

# Sahel Women's Empowerment and Demographic Dividend (SWEDD)







The visit and call to action that led to the process of transforming women's lives in the Sahel.

United Nations Secretary-General Ban Ki-moon (center); Babatunde Osotimehin (left), Executive Director of the United Nations Population Fund (UNFPA); and Mahamadou Issoufou, President of the Republic of Niger. Also (from left to right): Andris Piebalgs, Commissioner for Development for the European Union; Jim Yong Kim, President of the World Bank Group, Nkosazana Dlamini Zuma, President of the African Union Commission; and Donald Kaberuka, President of the African Development Bank.

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*“The Sahel is the youngest region in the world. As a source of innovation and creativity, youth is an asset that should not be underestimated. Young people and women play an immeasurable role in building the foundations of tomorrow’s world, and we should expect changes in the social norms and values that guide them. Access to education, healthcare, employment, and training will make more of a difference than ever if we want to see the Sahel countries progress towards shared, lasting, and sustainable growth. Harnessing the demographic dividend is an opportunity Africa can’t pass up.”*

**Mabingue Ngom**  
 UNFPA Regional Director  
 West and Central Africa Regional Office

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# Accelerating the demographic dividend through empowering women and girls



## A unique partnership bringing transformational changes

The Sahel Women's Empowerment and Demographic Dividend (SWEDD) regional initiative, the result of a joint response by the United Nations and the World Bank Group, is a response to a call made by the presidents of the six Sahel countries, **Burkina Faso, Chad, Côte d'Ivoire, Mali, Mauritania and Niger.**

The overall goal of the project is to accelerate the demographic transition, to spur the demographic dividend, and to reduce gender inequality in the Sahel region.

Since its official launch in November 2015, the initiative has grown and is proceeding rapidly. Full steam ahead.

The interventions proposed by the initiative are structured around three primary components:

- 1 Generate demand for reproductive, maternal, neonatal and child health, and nutrition (RMNCHN) services by promoting social and behavioral change and the empowerment of women and adolescent girls;
- 2 Reinforce the regional availability of RMNCHN commodities and qualified health workers; and
- 3 Reinforce advocacy and dialogue at high levels and promote policy development and the project's implementation.

## People who benefit from SWEDD:

1

- women,
- adolescent girls (15-19 years),
- and girls (10-14 years).

2

- children
- adolescents,
- husbands,
- men,
- community and religious leaders,
- reproductive health service providers,
- nurses,
- midwives,
- religious organizations,
- community organizations,
- NGOs,
- the media,
- midwifery schools,
- local leaders
- and political decision-makers.



