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Population Programs: Facilitating Implementation at the Grassroots

The population growth rate in Sub-Saharan Africa (SSA), at 2.7 per cent per year, is one of the highest in the world. This high growth rate tends to offset reductions in the number of poor in most SSA countries, as the rate of population increase is higher among the poor than the non-poor. The birth rate remains high because the fertility rate (average number of births per woman) remains exceptionally high at more than 6. However, only in a few SSA countries have population control and family planning programs produced tangible results. Often, this has been because the programs have not been fully accepted by the intended beneficiaries. Innovative and inclusive approaches that bring in all identifiable stakeholders at all stages of project and program development are obviously vital to achieving any real success on the ground.

Why APAC?

A desire to stem this high population growth rate emphasizing a different approach was the primary reason for launching the African Population Advisory Committee (APAC) in 1989. Consisting of 18 prominent experts in various fields (environment, economic development, law, gender, etc.) from a number of countries across the region, the Committee's objective is to improve the implementation of population programs by using a bottom-up methodology involving all possible stakeholders in program design, implementation and monitoring. Also, APAC helps to disseminate and share experiences and ideas across SSA. Rapid population growth, the Committee believes, is one amongst the many problems facing the African continent; problems which, however, need to be addressed simultaneously. The Committee has received support from several multilateral and bilateral organizations such as the United Nations Population Fund (UNFPA), the World Bank and the International Planned Parenthood Federation (IPPF) as well as the governments of the Netherlands, France, Switzerland,
Norway, Sweden and Denmark.

APAC seeks to supplement rather than replace ongoing population programs in the countries of the region. The bottom-up approach adds undeniable value by emphasizing beneficiaries’ preferences and expectations; helping communities prioritize population and development activities; and assisting communities to take corrective actions on their own, to the extent possible. Its distinctive feature is that it brings the communities together with academics, governmental and Non-governmental Organizations (NGOs).

To achieve its goals, APAC decided to undertake two major activities:

- advise and inform policy makers through various regional fora such as the Global Coalition for Africa (GCA) and Organization of African Unity (OAU); and
- initiate a prototype operation called the Agenda for Action to Improve Population Program Implementation in Sub-Saharan Africa in the 1990s or Agenda for short.

Establishing the Agenda Process

APAC teams at the country level are drawn from government departments, universities, research institutions, and NGOs. Ordinarily, the heads of government population programs chair the country teams. The Agenda process begins with the selection of a coordinator--generally an academic with a strong interest in community work--who in turn selects a team of people with interest in social issues from academic and other institutions. Community facilitators are then selected, trained and deployed in consultation with local agencies and community leaders. Facilitators should speak the local language, understand the local culture, and be prepared to serve as change agents during the implementation of community actions. Using focus groups techniques, the facilitators initiate discussions in communities around four themes:

- the main concerns of the community and households;
- links, if any, between family size and community concerns;
- suggestions for addressing these concerns; and
- actions which the communities are prepared to undertake to solve the problems.

Information on the discussions and decisions are fed back to the community, which sets up its own management team, which includes local leaders and representatives of women and youth groups. Decisions that do not require outside assistance to implement are acted on immediately by the committee. Those that require outside assistance await further discussions with local authorities and NGOs.

Agenda in Action

The Agenda process was initiated around 1992 in 90 predominantly poor and rural communities in Burkina Faso, Cameroon, Ghana, Kenya, Nigeria and Senegal. These countries, located in different sub-regions, were at different stages of population program implementation. The experiences in four of these countries, Cameroon, Ghana, Kenya and
Senegal, are outlined briefly here.

**Cameroon: rekindling self-help.** Wambong is a rural agricultural community of 20,000 inhabitants exhibiting the classic signs of underdevelopment: low agricultural prices, excessive population growth and rapidly depleting arable land. The Agenda team helped to organize the first community meeting in 1992. After overcoming initial reluctance, the community quickly identified its needs: safe drinking piped water, improved social infrastructure (schools, pit latrines, roads, health services, and electricity supplies), and population and family planning services, the last at the specific behest of the women in the community. The community then debated and agreed on possible actions and arranged them in order of priority. Self-help is an intrinsic part of these activities.

