A young girl in a colorful patterned headscarf and shirt is writing on a chalkboard. The chalkboard has some faint writing on it, including the word 'Yada'. The background is slightly blurred, focusing on the girl and the text.

# 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

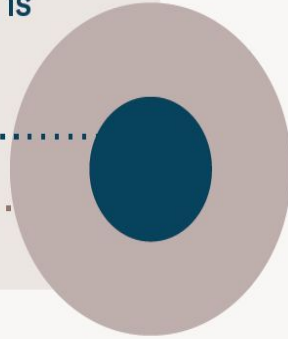


# The Sahel Population Dynamics

The population of the G5 Sahel region is expected to more than double from

**85 million**

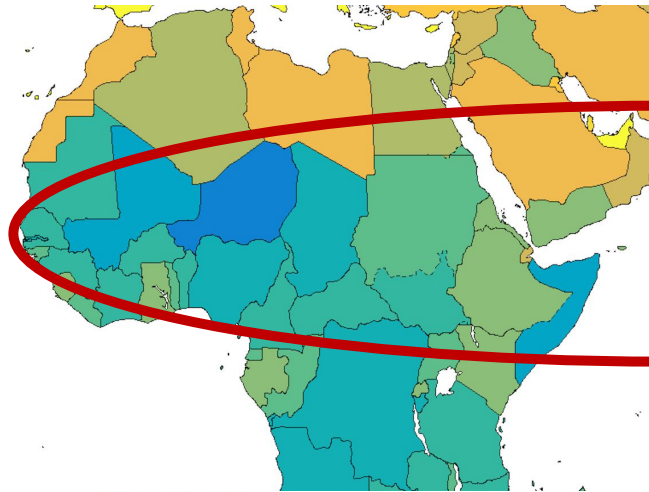
to nearly **200 million**.



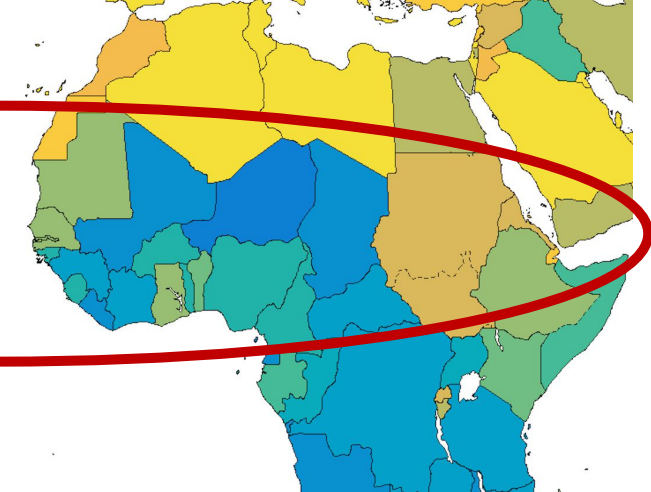
If the Sahel's population grows as projected, maintaining its current per capita GDP would require