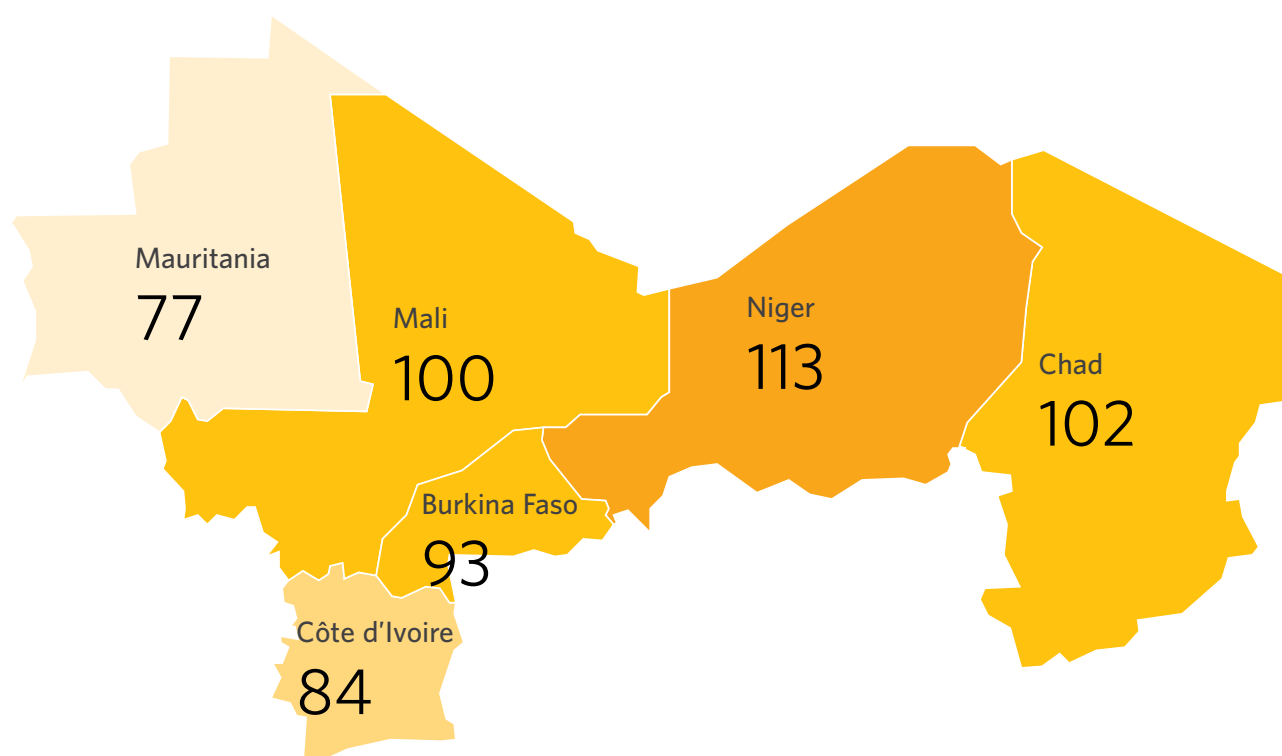


## Why the Sahel?

Recurring conflicts, natural disasters, and epidemics exacerbate poverty, perpetuate inequality, and affect socioeconomic security and development in Sahel countries. The poorest region in the world, millions of people – primarily women and young people – are exposed to risks like famine, forced migration, and radicalization as they are faced with the threat of terrorism and the propagation of criminal networks.

Rapid population growth and very high fertility and youth dependency ratios (the relationship between the population of non-working youths who depend on people with gainful employment to meet their needs), are an economic burden that weighs on economically active people, families, and governments, and significantly restrains economic growth.

# Population dependency ratio 2014



Source: World Bank

By significantly reducing infant mortality, countries start a slow progression towards the necessary demographic transition for inclusive growth and sustainable development. Nevertheless, efforts in recent decades have been insufficient in the face of persistently high levels of fertility, rapid demographic growth, and growing dependency ratios. The rate of modern contraceptive use by women is the lowest in the world.

One of the causes is frequent stock shortages and the unavailability of commodities, but also a lack of information and education on family planning services. The elevated number of early marriages and pregnancies, the lack of birth spacing, and the low literacy rate for women and adolescent girls are other factors that strongly contribute to the increase in demographic growth.





## Youth: Hope for the region

Young people are the key actors in building our societies. As adults, they become a driving force for economic development in the Sahel region. The demographic dividend describes the process by which countries benefit from an acceleration in economic growth (profit) as a result of a higher proportion of economically active people compared to dependents. In order to achieve it, the Sahel countries need to promote demographic transition and be able to respond to the needs of the young, to offer professional training opportunities and an introduction to the job market. Investing in job-creating policies, economic productivity, and human capital like education and health are essential in order to benefit from this added value. Young people, when properly trained and in good health, can achieve their potential and have a transformational impact on these countries and the living conditions for their populations.

Empowering women and adolescent girls can lead to reduced fertility rates and facilitate the rapid demographic transition necessary to achieve the demographic dividend. Improving access to and use of reproductive health services, particularly those in voluntary family planning, and guaranteeing schooling for girls and the acquisition of practical skills for women are key to managing fertility and reducing gender inequality.







# SAHEL



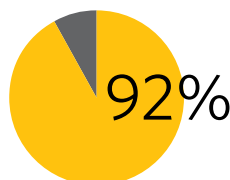
## POPULATION (2015)



93 million

47 million WOMEN

41 million YOUTHS



THE RATIO OF  
DEPENDENT CHILDREN  
(<15 YEARS)  
COMPARED TO THE  
WORKING-AGE  
POPULATION

## MEDIAN AGE

17.7



## MEDIAN AGE AT 1<sup>ST</sup> MARRIAGE

16.6



## USAGE RATE OF MODERN CONTRACEPTIVES

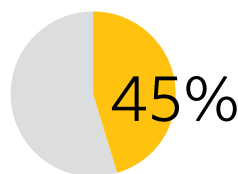


9%

## NUMBER OF CHILDREN AVERAGE PER WOMAN



6.2



BIRTHS  
ATTENDED  
BY QUALIFIED  
PERSONNEL



606 maternal deaths  
PER 100,000 LIVE BIRTHS



41%  
of young  
girls

15-24 YEARS OLD  
ARE LITERATE

VS



58%  
of young  
boys

15-24 YEARS OLD  
ARE LITERATE

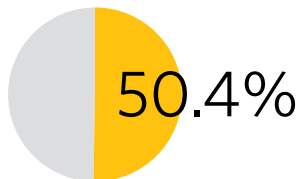
# BURKINA FASO

POPULATION (2015)

