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USAID in Africa: An Evolving Relationship

By SD Director Jerry Wolgin

This special expanded issue of *SD Developments* highlights the major accomplishments as well as the challenges faced by the Africa Bureau, and its Office of Sustainable Development (AFR/SD) in particular, while working in partnership with USAID missions in Africa and their African counterparts to attain their development goals.

As Africa changes and grows, USAID is supporting African efforts. USAID's evolving and strengthening partnership with Africans is evident in the outcomes of the results reporting process done by the Africa Bureau this year of fiscal year 1997 programs. An underlying theme in this year's results is commitment—commitment from Africans to economic and political reform in many countries, including efforts to integrate regions and provide for their own security.

As part of its five-year strategy, AFR/SD is focusing its efforts on 10 strategic objectives (SOs) ranging from strengthening democracy and good governance to building human capacity through education and training to reducing the suffering associated with natural or man-made disasters. All of these strategic objectives contribute to the Agency's goal of achieving broad-based economic growth and fostering the sustainability of all its development programs. These objectives also support AFR/SD's overarching goal of increased African capacity to sustainably manage development.

USAID is committed to addressing and alleviating the continuing challenges of Africa: poverty, ethnic conflict, fragile democracies, diseases such as malaria and HIV/AIDS, and serious



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environmental problems. We must find ways to continue our support, despite budgetary constraints. People remain the center of our development efforts—and strengthening human capacity development remains the bedrock of our activities.

This year's results review showed a number of recurring issues throughout various sectors and programs as well as across Agency goals. (1) The importance of synergies across programs cannot be overestimated. For example, principles of good governance determine the success of natural resource management programs, broad societal participation ensures stronger education systems, and education is a major determinant of the health of a country's people. (2) Partnership with civil society in all sectors is crucial for a vibrant and prosperous Africa, as well as for the sustainability of USAID programs. (3) Trends continue to be important and they are often complex. A positive trend is reflected in economic, export, and agricultural growth rates throughout Africa since the early 1990s. Education efforts indicate that with USAID assistance, there are greater numbers of children being provided with the skills and abilities needed to spur individual and collective development. The process of democratic transition and consolidation led to some achievements, but challenges to the process remain substantial. The fast pace of population growth is a threat to political and economic gains, but some countries are firmly on a path to demographic transitions. And our efforts must be doubled in our battle against HIV/AIDS.

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DEMOCRACY and GOVERNANCE

SO 1: *Strengthened cross-sectoral synergies between democracy and governance and Africa Bureau programs in key areas*

Agency goal: *Democracy and good governance strengthened*

Since USAID began investing in promoting democracy and governance (DG) in Africa in 1990, Africa has taken many steps forward and backward, but in spite of setbacks, there has been a growing trend through the years of African nations adopting more democratic political processes and increasing political participation by all segments of society.

But as President Bill Clinton noted during his historic trip to Africa in March of this year, the road to democracy is slow, takes consistent hard work, and requires ongoing commitment by leaders to uphold the principles of democratic processes. Most democratizing states in Africa remain precariously balanced between personalized political rule and true democratic interaction. Transitional, fragile democracies in many African nations are threatened by civil wars, regional strife, and economic problems, to name several obstacles. However, USAID-funded Africa Bureau (AFR) programs in democracy and governance are helping make concrete, sustainable changes to strengthen democratic processes in Africa.

Civil society in Africa remains the strongest defense to retain hard won democratic gains. USAID has been working with a wide range of civil society groups in Kenya, Ethiopia, Mozambique, and elsewhere in Africa to strengthen their access to and participation in a democracy. Civil society continues to grow and has increasingly adopted an oversight role to ensure financial accountability and effectiveness of government. The effectiveness of civil society to counterbalance the power of the state can be seen in the increasing tensions between African governments and civil society, especially political nongovernmental organizations (NGOs). With greater frequency, governments have tried to restrict or control the activities of these organizations because they consider civil society to be a destructive and divisive force, rather than a partner in democratization. While this is a troubling development, it reflects the need for continuous dialogue between governments and civil society so that both entities can better understand each other's role and purpose in a democratic system.

USAID activities across Africa are encouraging governments to address human rights violations and are educating citizens about their rights. The research and advocacy efforts of the USAID-funded Kenya Human Rights Commission prompted the government to respond to human rights violations by security forces. In Rwanda, USAID collaborated with the Ministry of the Interior in the issuance of new identification cards that do not indicate ethnic designation. And USAID/Nigeria helped establish legal aid centers to render free legal counsel to victims of rights violations and other abuses.

USAID missions in Kenya, Malawi, Mali, and Nigeria are investing in programs that encourage women's participation in politics and women running for office at the local and national

levels. Members of the USAID/Malawi-supported NGO Gender Task Force worked with the government to prepare a national platform for action regarding women's rights.

