



Accelerating a Demographic Transition in the West African Sahel

Approaches, obstacles, and recommendations

Introduction

Over half a century of experience from around the world demonstrates that rights-based family planning policies and programs can speed up the demographic transition. Fertility rates have approached or dropped below replacement-level in all countries with widespread, quality family planning services and high levels of girls' education.

In the Sahel, rapid population growth constrains development and a young age structure may contribute to growing insecurity. It is imperative to accelerate a demographic transition (Graves et. al., 2019). The OASIS Initiative organized a series of consultative group meetings with fourteen experts from the Sahel to gather perspectives on these issues (see Annex A). Our focus is on girls' education, family planning (FP), and women's empowerment. Based on the consultative meetings, OASIS identified areas of consensus on approaches, obstacles and recommendations to accelerate a demographic transition. Summary statements are supported with quotes from the consultative group participants.

I. Policy and Program Recommendations to Accelerate a Demographic Transition

- **Strengthen and enforce laws to protect and uphold rights of women and girls.** In the Western Sahel, much can be accomplished by protecting girls and women from multiple forms of discrimination and violence, and by expanding their rights in marriage. Many laws supporting girls' education and family planning are not regularly enforced and marriage laws requiring a minimum age of marriage are still needed across the region.
- **Improve quality of education, teach life skills, and increase girls' secondary school completion rates.** Girls' education is the best alternative to early marriage and childbearing and benefits the health and well-being of the girl and her family. While major gains have been made in girls' primary education, girls' secondary school enrollment and completion remain low across the region. Women who finish secondary school choose to have two fewer children, compared to those who have no schooling. Mentored girls clubs, or "safe spaces," is one effective way to help keep girls in school.

- **Invest in scaling up what works in family planning.** Participants cited examples of successful family planning programs from across the region but agreed that these programs do not reach large parts of the population. Proven practices that were cited include: task shifting to expand the reproductive health workforce, social marketing of family planning, promotion of postpartum family planning and targeting men in outreach efforts. Only one percent of international aid is devoted to family planning and Sahel countries receive even less. Policy makers and donors must strive to increase this to two percent of aid.

II. Discussion of Policy and Program Recommendations

Implement existing policies, enforce laws, and raise budgets. The legal and political framework for a demographic transition in the Sahel should be strengthened. This includes enforcing present laws that prohibit all forms of female genital cutting and forced and early marriage. Married women deserve the right to initiate divorce, to obtain recourse against violence, and rights of custodianship over their children in case of separation, divorce, or the death of their spouse. Women should have the right to legal recourse and equal treatment in state-run courts of law, rather than in religious and traditional family courts, which have generally failed to protect women and children from harm.

Participants noted that laws must be applied and enforced in a timely manner. For example, the Nigerian National Assembly adopted the law on reproductive health in 2006, but the presidential decree on the application of this law was not signed until 2019. Other participants pointed out that – as important as national-level political commitments and legal frameworks may be – they are not sufficient to accelerate a demographic transition. Laws must be enforced, and policies implemented down to the community level, in order for regional change. This is especially true with sensitive issues such as gender equity in education, age of marriage, and family planning.

Consistent with the African Charter on the Rights and Welfare of the Child, countries should adopt and implement laws that establish a minimum age of marriage or raise the existing legal minimum age. The Charter, ratified by all Western Sahel countries, sets the legal age of marriage at eighteen. In reality, the legal age of marriage is 15 or 16 over much of the Sahel and in parts of northern Nigeria, it can be as low as 12.

“The texts we have to advance, but we must not generalize them. We have the Senegalese Reproductive Health Law which dates from 2005 and the implementing decree has not yet been signed! We spoke at every meeting, we’ve been talking about it for 15 years! So, that’s the problem. Now what to do? Unless you have strong leadership in the right place, I don’t see how we can move forward.”

“In terms of legislation and regulation, there are texts that exist. The texts that exist can go very far. But with the legal texts on reproductive health, it is a question of application.”