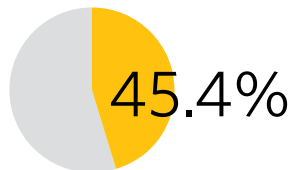


18,931,686

PROPORTION  
OF WOMEN



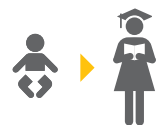
POPULATION UNDER  
15 YEARS (2014)



MEDIAN AGE



HUMAN DEVELOPMENT  
INDEX 2014 (188 COUNTRIES)



183

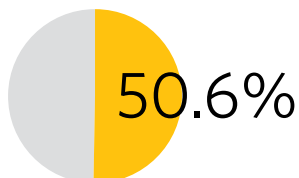
# CHAD

POPULATION (2015)

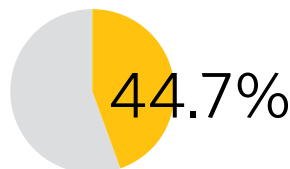


12,240,127

PROPORTION  
OF WOMEN



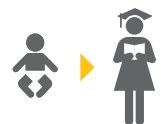
POPULATION UNDER  
15 YEARS (2014)



MEDIAN AGE



HUMAN DEVELOPMENT  
INDEX 2014 (188 COUNTRIES)



185

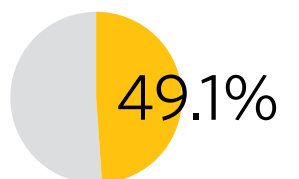
# COTE D'IVOIRE

POPULATION (2015)

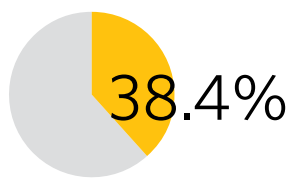


23,295,302

PROPORTION  
OF WOMEN



POPULATION UNDER  
15 YEARS (2014)



MEDIAN AGE



HUMAN DEVELOPMENT  
INDEX 2014 (188 COUNTRIES)



172

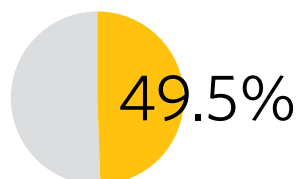


# MALI

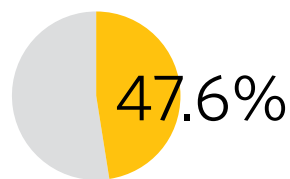
POPULATION (2015)

 16,955,536

PROPORTION  
OF WOMEN



POPULATION UNDER  
15 YEARS (2014)



MEDIAN AGE



HUMAN DEVELOPMENT  
INDEX 2014 (188 COUNTRIES)

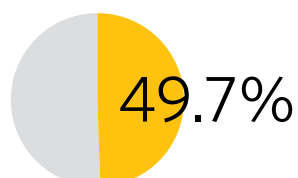


# MAURITANIA

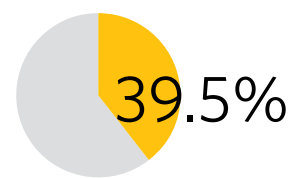
POPULATION (2015)

 3,596,702

PROPORTION  
OF WOMEN



POPULATION UNDER  
15 YEARS (2014)



MEDIAN AGE



HUMAN DEVELOPMENT  
INDEX 2014 (188 COUNTRIES)

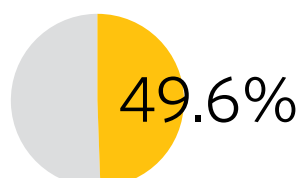


# NIGER

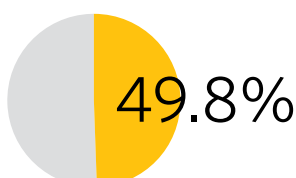
POPULATION (2015)

