Major Limits;No Support
Gambia	No Major Limits;Indirect Supp.	No Major Limits;Direct Support
Guinea-Bissau	No Major Limits;Indirect Supp.	No Major Limits;Direct Support
Mali	No Major Limits;Direct Support	No Major Limits;Direct Support
Mauritania	No Major Limits;No Support	No Major Limits;No Support
Niger	No Major Limits;No Support	No Major Limits;Direct Support
Senegal	No Major Limits;Direct Support	No Major Limits;Direct Support

Country	Support of Contraceptive Distribution	
	1987	
Burkina Faso	Indirect Support	
Cape Verde	Direct Support	
Chad	No Support	
Gambia	Direct Support	
Guinea-Bissau	Direct Support	
Mali	Direct Support	
Mauritania	No Support	
Niger	Direct Support	
Senegal	Direct Support	

Source: 1. United Nations Population Division. Population Trends and Policies, 1977 Monitoring Report, Vol.II, Population Policies. Population Studies No. 62, (New York: UN, 1979). 2. United Nations Population Division. Global Population Policy Database, 1987. ST/ESA/SER.R/71. (New York: UN, 1987.) United Nations Population Division. Global Review and Inventory of Population Policies: 1987 (GRIPP). Microcomputer diskette file, (New York:UN, 1987.)

## APPENDIX IV

### Summary of Outside Donor Assistance

The United Nations Fund for Population Activities (UNFPA) has provided the majority of financial support to the governments of the Sahel region for population projects. Most of the rest of the funding has been through direct bilateral agreements between the governments of the Sahel countries and the U.S. Agency for International Development, the British Overseas Development Administration, the Federal Republic of Germany, and other governmental development assistance agencies in Europe.

The International Planned Parenthood Federation is also a major sponsor of its Sahelian affiliates, stepping in for the government in the realm of family planning when the latter cannot or will not play an active role.

#### Burkina Faso

\* The United Nations Fund for Population Activities (UNFPA) has provided a total of \$5.857 million as of July 1986 to programs in Burkina Faso.

\* The U.S. Agency for International Development (USAID) has provided bilateral support for a family planning project which will provide a total of \$1.25 million through June 1989.

\* The Federal Republic of Germany has been assisting in the setting up of a minimum standard rural health system since 1965, with estimated total expenses of \$3.3 million.

\* The International Planned Parenthood Federation (IPPF) has provided an estimated cumulative grant total of \$890,000 to its affiliate the Association Burkinabe pour le Bien-Etre Familial (ABBEF).

#### Cape Verde

\* As of June 1986, it is estimated that UNFPA has provided a grand total of \$1.5 million.

#### Chad

\* By 1988, UNFPA will have provided a cumulative total of \$1.3 million for such projects as the development of a maternal and child health/family health service program, and for strengthening the technical capability of the Department of Statistics, Economics and Demographic Studies.



## **Gambia**

- \* UNFPA had provided \$1.15 million for a variety of projects in the Gambia, including a population census, funding for participation in regional meetings and conferences, and communications support for maternal and child health (MCH), family welfare and other population activities.
- \* The British Overseas Development Administration has provided \$14,000 in support of family planning films being provided to the Gambian Family Planning Association.
- \* IPPF has provided about \$2.5 million to its affiliate the Gambia Family Planning Association, which is responsible for most of the family planning services in the country.

## **Guinea-Bissau**

- \* UNFPA has provided support for a variety of projects, including: a project to improve family health, the provision of fellowships in demography and statistics, and the strengthening of the MCH/FP programme.
- \* IPPF is providing a commodity grant of \$15,500 to the government to assist it in setting up a pilot family planning project.

## **Mali**

- \* UNFPA has provided a total of \$4.2 million through 1985 and has planned to spend another \$1.8 million between 1986 and 1988. Major projects have been the development of a MCH/FP program, the establishment of a Population Planning Unit in the Ministry of Planning, and a population and housing census.
- \* USAID will provide a total of \$8 million for an integrated family health project, which will assist the private family planning agency in upgrading its services.
- \* The Federal Republic of Germany has provided about \$1 million in support of self-help organizations for rural women.
- \* IPPF has provided approximately \$750,000 to its Malian affiliate Association Malienne pour la Protection et la Promotion de la Famille (AMPPF) for its projects.

## **Mauritania**

- \* UNFPA will have provided a total of \$6.6 million to the government of Mauritania for a variety of projects, including: the establishment of a Centre for Demographic and Social Studies, for the strengthening of the National Family Well-Being Programme, and for a population census.
- \* John Snow, Inc. has a \$1.8 million rural health services project in Mauritania.

## **Niger**

- \* By 1989, UNFPA will have provided a grand total of \$4.9 million for a variety of projects, including: a \$2.1 million beginning in 1983 in support of demographic data

collection and analysis, demographic research and training; and population education and communication.

\* IPPF is expected to provide a grant totalling \$18,900 to the National Family Health Centre in Niamey, which was established by the government to provide family planning services, as part of its maternal and child health services.

### Senegal

\* By 1989, UNFPA will have provided \$8.9 million in support of projects in Senegal. Some of the larger projects include a family welfare programme, the training of rural women's groups for participation in family health/family planning programmes, the establishment of a population communication unit, and the establishment of a population unit.

\* USAID is funding a seven-year family health and population project for \$20 million, which finances training, technical assistance, advisory services, commodities and other costs.

\* The University of Dakar received \$15,000 from the World Health Organization to undertake research on oral contraceptive use, the prevalence of infertility, and to strengthen its research capabilities.

\* As of June 1986, Family Planning International Assistance had provided a cumulative total of \$360,650 in family planning commodities to 18 institutions in Senegal.