Improve quality of education, teach life skills, and increase girls’ secondary school completion rates. Governments in the region should renew their commitments to increasing girls’ levels of school enrollment and attainment, with a focus on ensuring girls complete secondary school. DHS studies show that increased educational attainment correlates with

lower fertility, decreased chances of forced or early marriage, decreased exposure to domestic violence, and greater control over household resources (Klugman et al., 2014). There are also cumulative generational benefits, as the children of women with a higher education level are more likely to have better health and educational outcomes.

Addressing gender-specific needs has been decisive for the success of many girls' education initiatives. Widespread adoption of sexual education in schools could improve reproductive health and promote more equitable gender norms. Schoolgirls who become pregnant should be allowed to remain in school and able to return to school after delivery. Safe space programs for adolescent girls have been shown to help girls complete secondary school, thereby delaying marriage. Safe spaces are mentored girls' clubs which reinforce literacy and numeracy and build life skills for girls to increase their decision-making power and enable them to have more say over important life choices (Perlman, 2016).

"Safe space is special because it is a girls-only space where girls are able to learn things that cannot be learned at home or in school through a trained mentor and also through peer learning"

"There is a great deal of interest in the part of young people, not only as beneficiaries but also as actors. We talk a lot about their involvement in a significant way, but I sometimes have the impression that it is a lot of words, it is a lot of speech but not necessarily things that we see or that are happening in terms of action."

Invest in scaling up what works in family planning. Experimenting with new concepts no longer seems valued by a wide range of professionals. Many experts advise focusing on what is already working but has not yet been scaled up.

"The 2030 target is to reach twice as many additional women as we have done over the past 10 years, so 6.5 million women are being targeted. If we want to do this, we will have to do things differently and we will have to invest, precisely, in the creation of demand and in communications for behavior change."

"We must continue to work and go to a massive scale. Because what is going on in our family planning policies? It's the timid, really timid politicians. We are not going all the way. We start a reform, we do not finish, we start another. So you have to go really deep to be able to impact the contraceptive prevalence rate."

Examples of effective approaches not yet scaled up, cited by participants, include "Husbands Schools" (Niger), Family Planning Week (Burkina Faso), and postpartum family planning promotion. Following what many consider the successful demonstration of Husbands Schools, Niger has created a Future Husbands' club, where teenagers come together, before marriage, to discuss themes such as family planning, reproductive health and the demographic dividend.

"In particular, it is necessary to act on the minds of men. That's why I really liked the mention of a school for husbands, which is an initiative that originated in Niger. But currently it is still not very well developed, even in Niger. We have to fix that."

"National FP Week is a promising practice of increasing contraceptive prevalence. For a week, the entire health system focuses on FP, which is free... This successful"

experience shows that free care coupled with an intensive communication campaign can yield significant results.”

Postpartum FP was discussed as a high impact practice yet to go to scale in the region. It simultaneously improves FP and maternal and child health. Experience from countries like Rwanda and Ethiopia have shown that this approach has substantial public health benefits (Mossie, Pfitzer, Yusuf et al., 2019). L’Initiative OASIS Niger is piloting a model aiming to demonstrate that group antenatal care can increase postpartum FP uptake in Niger, while easing the burden on health workers, and involving women more actively in their own reproductive health.

One promising approach to generate demand for contraception is using existing health services to systematically integrate family planning counseling – and services if desired - into other health services. This approach has been successful in Rwanda and Uganda and is being tested in some Sahel countries. Social marketing and education media are proven to help generate demand. One participant, though, took issue with the focus on birth spacing in media campaigns as well as in counseling, noting:

“Couples can perfectly space pregnancies and still have 8 children. And so maybe we cannot get around it, and need to be specific about voluntary FP for limiting births. If we do not go in that direction, we will not achieve a demographic dividend.”

Given the shortage of doctors and nurses, governments need to revise national guidelines – or better apply existing guidelines – to promote task shifting of family planning and expand the type of methods that lower level providers can offer. This is especially important to reach women and couples in rural areas, where the majority of the Sahel population resides. Evidence from the region shows that community health workers can safely offer a variety of methods, including the injectable contraceptive, which offers greater autonomy to female users.