 18,045,729

PROPORTION  
OF WOMEN



POPULATION UNDER  
15 YEARS (2014)



MEDIAN AGE






HUMAN DEVELOPMENT  
INDEX 2014 (188 COUNTRIES)



# Sexual and reproductive health and rights:




- Low access to and use of family planning services and modern contraceptive methods
- High fertility rates in women and adolescent girls
- Short spacing between pregnancies

	FERTILITY RATE 	USAGE RATE OF MODERN CONTRACEPTIVE METHODS 	BIRTHS ATTENDED BY QUALIFIED PERSONNEL 
BURKINA FASO	5.8	15%	54%
CHAD	7.1	2%	21%
COTE D'IVOIRE	5.0	13%	57%
MALI	6.9	7%	49%
MAURITANIA	4.8	5%	61%
NIGER	7.6	12%	33%





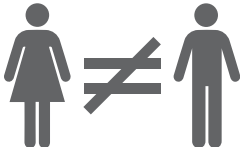
# Education for girls and women's empowerment:

- Low level of education for girls
- Weak involvement in formal economic and political activity
- Low participation in decision-making

	RATE OF SECONDARY EDUCATION FOR GIRLS	LITERACY RATE IN YOUNG GIRLS (15-24 YEARS)	LITERACY RATE IN YOUNG BOYS (15-24 YEARS)
			
BURKINA FASO	16%	33%	47%
CHAD	n/a	42%	54%
COTE D'IVOIRE	25%	44%	67%
MALI	36%	39%	56%
MAURITANIA	n/a	66%	72%
NIGER	14%	23%	52%

# Gender equality and social protection:

- Forced and early marriages
- Early pregnancies
- Strong indicators of gender inequality: discrimination, prejudice, exclusion, illiteracy

	AGE AT 1 <sup>ST</sup> MARRIAGE 	AGE OF MOTHERS AT 1 <sup>ST</sup> PREGNANCY 	GENDER INEQUALITY INDEX 2014 (152 COUNTRIES) 
BURKINA FASO	17.8	19.4	133
CHAD	16	18.2	150
COTE D'IVOIRE	19.7	19.6	143
MALI	16.6	18.9	148
MAURITANIA	17.1	20.7	142
NIGER	15.7	18.6	151



# Achieving youth potential

Low participation  
in the job market

Risk of radicalization



Harmful  
practices against  
adolescent girls:  
early marriages and  
pregnancies, sexual  
violence, and female  
genital mutilation

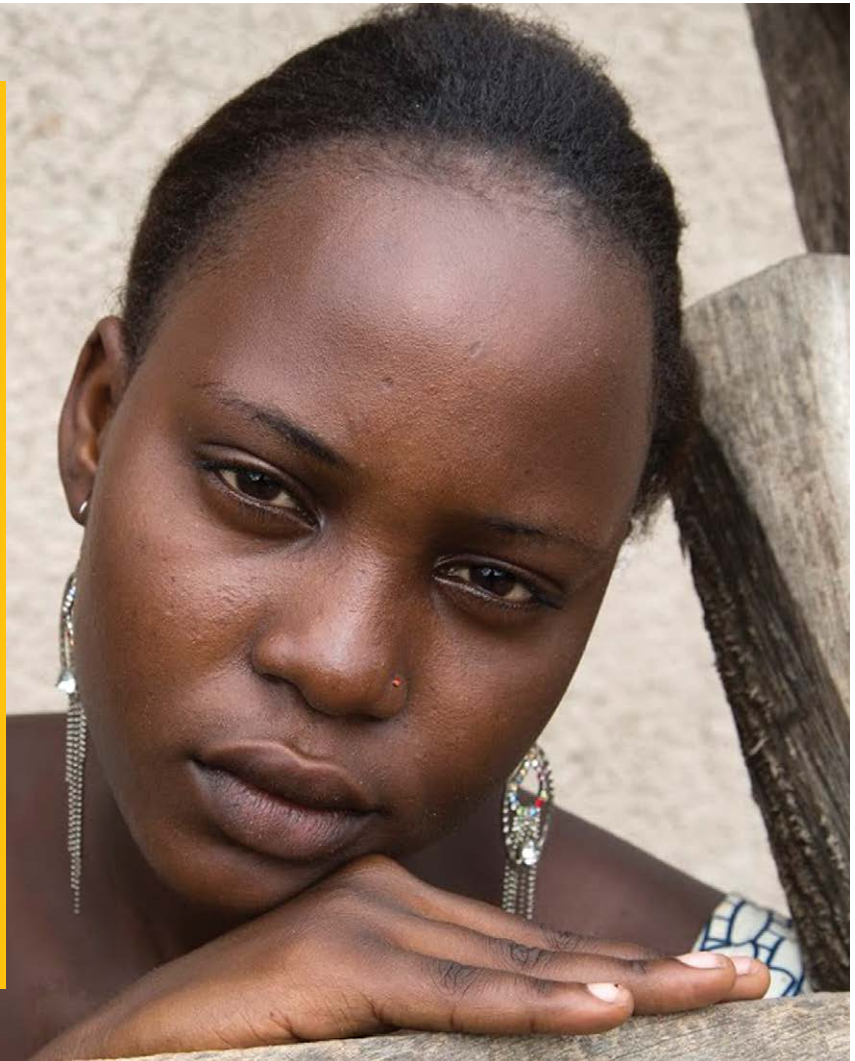
Increased risk of  
cross-border and  
internal migration,  
from rural areas  
to cities