**11%** annual GDP growth.

Total fertility rate  
2020 - 2030



Adolescents birth rate  
2020 - 2030



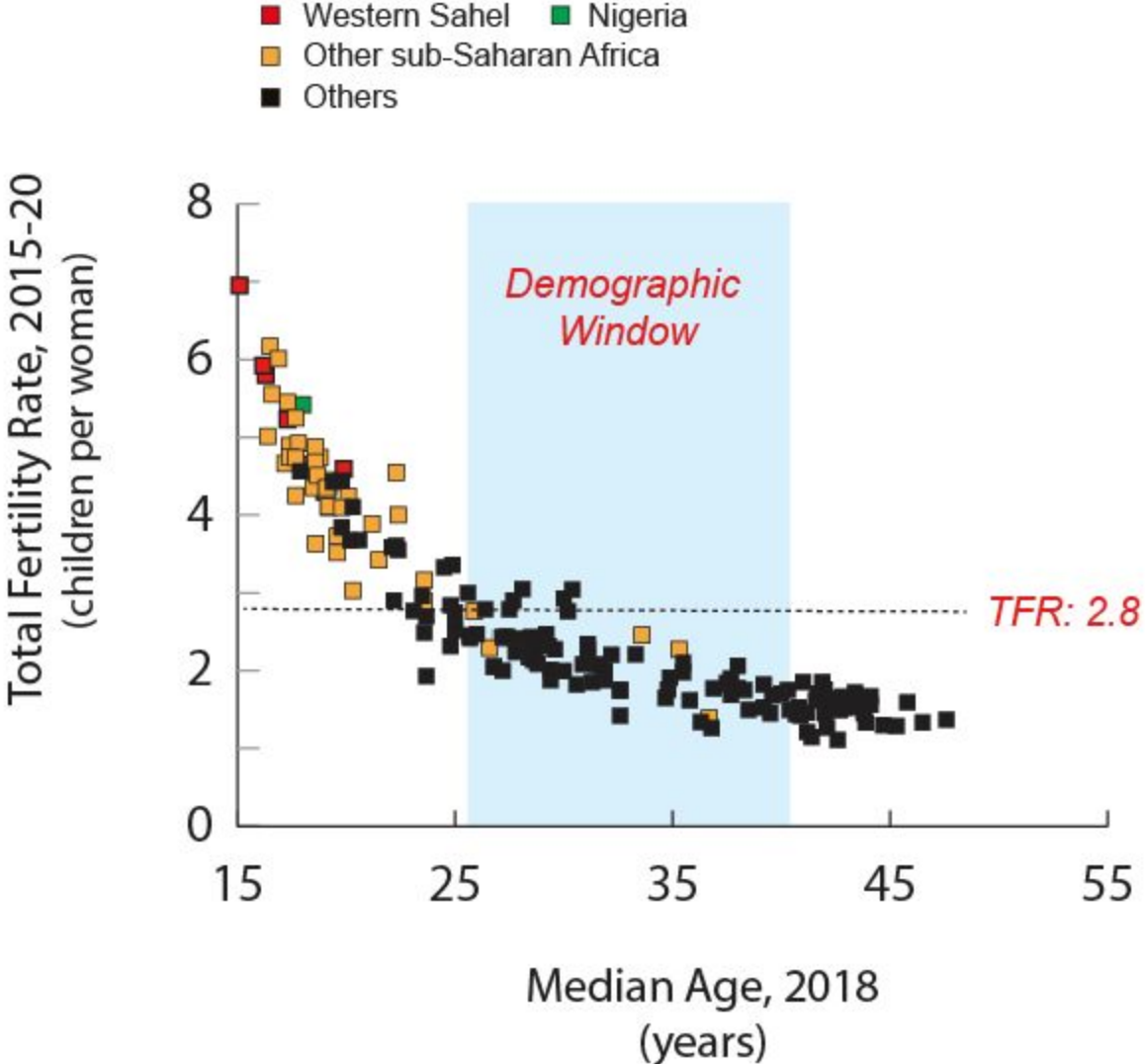
Total fertility (live births per woman)

- 6.00 to 6.50
- 5.50 to 6.00
- 5.00 to 5.50
- 4.50 to 5.00
- 4.00 to 4.50
- 3.50 to 4.00
- 3.00 to 3.50
- 2.50 to 3.00
- 2.25 to 2.50
- 2.00 to 2.25
- 1.75 to 2.00
- 1.50 to 1.75
- Less than 1.50
- No data

Live births per 1000 women aged 15-19

- 150 to 175
- 125 to 150
- 100 to 125
- 90 to 100
- 80 to 90
- 70 to 80
- 60 to 70
- 50 to 60
- 40 to 50
- 30 to 40
- 20 to 30
- 10 to 20
- 0 to 10
- No data