Two months after the initial meeting, the village's management committee rehabilitated the water and sanitation project, instituted family life education in its schools, started the construction of flour mills for the women and embarked on road improvement. By 1995, the water project was complete and a health center was under construction. The flour mills are operational and two more are planned. Apart from generating income, the mills serve as a venue for women to discuss family planning services. Three public latrines have been built as part of the community's health program. The village's effort were augmented by small grants from the area local government and APAC. The community provided free office space for the Agenda team and family planning meetings.

**Ghana: Confronting Tradition.** Moree is a traditional community of about 30,000, with a fish-based economy. It was initially unreceptive to population control and family planning messages. Large families were deemed necessary to provide labor and, consequently, school attendance was very low, particularly during the fishing season. Environmental degradation had reached very serious proportions, abetted by traditional beliefs that trees housed witches. In 1993, after gaining the community's trust, the Agenda team enlisted the support of the religious, traditional, youth and political leaders. Training workshops, film shows, seminars, and a house-to-house educational campaign were undertaken to diffuse the family planning message. Approximately a year later, awareness about AIDS, reproductive health and the dangers of drug abuse had increased among the youth. Further, the use of contraceptives by women in the reproductive age had virtually doubled.

**Kenya: Putting implementers in touch with the people.** The District Population Officers (DPOs) in Kenya are critical to the implementation of population policies at the district level. They were, however, underutilized and lacked capacity and motivation. In 1991, the Agenda team in Kenya involved them in four districts as supervisors of community activities. A vital communication and management link between communities, DPOs, other district authorities and government departments and NGOs was established. The interaction with and enhanced understanding of communities increased the capacity of the DPOs as change agents, raised their self-esteem and gave them a high profile among their peers and supervisors. Within a year, the increased acceptability of the DPOs and the positive impact of Agenda activities in Machakos district (reported in the national press) prompted requests for extension of Agenda activities to more districts. Kenya’s National Council for Population Development has also
endorsed the Agenda process.

**Senegal: Improving the utilization and management of existing facilities.** Creating awareness helped to remedy low attendance at a family planning clinic at the *Ouakam Municipal Health Center* in the Dakar area, Senegal. In 1990, Agenda assisted the community to identify the reasons for underutilization of the clinic. The situation was seen to be resulting from: ignorance about its existence, untrained personnel providing poor quality of services, lack of equipment and expensive drugs. Subsequently, in 1991, the country's National Family Planning Program provided the needed equipment and corrected the identified shortfalls. An Open Door Day, organized by the Agenda team was held at the clinic and attendance shot up. Over a period of eighteen months, the use of contraceptives by women in the reproductive age had increased by almost a fourth. Clients surveyed reported satisfaction with the clinic's family planning services.

At the *Pikine Health Center*, also in Dakar, the community was not satisfied with the local center's management. Essential drugs were chronically in short supply despite a user charge. In 1991, APAC was alerted to the problem, and an audit was conducted. Accounting malpractices were discovered and the center's management committee was dissolved. Over the next three years, with the active involvement of the community, more transparent and better accounting practices were put in place.

**Lessons Learned:** In summary, APAC's experience with the Agenda exercise and its contacts with policy makers indicates the need for:

- Catalyzing self-help action by communities;
- Increasing family planning acceptance by linking it with poverty alleviation;
- Improving information accessibility in remote communities;
- Improving management and resource use; and
- Involving African development experts from a variety of disciplines in development policies and programs.

A number of constraints at the policy making, implementation and people levels remain. These include:

- The communication gap between policy makers, implementers and participants;
- Poor understanding of the linkage between population growth and development and other development goals; and
- Not addressing the socio-cultural factors that are often responsible for the lack of enthusiasm in some communities for family planning.

**Conclusion**

APAC has established itself as an effective pan-African organization. Its advice is well received by African policy makers. It has also demonstrated that the Agenda process can successfully complement, on the ground, other ongoing family planning programs. This helps to accelerate family planning acceptance and make both population and development programs
more responsive to communities' priority problems and preferences. Now, with the experience it has gained over the past years, APAC has begun to systematically document its activities, and publicize them electronically and in print. This will, APAC believes, help to bring African governments and communities closer through a regular sharing of their experiences in family planning.

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