# NIGER: Forced and early marriages

15.7 years: the median age for first marriage

**Salamatou Adam**, seventeen, tells of being beaten by her husband and her father when she rebelled against her marriage.

*"On my wedding night, my husband consummated the marriage brutally," explains Salamatou. "I fled to my grandparents', my father found me and beat me. I ended up in the hospital and I was sent home to my husband. I endured even more violence there."* Through her perseverance, Salamatou succeeded in obtaining a divorce. *"I will continue to be an activist for the rest of my life for girls who are victims of forced and early marriages."*



© Tagaza Djibo/UNFPA Niger

The median age for a first marriage is 15.7 years in Niger, the lowest in the Sahel, has significant consequences for the health and development of young girls. The country, which experienced a subsequent drop in infant mortality, has seen its already very high fertility rate – 7.6 children per woman – continue to rise.

The educational system, access to information and reproductive health services are essential factors in their empowerment. In Niger, only 23% of young girls aged 15-24 years are literate. While educational spending makes up 4.4% of the GDP.

# COTE D'IVOIRE: Early pregnancy

## Keeping young girls in school, limiting adolescent pregnancies



**Laetitia** from Duékoué was fifteen when she became pregnant and her boyfriend, eighteen, was unemployed.

*"When my father discovered I was pregnant... he was furious. I fled to Abidjan, to find my mother," she explains. "I traveled 457 kilometers but when I arrived, she was angry too. She refused to let me live with her and insisted that I return home to my father, while waiting for my family members and neighbors to intervene." "I dreamt of becoming a teacher. Unfortunately, I had to stop my studies because of my pregnancy," says Laetitia, who had to quit school in her secondary studies.*

© Olivier Girard / UNFPA

The progress made by Côte d'Ivoire in terms of human development is real, but for sectors like education (the educational rate for secondary school for girls is 25%, and the literacy rate for girls 15 to 24 years is 44%), empowerment of women and maternal and infant health, the results are unconvincing. Access to basic services

for women and girls remains a major concern, made difficult by insufficient medical coverage, insufficient prevention of medical care for post-partum complications. The practice of female genital mutilation contributes to the increase in morbidity and mortality in women. In 2013 its prevalence rate was 36%.



# CHAD: Inform, Discuss, Change

## Knowledge changes behaviors

Community radio is an important means for young people to learn about sexual and reproductive health, says 20-year-old **Mathurina Yanlom**, a host of informational programs.

*"I tell the youth that they can get important health information from our radio programs. Thanks to our programs, they have access to information about family planning, HIV/AIDS, and other questions, and they talk about it openly",* delights Mathurina.

© Olivier Girard / UNFPA



In spite of economic growth of 9.6%, Chad is ranked 185 of 188 countries in terms of human development. Its health indicators remain extremely unsatisfactory.

The country is experiencing some of the strongest and fastest demographic growth in the region, around 3.5% per year, the result of still very high fertility and almost non-existent use of

contraceptives. To begin the demographic transition, the country has to face many challenges, among which are reducing the age of first marriage (16 years on average), and consequently that of first birth, reducing health risks for mother and child, and encouraging schooling for young girls by investing more in education, which currently represents 3.2% of the national GDP.