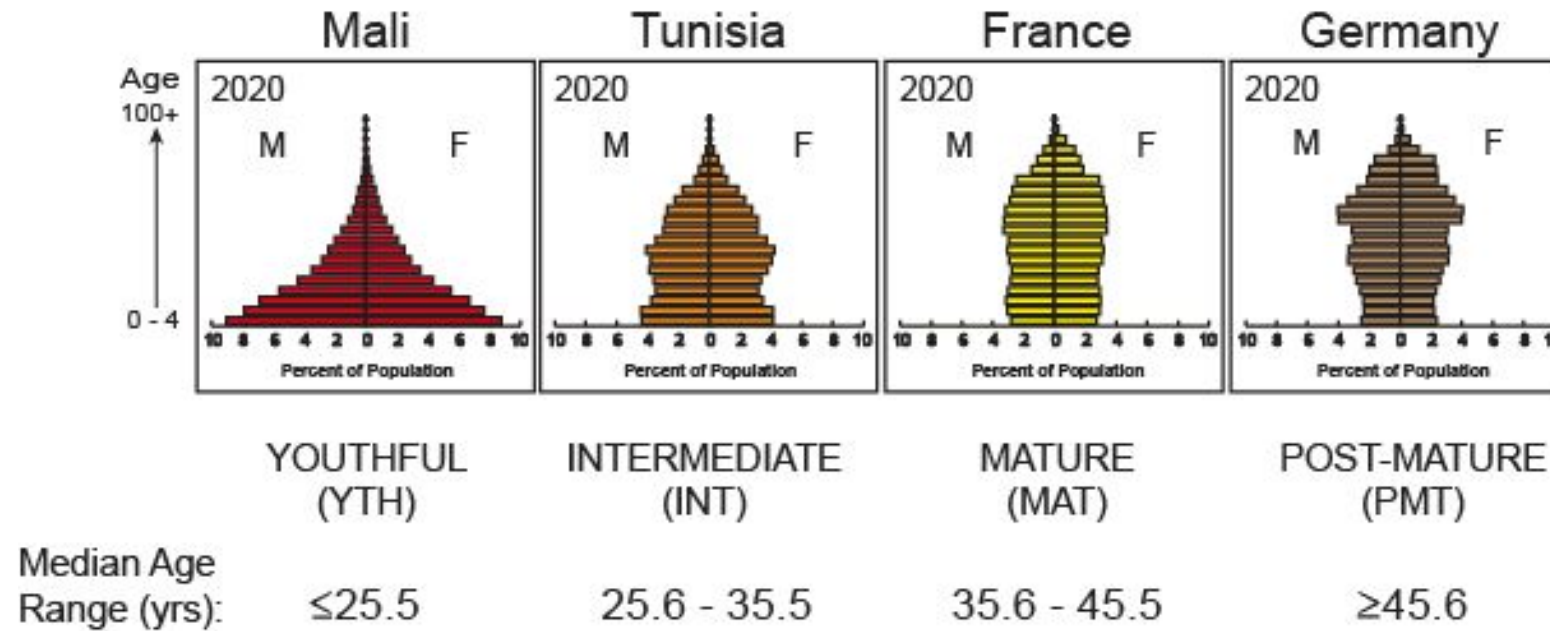
# Total Fertility Rate (2015-20)



Data: UN Population Division, 2019 rev

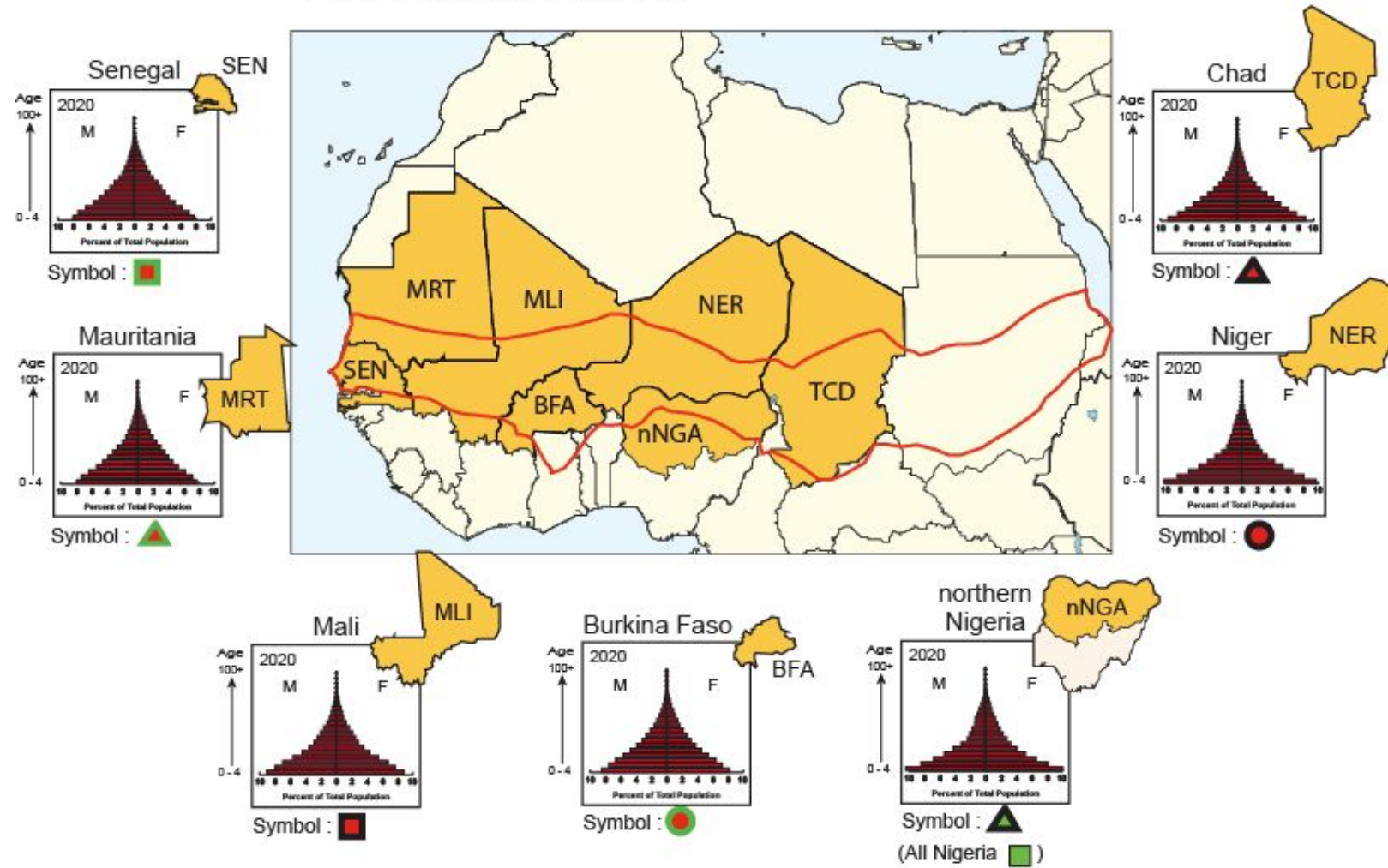
Source: UN Data computed by Richard Cincotta

