Why are we here?
The importance of girls’ education & Family Planning to security and development in the Sahel

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Presentation Plan

- Overview of the Sahel region
- The Sahel Population Dynamics
- Some Demographic, Health and education indicators in the G5 Sahel countries
- Investments in Health and Education to maximize Human Capital
- Example of the SWEDD project
- Conclusion
The Sahel region

Data from Burkina Faso, Chad, The Gambia, Mali, Mauritania, Niger, north Cameroon, Nigeria and Senegal

published by the World Bank, in 2019

150 million people live in the Sahel region*

3 in 4 younger than 34 years old
The Sahel Population Dynamics

The population of the G5 Sahel region is expected to more than double from 85 million to nearly 200 million.

If the Sahel’s population grows as projected, maintaining its current per capita GDP would require 11% annual GDP growth.

Source: UN, DESA, Pop Division, 2019
Total Fertility Rate (2015-20)

Data: UN Population Division, 2019 rev

Source: UN Data computed by Richard Cincotta
Age-structural phases

Source: UN Data computed by Richard Cincotta
The Western Sahel

Source: UN Data computed by Richard Cincotta
### Demographic, Health and Education Indicators in the G5 Countries

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Mauritania</th>
<th>Mali</th>
<th>Burkina Faso</th>
<th>Niger</th>
<th>Chad</th>
<th>Sub-Saharan Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women of reproductive age (in thousands)</td>
<td>1,138</td>
<td>4,541</td>
<td>4,891</td>
<td>5,097</td>
<td>3,739</td>
<td>262,960</td>
</tr>
<tr>
<td>Women using modern contraception</td>
<td>5%</td>
<td>10%</td>
<td>16%</td>
<td>14%</td>
<td>6%</td>
<td>25%</td>
</tr>
<tr>
<td>Total fertility rate</td>
<td>4.5</td>
<td>6.1</td>
<td>6.0</td>
<td>7.6</td>
<td>6.4</td>
<td>4.7</td>
</tr>
<tr>
<td>Women with an unmet need for contraception</td>
<td>32%</td>
<td>25%</td>
<td>26%</td>
<td>21%</td>
<td>24%</td>
<td>26%</td>
</tr>
<tr>
<td>Girls' primary school completion rate</td>
<td>80%</td>
<td>47%</td>
<td>68%</td>
<td>57%</td>
<td>34%</td>
<td>67%</td>
</tr>
<tr>
<td>Girls' lower secondary school completion rate</td>
<td>45%</td>
<td>27%</td>
<td>44%</td>
<td>16%</td>
<td>10%</td>
<td>42%</td>
</tr>
</tbody>
</table>

**Source:** DHS, FP2020, World Bank Indicators, and UN World Population Prospects 2019

Political Stability Scores (2018)


Source: World Bank & UN Data computed by Richard Cincotta
Investments in Health and Education to maximize Human Capital

The integrated Human Capital Development model: Education and Health as core areas; Culture and Labour/workforce as overlapping; gender and youth as complementary; and Sport, crime and security as intervening.

Council for Human and Social Development (COHSOD) of the Caribbean Community (CARICOM) initiative for formulating an integrated model of social policy, 2019.
Improving girls’ education and access to family planning will contribute to the United Nations integrated strategy for the Sahel.
Education and Resilience

### Education
Quality, inclusive, accessible, and equitable, safe education provision

### Resilience
A resilient education system(s)

### Contributions to Resilience
- Strengthening social capital
- Improving community knowledge of risks and hazards
- Women’s empowerment and gender equality

### Contributions to Service Delivery
- Actions (i.e. contingency planning)
- Structures (i.e. school management committees)
- Relationships/networks (i.e. peer-to-peer or adult-child)
- Processes (i.e. teacher professional development)

### Endogenous Qualities
- Education as a critical hub in times of adversity
- Retains high public value and demand in times of conflict
- Education a vehicle to reach populations in masse

(Delaying marriage and childbirth, lower fertility rates, and other key SRHR)
Improving health through Education

HEALTH INTERVENTIONS DURING SCHOOL YEARS

**Ages 5-9**
- Infections and malnutrition are key constraints on development
- Tetanus toxoid and HPV vaccination
- Oral health promotion
- Vision screening and treatment
- Insecticide-treated mosquito net promotion and use
- Deworming
- School meals and school feeding fortified with micronutrients