# Priority Actions by SWEDD

*“To educate a girl is  
to educate an entire nation”*

## Propelling change: Component 1:

Create demand by promoting social and behavioral change and the empowerment of women and adolescents.

### STRATEGIES:

- A regional media campaign in line with the sociocultural context of each country, one which makes use of mass media, community media and approaches, social marketing, and spokespeople:

The social and behavior change communication (SBCC) campaign aims to promote the empowerment of women and adolescent girls by changing behaviors and attitudes to improve their knowledge, and promote voluntary family planning, as well as access to and use of RMNCHN services and commodities, and ultimately increase their educational and economic opportunities.

- A regional fund to finance national programs for the empowerment of women and girls:
  - The program's Evaluation Mechanism has already assessed and validated 19 projects to receive financial aid
  - 73.4 million USD have been approved to benefit programs targeting economic empowerment of women, sexual and reproductive health and rights, and schooling for girls.





# BURKINA FASO:

## Family planning

### Choosing one's family size for everyone's well-being

Over the course of the last five years, Burkina Faso has sustained severe energy, food, and financial crises. The country remains vulnerable to climate shocks. Ranked 183 out of 188 countries in terms of human development and 133 in gender inequality, Burkina Faso's population is majority female. However, the situation for women's health remains marked by high maternal morbidity and mortality.

Many factors influence the state of women's and young girls' health, such as harmful sociocultural practices, female genital mutilation, early marriage, levirate marriage, and secret abortions.

Policies designed to increase access to reproductive health products and services and the levels of education for girls--the rate of secondary education is 16%, the literacy rate for young girls is 33%, and educational spending is 3.4%. Allowing for more empowerment of women and young girls and will have a positive impact on their health and the current demographic situation.







**Jean-Baptiste Sawadogo**, thirty-six, farmer, testifies to the importance of birth spacing and the use of contraception. Mariam, his twenty-six-year-old wife, who sits next to him, seems a bit embarrassed. But Jean-Baptiste is proud to talk about how he buys contraceptive pills for his wife, who is nursing their eighteen-month-old daughter.

*"Two months after the birth of our second daughter, I brought my wife to the health center so they could prescribe her a method of contraception. I check every day that she hasn't forgotten to take her pill", Jean-Baptiste continues. "Our second daughter won't have a younger brother until she's able to tell me: Papa, buy me a toy at the market."*

# MAURITANIA: Infant mortality

## Saving lives through better access to health services and personnel

**Chamkha**, thirty-nine, who lives a few kilometers from Kaédi, remembers: "I was at the end of my pregnancy when I started to feel the contractions." Labour lasted all day before they drove me to the hospital in Kaédi where I spent another two days in labor."

"I ended up giving birth to a stillborn baby because at that time, Kaédi had no operating room, nor surgeon or gynecologist. After the birth, they told me I had an obstetric fistula, then they took me to Nouakchott where I was operated on by a surgeon specializing in internal organs, but I wasn't cured."



© UNFPA

With 67% of the population living fewer than 5km from a medical center or outpost, access to and use of essential health products and services remains incredibly insufficient. The rate of modern contraceptive use is only 5%. However, notable progress has been made in development fields like education. At 66%, Mauritania has

the highest literacy rate for girls among the 6 project countries, and the country also has the highest human development ranking at 156 out of 188 countries. It has improved the legal and social status of women, but even that remains fragile and does not encourage decision-making in reproductive health.



# MALI: Sexual and reproductive health

## Education is of great help



**Khady**, nineteen, admits to never having received sexual education. She just signed up for her very first gynecological consultation.

*"I'm very happy to have come here today" she says. "The new information I received is essential and I learned a lot about my health. Lots of young people are sexually active, but it's very difficult for them to find information about sexual and reproductive health."*

© UNFPA Côte d'Ivoire

The security situation in the North and the multidimensional crisis that has resulted have led to deteriorated social protection mechanisms. Health indicators are extremely insufficient in Mali and rural areas. With 47.6% of Malians under 15, the annual average rate of growth of 3.6% and the fertility rate at 6.9 children per woman, these factors create significant pressure on already

fragile basic services. The age of first marriage is 16.6 years, first pregnancy at 18.9, and this exposes young women to serious health risks, repeated pregnancies, and extremely high maternal, neonatal, and infant mortality: 102.23 deaths per thousand children, the highest of the project countries.