# Age-structural phases



Source: UN Data computed by Richard Cincotta

# The Western Sahel



Source: UN Data computed by Richard Cincotta

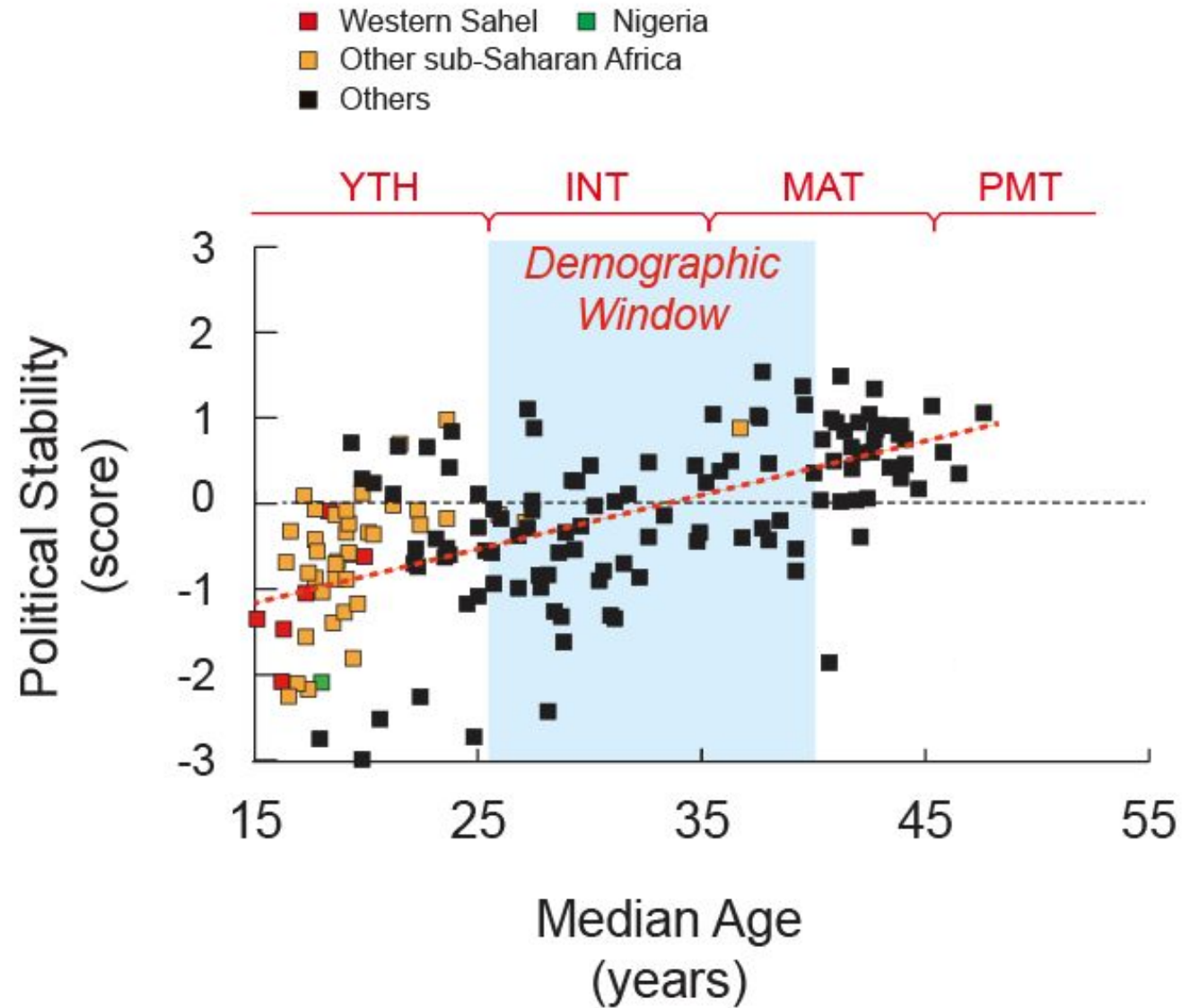
# DEMOGRAPHIC, HEALTH AND EDUCATION INDICATORS IN THE G5 COUNTRIES

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

**SOURCE:** DHS, FP2020, World Bank Indicators, and UN World Population Prospects 2019  
 Cited in « A Fulcrum for the Future - Girls' Education and Voluntary