African governments in countries such as Namibia, Benin, and Madagascar recognize that corruption is a major obstacle to development and they are taking steps to address the problem. In Namibia, USAID supports a technical committee made up of civil servants, business leaders, and NGOs, which was established under the prime minister's office and is designed to enhance the transparency of parliament and other government institutions. In Benin and Madagascar, USAID supports government efforts to implement administrative reforms and ensure financial accountability through support for the offices of the inspector and auditor general.

Mali, Guinea, and Senegal have begun implementing innovative programs that maximize DG impacts by linking them to other development sectors. For example, in Mali, civil society organizations engaged in political development are working with municipalities on garbage collection to improve community health and have helped establish youth training centers where civic groups can offer literacy training and skills development training. And USAID/Senegal has successfully lobbied for the legal recognition of natural resource management communities that are now being associated with more decentralized decision making.

ECONOMIC GROWTH

SO 2: *Adoption of improved strategies, programs, and activities for accelerated, sustainable, and equitable economic growth*

Agency goal: *Broad-based economic growth and agricultural development encouraged*

The good news is that despite civil strife, unfavorable weather patterns, declining terms of trade, and reduced foreign assistance, economic reforms in sub-Saharan Africa (SSA) are resulting in sustained economic growth. The International Monetary Fund predicts an African economic growth rate of 4.1 percent in GDP in 1998 and 4.8 percent in 1999. Four out of five Africans now live in countries with positive per capita income growth. While in 1992, fewer than one out of five Africans lived in countries with positive per capita income growth. Annual inflation rates in SSA have decreased from 31.1 percent in 1990 to 8.1 percent in 1997.

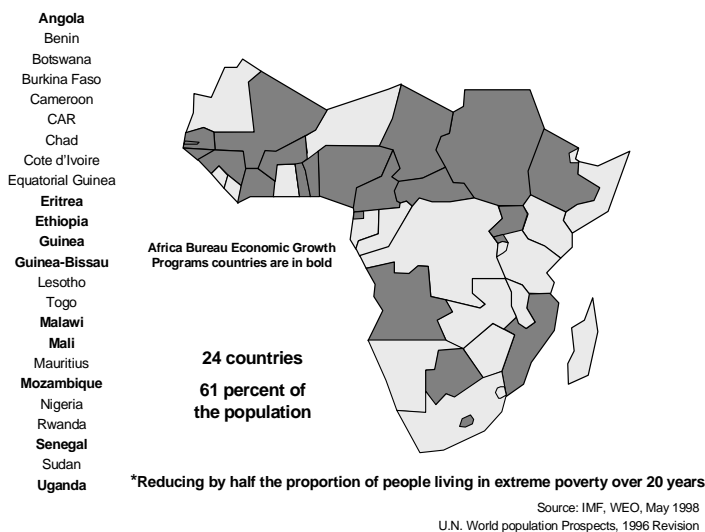
USAID projects have been instrumental in many countries in encouraging the type of systemic reforms that make broader, sustained economic growth possible.

AFR economic growth programs currently operate in 17 of sub-Saharan Africa's 48 countries. The economic growth programs are divided into the following three groups:

1. *Openness to trade and investment.* USAID's programs are working to expand trade in 13 countries, primarily through efforts that reform trade policy and expand access to technology, information, and services, particularly in agriculture.

SSA Countries Achieving Agency's Poverty Reduction Goal*

(Per capita GDP growth above 2 percent per year)



The USAID-funded Leland Initiative is strengthening the private sector in 20 African countries through improved information and communication systems (see SO 4). For example, in Mali, four Internet Service Providers selected to work with the Leland Initiative now provide services to more than 1,000 Malian institutions and individuals.

AGRICULTURE

SO 3: Adoption of improved agricultural policies, programs, and strategies

Agency goal: Broad-based economic growth and agricultural development encouraged

Agriculture contributes both income and food to poor people. In both these respects, agricultural growth can be a key element in reducing malnutrition in the medium term. Evidence compiled by UNICEF from around the world as well as in Africa shows that when incomes grow, malnutrition declines. With malnutrition a principal cause of one-third of the four million annual deaths among African children under five years old, agriculture can help reduce child mortality by reducing malnutrition.

Reversing a 30-year downward trend, per-person agricultural growth, food crop production, and agricultural exports have steadily increased since the early 1990s. The results review process provided ample evidence that AFR agricultural programs are having positive impacts and contributing to the favorable shifts in agricultural growth rates.

Agriculture can increase incomes in three ways. This can be shown by reviewing trends in Africa since the early 1960s and focusing on the decade of the 1990s.

1. *Incomes can be increased by improving yields from the area under production.* The amount of area harvested for foodgrain has grown rapidly since the 1960s but this is unsustainable and is causing serious environmental consequences in some areas. Sustainable, long-term approaches require increasing the crop yield per area.