# Priority Actions by SWEDD

To accelerate demographic transition, Sahel countries need to promote, increase, and secure the supply of family planning products as well as convincing data on the best actions to improve distribution systems, particularly in the “last mile,” as well as the supply of quality health personnel.

## Reinforce availability: Component 2:

Reinforce the regional capacities in order to improve the supply of RMNCHN commodities and qualified health personnel.

### STRATEGIES:

- Promote regional standardization of the registration and quality control of RMNCHN commodities
- Support country efforts to improve RMNCHN commodities supply chain performance
- Create a regional oversight mechanism for contraceptive product reserves
- Support rural midwife training programs, and improve the quality and increase the number of midwives and other personnel involved in RMNCHN services





## Abidjan Workshop: Creating conditions to accelerate the demographic dividend

As a result of the Workshop, which was held from January 18 to 22, 2016, an excellence program on the improvement of supply chains for RMNCHN health commodities was implemented to accelerate the demographic dividend in SWEDD countries. This meeting allowed countries to share the latest developments and information about the supply chain; to identify the key areas for interventions aimed at project-related supply chain work plans, to determine the reach of actions financed by it; and to integrate actions founded on proven, successful projects in the region, and international best practices.



# The Demographic Dividend

## Youth: Demographic challenge or tomorrow's capital?

**Africa has the youngest population in the world. Youth make up more than two-thirds of the total population, and their segment is not ceasing to grow.**

Controlling a country's fertility rate leads to favorable changes in its population pyramid. This demographic transition, characterized by lowered birth and infant mortality rates, is an opportunity for economic growth for families and the country--called the demographic dividend. Thanks to an increased proportion of the population at working age, the investment needed to meet the needs of dependent persons shrinks; the resulting fiscal gain can then be invested in savings, economic productivity, and human capital.

Reducing the birth rate to modify the age structure of the population was the policy followed by the Four Asian Tigers (Hong Kong, Singapore, South Korea and Taiwan) and many Latin American countries to decrease poverty and accelerate their economic growth and human development.

By investing considerably and in the long term in education, family planning, empowerment for women and girls, job creation, and the prevention of early marriages, these countries were able to benefit from the demographic dividend.

"More than a third of the growth recorded between 1965 and 1990, during the 'economic miracle' in East Asian countries was the result of demographic dividends."





## Priority Actions by SWEDD

The implementation of a network of observatories for the demographic dividend (DD) at the national and regional levels will ensure data collection, monitoring of the implementation, population policy revision, and integration of the demographic dividend in public policy, and moreover will reinforce the abilities of national leaders and institutions involved in the project. The construction of an early warning system to display data on key indicators in real time will facilitate decision-making and project management.

## Educate political decision-makers: Component 3:

The project seeks to reinforce advocacy and dialogue at high levels and promote policy development and the project's implementation.

### STRATEGIES:

- Reinforce political engagement on the demographic dividend at the continental, regional, and national levels
- Reinforce the abilities for policy development and monitoring, as well as evaluation tied to questions about the demographic dividend
- Reinforce project implementation capabilities

## Regional Workshop to measure the demographic dividend

The training workshop on the National Transfer Accounts (NTA), organized from March 17 to 28 in Dakar, allowed national experts from the SWEDD partner countries and Guinea to acquire the technical skills needed to conduct a diagnostic based on the foundations of the economy and demography according to a leading intergenerational accounting approach. Developing National Transfer Accounts country profiles allows them to better understand the demographic dividend situation and possible areas of intervention in terms of public policy. Thanks to this methodology, countries can adjust their economic policies as a function of the aggregates according to the structure by age of their populations, while also integrating actions to harness the demographic dividend into their development strategies.



### Total project cost:

207 million dollars over 4 years

### Financial and technical partners:

The SWEDD initiative benefits from financing from the **World Bank (WB)** and technical assistance from the **United Nations Population Fund (UNFPA)** and other partners. Financing is in the form of loans and gifts. The financing structure highlights how participant countries have adopted the initiative.

UNFPA has overall project coordination responsibility. With the **West African Health Organization (WAHO)** and the **Center for Study and Research on Population for Development (CERPOD/CILSS)**, it coordinates and supports governments in reinforcing abilities, training qualified personnel, securing quality health commodities, and promotes political engagement and the development of policies related to the demographic dividend.