Family Planning: The Best Investments for Development and Security in the Sahel ». OASIS



# Political Stability Scores (2018)

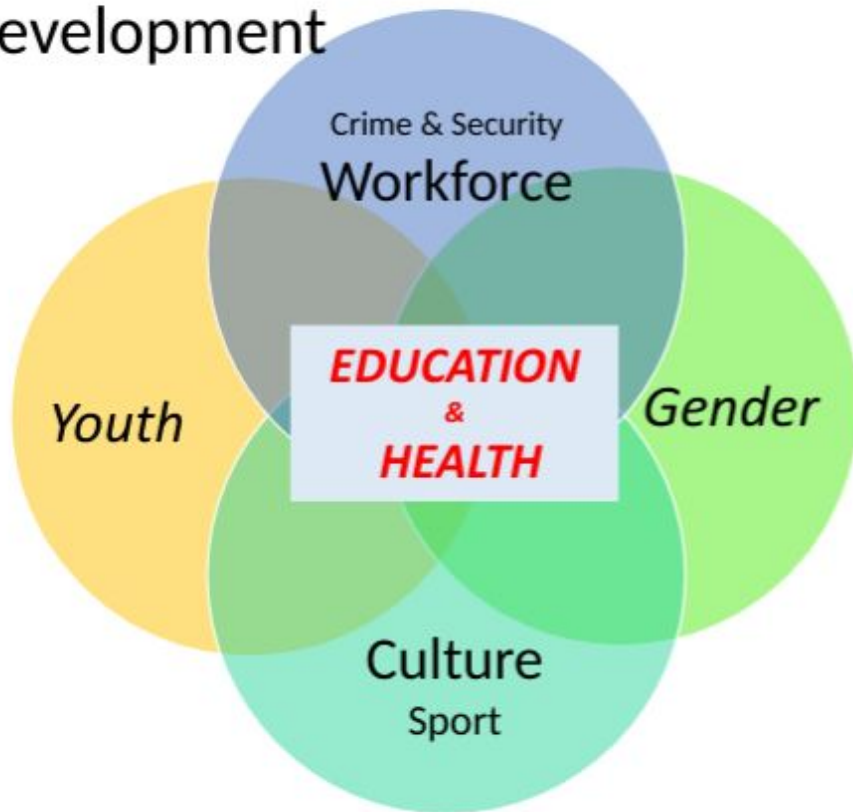


Data: World Bank  
Governance Indicators,  
2020; UN Population Div.,  
2019 Rev.

**Source:** World Bank & UN Data computed by Richard Cincotta

# Investments in Health and Education to maximize Human Capital

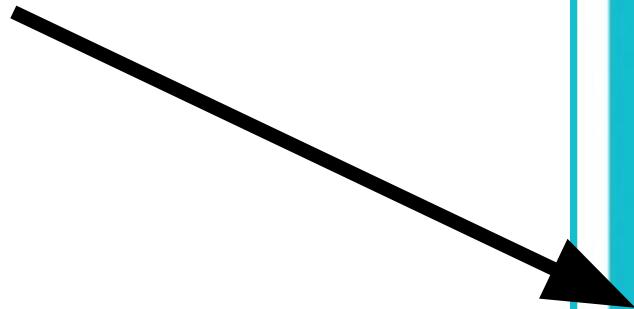
## Elements of Human Capital Development