**Ages 10-14**
- Significant physiological and behavioral changes are associated with puberty
- Healthy lifestyle education
- Comprehensive sexuality education
- Adolescent-friendly health services within schools
- Nutrition education
- Mental health education and counseling

**Ages 15-early 20s**
- Brain restructuring and initiation of behaviors are lifelong determinants of health
- Menstrual hygiene management
Return on Investment for Universal Primary & Secondary Education

Like family planning, investing directly in women and girls’ education confers powerful benefits for the women themselves, their families, and their communities, and sets up multiplier effects in economic, health, and social spheres, including:

HIGHER LIFETIME EARNINGS

In Sub-Saharan Africa, women’s earnings increase by 14.5% for each year of schooling they complete. Children (including girls) in low-income countries who complete secondary education can expect lifetime earnings almost five times higher than their parents. Children whose mothers get more education also earn more compared to children of mothers with less education.

Women who complete secondary school have on average 2.4 fewer children than those with no schooling and 1.7 fewer children than those who complete only primary school. Children whose mothers have more education are likely to attend school longer and more regularly.

ENHANCED RESILIENCE

Women with more education and skills are better positioned to find work and identify resources in the wake of a crisis or disaster.

INCREASED PRODUCTIVITY AND GROWTH

A 1% increase in girls’ secondary school completion leads to a 0.3% increase in national Gross National Income (GNI). Raising girls’ completion rates of secondary school to 100% by 2030 would yield, on average, an additional 10% growth in GDP, and even bigger cumulative economic returns after that.

HEALTHIER FAMILIES

Increasing women’s education decreases the likelihood of child marriage and early pregnancy, and reduces infant and maternal mortality rates by up to 49%.

GREATER PEACE AND STABILITY

Girls’ education, together with family planning, can help change the age structure of the region. An older median age is associated with increased peace and stability.
Family Planning to meet the SDG

Investing in family planning in the Sahel region, strengthen its ability to provide educational and employment opportunities to all people, reducing inequalities and conflict and improving the well-being of countless families.
Return on Investment for Family Planning

Accessing contraceptives lets women avoid unwanted pregnancies, which in the aggregate slows population growth, and makes it easier for countries to reach 15 out of the 17 Sustainable Development Goals.\textsuperscript{20} Co-benefits of family planning include:

**IMPROVED HEALTH**
18% of maternal deaths and 14% of newborn deaths in the Sahel would be averted, and the health of women and children generally would improve, if all contraceptive needs were met.\textsuperscript{21}

**HIGHER EDUCATIONAL ATTAINMENT**
Adolescent pregnancy and childbearing often leads girls to drop out of school, limiting their educational attainment and economic potential.\textsuperscript{22} Family planning reverses that equation. Research shows children of women who use family planning also achieve higher levels of education.\textsuperscript{23}

**SOCIAL PROGRAMS SAVINGS**
A dollar spent on meeting contraceptive care needs leads to a $3 savings in pregnancy-related care.\textsuperscript{24} Longer term, family planning also saves on education, health, and immunization programs, which could add $2–$6 in savings for every dollar spent on family planning.\textsuperscript{25}

**ECONOMIC GROWTH**
Accessing family planning tracks with higher female labor force participation and earnings,\textsuperscript{26} and faster overall economic growth.\textsuperscript{27} Every $1 spent on funding family planning yields $60–100 annually in long-term economic growth. Slowing population growth also sets up a “demographic dividend,” shifting the region’s age structure so that workers outnumber dependents, further boosting economies.

**CLIMATE ADAPTATION**
Slowing population growth lowers overall resource use, promotes food security, and improves prospects for adapting to climate change.\textsuperscript{28}
Example of an integrated project: The Sahel Women’s Empowerment and Demographic Dividend (SWEDD)

99,704 girls and young women have been trained in income-generating activities, and 102,600 out-of-school girls now have a second chance thanks to the establishment of 3,420 safe spaces.

Training activities have enabled 106,263 girls and adolescents to benefit from support for school enrolment and retention.

Awareness-raising campaigns have reached more than 627 million people on reproductive, maternal and child health.

The demographic dividend for sustainable development in the Sahel
1.3 billion US dollars could contribute to close the family planning and education gap in all G5 countries.
Thank You, Merci, Barka, Anitché!

Any Question?