The **Bill and Melinda Gates Foundation** supports the UNFPA in the implementation of sub-projects targeting the economic empowerment of women and schooling for young girls. Other partners like the World Health Organization and UN Women are involved in cofinancing related activities or in their execution.

### Institutional details:

A Regional Steering Committee has been constituted to oversee the delivery of the initiative. This body is supported by a Regional Technical Secretariat hosted by UNFPA's West and Central Africa Regional Office.

At the national level, the program implementation is conducted by a management unit including a coordinator, a program head, a procurement head, a head of monitoring and evaluation, and an administrative and financial head.

The management unit is supervised by the National Steering Committee.



BILL & MELINDA  
GATES foundation



# Develop, promote, reproduce:

## A strategic vision and a partnership model to export

The SWEDD initiative can bring about positive effects beyond the borders of the partner countries, as a result of:

- the production and sharing of relevant knowledge for the sub-region on effective strategies and measures in the areas of gender and reproductive health.
- the establishment of regional mechanisms for realizing results obtained from demographic dividend issues, including: a regional platform for data and observatories for monitoring policies, expenses, and results in countries related to the demographic dividend.
- the creation of economies of scale, for example:
  - a regional supply mechanism to obtain lower pricing for health commodities, and
  - regional reference centers for sharing resources to ensure the quality of training of midwives.

The SWEDD project, which unites six Sahel countries, the United Nations system, and the World Bank Group, is a mutually beneficial partnership founded on the common goal of accelerating the demographic transition for countries in the region, in order to spur the demographic dividend and allow them to progress towards sustainable growth, prosperity, and well-being for all.

A response to sociodemographic and economic concerns in the Sahel, the initiative was designed to support the political engagement of the six leaders who launched a call to action, by proposing an ambitious regional strategy paired with concrete measures to accelerate the development of their human capital and seize the window of opportunity created by the demographic dividend. Other countries in the region and on the continent facing similar challenges can take inspiration from this model.

### **The five advantages of the SWEDD model:**

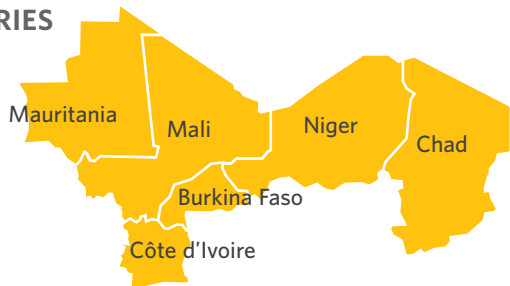
- an institutional plan built around national priorities
- a financial arrangement including a financing advance from the World Bank
- technical assistance and coordination help from UNFPA
- relevant partnerships to support the countries during the project's design, implementation, and overall governance
- three key areas of intervention: the creation of demand for RMNCHN services and commodities through social and behavioral change, access and the availability of RMNCHN services and commodities and qualified health personnel, and the support of policy development tied to the demographic dividend.



# SWEDD

## Sahel Women's Empowerment and Demographic Dividend

6 COUNTRIES



5 PARTNERS:  
WORLD BANK  
UNFPA  
WAHO  
CERPOD  
WHO

4 YEARS:

2015-2019

POPULATION (2015)

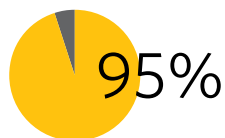


93 million

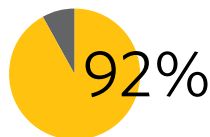
47 million WOMEN

41 million YOUTHS

PROPORTION OF WOMEN  
AND YOUTHS UNDER 15 YEARS

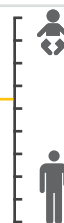


606 maternal deaths  
per 100,000  
live births



THE RATIO OF  
DEPENDENT CHILDREN  
(<15 YEARS)  
COMPARED TO THE  
WORKING-AGE  
POPULATION

MEDIAN AGE



MEDIAN AGE AT 1<sup>ST</sup> MARRIAGE



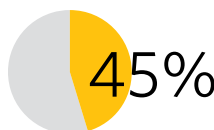
USAGE RATE OF MODERN  
CONTRACEPTIVES



9%

NUMBER OF CHILDREN ON  
AVERAGE PER WOMAN

6.2



BIRTHS ATTENDED  
BY QUALIFIED  
PERSONNEL



Project cost: 207 million USD

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# UNFPA

Delivering a world where  
every pregnancy is wanted  
every childbirth is safe and  
every young person's  
potential is fulfilled



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