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

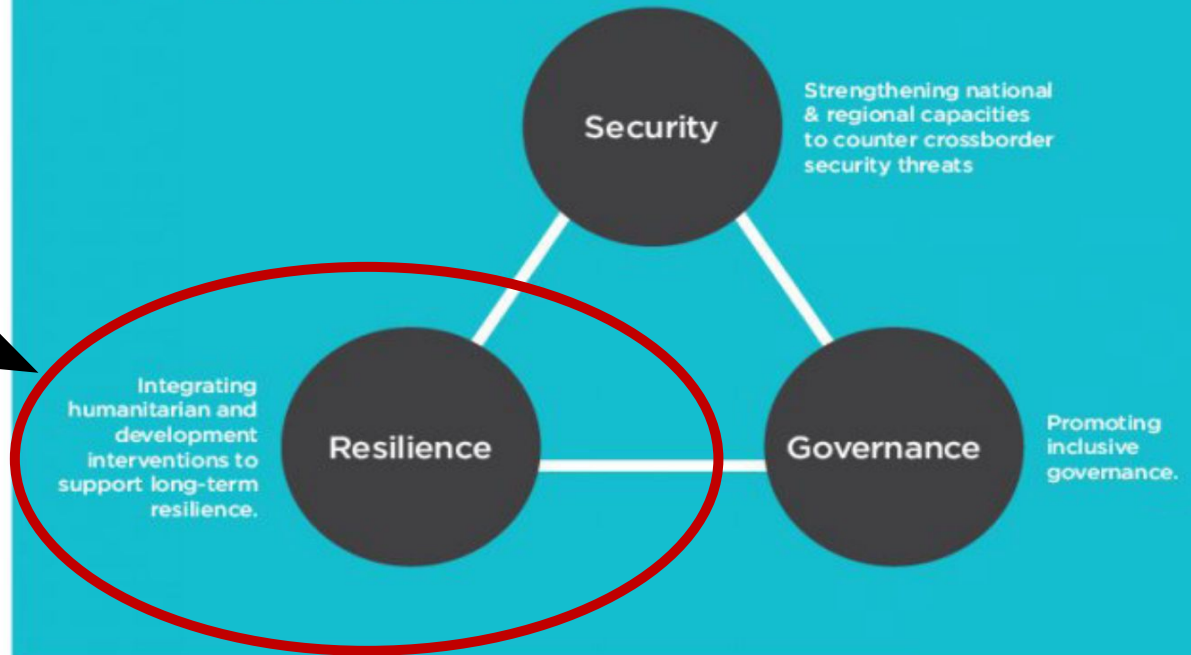
Council for Human and Social Development (COHSOD) of the Caribbean Community (CARICOM) initiative for formulating an integrated model of social policy, 2019

Improving girls' education and access to family planning will contribute to the United Nations integrated strategy for the Sahel



## UN INTEGRATED STRATEGY FOR THE SAHEL

Following the political and security crisis in Mali, the countries of the Sahel region took the lead to address their outstanding challenges, supported by the UN which developed an integrated strategy focusing on boosting governance, security and resilience. The result of a comprehensive consultative process, the strategy is articulated around 3 pillars:



# Education and Resilience

By Anjuli Shivshanker & Nina Weisenhorn / USAID, 2019

## ENDOGENOUS QUALITIES

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



## EDUCATION

Quality, inclusive, accessible and equitable, safe education provision

### CONTRIBUTIONS TO RESILIENCE



Strengthening social capital



Improving community knowledge of risks and hazards



Women's empowerment and gender equality



Strengthening human capital



Building internal dispositions to adapt

Reduction of chronic vulnerability and facilitation of inclusive growth

**(Delaying marriage and childbirth, lower fertility rates, and other key SRHR)**



## RESILIENCE

A resilient education system(s)

### CONTRIBUTIONS TO SERVICE DELIVERY



Actions (i.e. contingency planning)



Structures (i.e. school management committees)