III. Obstacles which hinder progress towards a demographic transition

- **Basic institutional problems and lack of political will.** Participants were unanimous: the absence of strong leadership and a lack of conviction of some leaders is a major cause for slow progress towards a demographic transition. Despite efforts in recent years to promote high-level buy-in towards generating a demographic dividend, national budgets for family planning remain very low or nonexistent.
- **Need for capacity building of teachers, health professionals and administrators.** Professional skills – especially among those working in the public sector – are generally weak. Teachers who are not sufficient at literacy and numeracy cannot be effective. Health providers are often skeptical towards family planning or do not have the requisite counseling or clinical skills. Among civil society and public bureaucrats, program planning, implementation and monitoring and evaluation skills need to be built.
- **Short funding cycles and unsustained results.** The majority of funding for family planning – and a significant portion for girls empowerment and education –

comes in the form of overseas aid. These aid packages often come in short funding cycles, i.e. less than five years, and there is insufficient effort on the part of donors, implementing partners and government stakeholders to ensure that the aid complements national efforts and can have sustained effects beyond the funding cycle.

IV. Discussion of obstacles hindering progress towards a demographic transition

Basic institutional problems and lack of political leadership. The lack of commitment to addressing demographic challenges by key policy makers is a serious problem. Senior policy makers need to understand the role of family planning in helping achieve sustainable development goals and in creating conditions for greater stability. Moreover, the institutions and health systems remain weak and slow to change. Understandably, participants had a difficult time making concrete recommendation on such far-reaching challenges as political will and good governance.

“We want to have (family planning services) that work very well in this faulty system. If we strengthen the system, all the interventions will also improve in quality. Family planning must also be integrated. It should no longer be something vertical.”

“Countries depend on donors - there is a lack of leadership from these countries to make these issues a priority. We very rarely have a country that votes for a budget for these issues and frees up the funds or one that takes population issues, like girls' education, seriously. We must reflect so that these questions become priorities in national policies and not left to a donor.”

“But it is the state that must lead the way, show the way and the people will follow. We must solve this leadership problem, which is the number one barrier.”

“They say it's free, but in reality, when you ask for the share of the national budget invested in demographic transitions, it's very little. This is still funding from partners, while political will and political alignment must bring about a substantial part of the national budget in policies to accelerate the demographic transition. So we must be able to say ‘There, if we are engaged according to the population of each country, we can find as what was done for Abuja, 15%, that's it.’ Each government must invest such a percentage to accelerate the demographic transition.”

“So in the area of family planning = we should invest more, at least, towards solutions adapted to each country to prevent detractors from saying that it is a conspiracy of the West or that it is something that comes from elsewhere.”

However, one participant noted the fiscal constraints faced by governments in the region.

“In Niger, obviously they do not have the fiscal capacity to finance a family planning program. Chad, which puts 30% of its public spending towards war or spending on security and military spending, does not have the fiscal capacity to address health and education problems.”

One of the expert recommendations is to find allies at senior positions in national governments, so that population issues become immediate national priorities – with commensurate national investment.

Need for capacity building of teachers, health professionals and administrators. Donors increasingly understand that to be effective, development efforts should be locally led. Consultative meeting participants agreed on the importance of strengthening local leadership in the Sahel, in particular the capacity to design and implement large-scale programs. The need to build local capacity for family planning in Africa has been documented for over twenty years, yet it remains a pressing challenge (see for example, Rosen & Conly, 1998).

The “Sahel Leadership Program” (SLP) strengthens local leadership at the regional level. The SLP trains and supports a critical mass of young leaders and professionals working on girls’ education and empowerment and reproductive health and rights. Since 2015, the SLP has helped to strengthen the communication, advocacy and scale-up skills of more than 200 participants in West Africa. Fellows are also encouraged to strengthen their institutions from within.