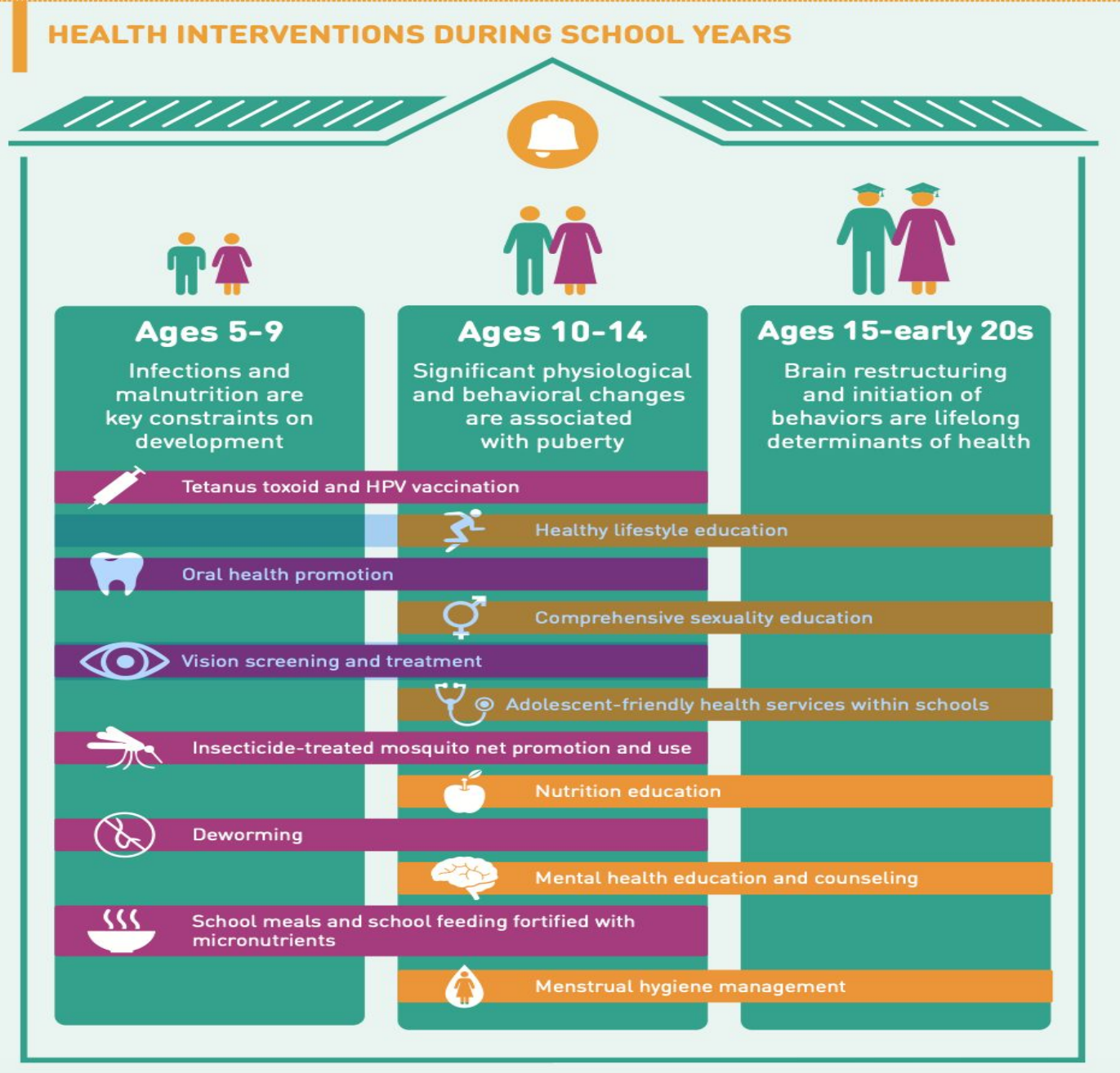
Relationships/networks (i.e. peer-to-peer or adult-child)



Processes (i.e. teacher professional development)



# Improving health through Education



# 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.<sup>29</sup> Children (including girls) in low-income countries who complete secondary education can expect lifetime earnings almost five times higher than their parents.<sup>30</sup> Children whose mothers get more education also earn more compared to children of mothers with less education.<sup>31</sup>



## 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.<sup>32</sup>



## 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%.<sup>33</sup>

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.<sup>34</sup> Children whose mothers have more education are likely to attend school longer and more regularly.<sup>35</sup>



## INCREASED PRODUCTIVITY AND GROWTH

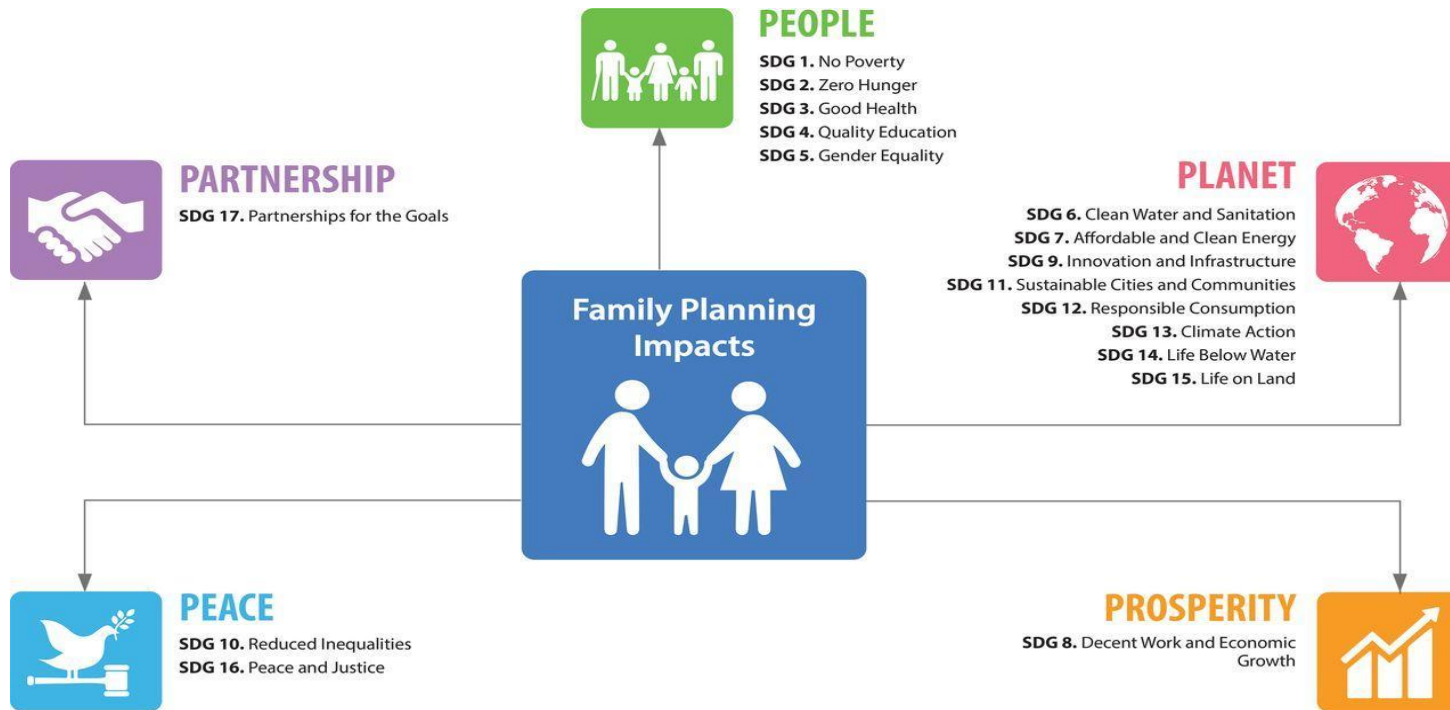
A 1% increase in girls' secondary school completion leads to a 0.3% increase in national Gross National Income (GNI).<sup>36</sup> Raising girls' completion rates of secondary school to 100% by 2030 would yield, on average, an additional 10% growth in GDP, and even bigger cumulative economic returns after that.<sup>37</sup>



## 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.<sup>38</sup>

# 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.

INVESTING **\$9.4 BILLION** ANNUALLY TO FULLY MEET THE NEED FOR MODERN CONTRACEPTIVE SERVICES WOULD...

Reduce unintended pregnancies by **70%**

Reduce unsafe abortions by **74%**

Decrease maternal deaths by **25%**

Drop newborn deaths by **18%**

{ As well as **improves educational opportunities for girls and women,** **reduces poverty** and **positively affects population dynamics.** }



# 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.<sup>20</sup> 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.<sup>21</sup>



## HIGHER EDUCATIONAL ATTAINMENT

Adolescent pregnancy and childbearing often leads girls to drop out of school, limiting their educational attainment and economic potential.<sup>22</sup> Family planning reverses that equation. Research shows children of women who use family planning also achieve higher levels of education.<sup>23</sup>



## SOCIAL PROGRAMS SAVINGS

A dollar spent on meeting contraceptive care needs leads to a \$3 savings in pregnancy-related care.<sup>24</sup> 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.<sup>25</sup>



## ECONOMIC GROWTH

Accessing family planning tracks with higher female labor force participation and earnings,<sup>26</sup> and faster overall economic growth.<sup>27</sup> 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.<sup>28</sup>



# Example of an integrated project: The Sahel Women's Empowerment and Demographic Dividend (SWEDD)

The demographic dividend for sustainable development in the Sahel

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

# Conclusion

1.3 billion US dollars could contribute to close the family planning and education gap in all G5 countries.



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Thank You, Merci,  
Barka, Anitché !



**Any  
Question?**