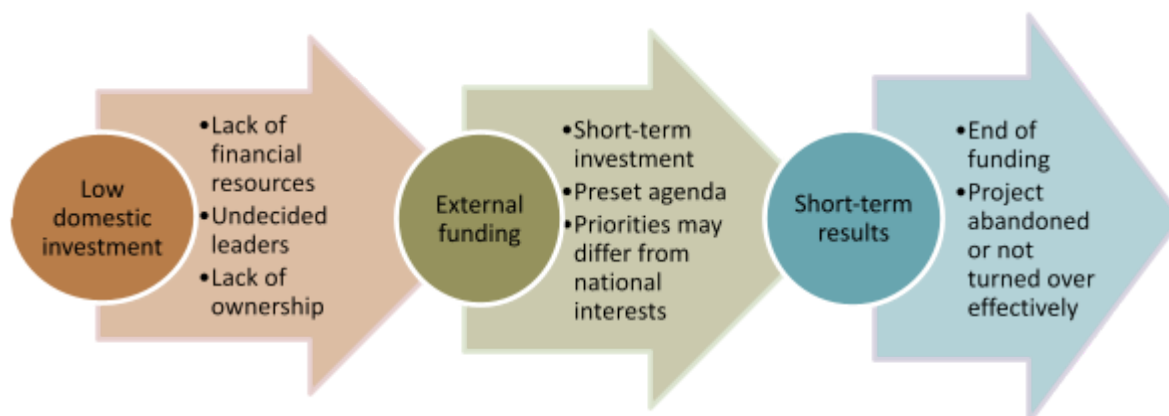
“We have low execution capacity. We have the best ideas, we have designed the best programs, we implement but we do not know how to implement well, we are more interested in the launch ceremony and afterwards, no one cares whether it works or not.”

“Institutions that work in the Sahel are much more fragile than even the countries of the Sahel. We find this fragility that we want to resolve in the Sahel countries in our own institutions.”

“This is where we need strong leadership from countries. Leadership strong enough to bring everyone around the table to instill a new dynamic and also to channel the various efforts to be able to achieve a common goal.”

In addition to building capacity of local professionals, traditional and community leaders should be meaningfully engaged. Once viewed as barriers to change, religious leaders can play a critical role in implementing programs that promote behavior change, e.g. Husbands Schools and Safe Spaces. If local professionals and community leaders had been more involved in the implementation of the first FP programs in Africa, many strategic mistakes may have been avoided (Pritchett).

Short funding cycles and unsustainable results. The fact that the Sahel countries are strongly dependent on external funding constitutes a major obstacle. Donors determine what areas they fund, how much they invest, and how long they provide support. This situation creates a departure from national development strategies and the established national priorities. Projects or programs in any area are implemented for a limited time and, in general, interventions funded by donors are short term. At the same time, efforts to promote girls’ education and women’s empowerment have a very slow return on investment, beyond the five-year political terms and very far beyond the short funding cycles of donor funded programs. This infographic captures the challenge:



“Take, for example, the question of changing social norms. But to change social norms, it might take 10 or 15 years! And no donor will be there all this time.”

Conclusion

Girls’ education, family planning and women’s empowerment are three key areas of investment to accelerate a demographic transition in the countries of the West African Sahel. We do not need to invent new approaches or test new concepts. Extending and sustaining proven approaches are among the most salient recommendations. Respect for gender equity and special efforts to meet marginalized and youth populations are needed. The use of technology can be an important accelerator. Local leadership and good governance must be strengthened to ensure better ownership and observance of national priorities. Mobilizing internal resources and increasing international aid in favor of the three key areas should enable proven practices to be scaled up in accordance with each country’s context.

Reaching beyond a simple demographic mechanism, experts agree that efforts to reduce fertility must be accompanied synergistically by social and economic policies supporting the development of human capital (health and education) and an improved economic environment (foreign investment, domestic savings and investment, and the business climate). Instead of a vertical approach, we must design and implement cross-cutting, sustainable programs that are responsive to the daily life of populations. The so-called “program” approach could be abandoned in favor of long-term social and economic development plans.

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Annex A. OASIS Consultative Group (alphabetical order)

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