2. *Foodcrop yields were stagnant from the early 1970s into the early 1990s and have begun moving up slowly since then.* These overall unfavorable trends hide some real success stories, such as control of cassava mealybug and green mite that threatened to cut by half or more the cassava harvest of 200 million Africans, and the success in developing modern corn varieties. The long-term food grain production trends have been positive, but not growing as fast as population. Thus, until the early 1990s, grain production per capita had declined for 30 years. Since about 1993, yield, production, and (most importantly) grain production per capita have all shifted upwards.

3. *Agriculture's contribution to income increases the value produced per hectare of land.* Value-added comes in two forms: 1) shifting to crops that have a higher value, and 2) creating a range of business linkages and opportunities that add value—via processing, quality control—to existing crops. One key indicator of growth in value is the growth in agricultural export crops, includ-

In Ghana, nontraditional exports rose from \$227 million in 1996 to \$300 million in 1997, a 32 percent increase. Also in Ghana, foreign exchange earnings from tourism increased from \$248 million in 1996 to \$290 million in 1997, a 17 percent increase.

In Malawi, the cut flower industry, which was nonexistent five years ago, has grown to some 20 firms and earned \$14 million in foreign exchange in 1997 (through the Dutch auction market in Europe).

In Uganda, production of maize, vanilla, flowers, and other nontraditional crops rose in value by nearly 21 percent during 1996-97, to \$170 million, almost triple the growth rate of 8 percent for the 1995-96 period.

2. *Mobilization of domestic saving and investment.* USAID's programs are working to increase savings and investment in 12 countries, particularly through policy dialogue to reform financial markets, and through the development of institutions capable of mobilizing local savings and extending credit to underserved people.

In Kenya, the Kenya Rural Enterprise program and its network of NGO partners disbursed 13,450 loans in 1997 valued at \$7.2 million.

In Mali, data from USAID-supported microfinance institutions showed that in 1997, 194 million CFA (\$337,000) in savings were mobilized, an increase of 235 percent from 1996.

In Madagascar, private investment as a percentage of GDP increased from 4.9 percent in 1996 to 6.4 percent in 1997.

3. *Improving the enabling environment for the private sector.* USAID programs helping support the private sector in 17 African countries are working to improve the legal, regulatory, and judicial environment; privatization; African capacity building; and improve information and communications.

In Tanzania, efforts are being undertaken to simplify the process for clearing imported goods and the process of registering, reporting, and operating a business. USAID's Business Center in Tanzania has provided training to 4,549 small and microentrepreneurs in fee-based business management skills and workshops.



ing nontraditional export crops. Agricultural exports have been expanding steadily on a per capita basis at roughly 10 percent since 1993. Thus, food and export crops are growing simultaneously, improving both food security and export earnings.

AFR has agriculture-focused strategic objectives in 15 countries. Of the 28 strategic objectives in the area of economic growth and agricultural development, six were judged to have exceeded expectations. Missions in three countries (Kenya, Malawi, and Uganda) have agricultural SOs that have taken a very successful approach to increasing incomes through agriculture. This approach is shared by another six SO programs in Mozambique, Zambia, Ghana, Mali, and in some regional Africa programs.

USAID agriculture programs are having a significant impact on incomes, exports, and other indicators. USAID is working on second-generation policy change, supporting civil society organizations (farmers' groups, cooperatives, etc.), and linking businesses into sources of technology, credit, and farmers' groups. This approach, which extends to both food crops and cash crops, has proven successful in creating new opportunities for rural people to grow more food and increase their incomes.

Our agricultural programs are having significant success on various indicators of income, nearly doubling income in countries like Uganda and Malawi since the early 1990s, and making major improvements in agricultural exports, food crop production, and access to technology by farmers.

INFORMATION for DEVELOPMENT

SO 4: *Develop and implement more affordable and effective mechanisms for producing, sharing, and using development information*

Through this strategic objective, AFR/SD seeks to bring the benefits of the global information revolution to 20 or more African countries through connection to the Internet and other Global Information Infrastructure (GII) technologies. Working under the Leland Initiative, a five-year, \$15 million U.S. govern-

ment interagency effort, AFR seeks to achieve this goal by promoting an Internet-friendly policy environment, creating a sustainable supply of Internet and other GII services, and growing a user base capable of applying powerful information and communication tools to the challenges of sustainable development.

During the fiscal year 1997 reporting period the Leland Initiative worked closely with telecommunications policymakers in 12 of the 20 Leland target countries to design and implement ambitious policy reform agendas. As a result, nine of the 12 countries entered into formal policy agreements (memoranda of understanding). These agreements record the host government's commitment to abandon traditional international telephone pricing for cost-based affordable tariffs; set aside long-standing monopoly practices in favor of private sector Internet Service Providers (ISPs); and allow free and open access to the information on the Internet.

The results of this policy environment in Leland countries have been dramatic.

- ▣ Wholesale Internet access rates for ISPs are one-sixth of the prevailing rates in non-Leland countries (US\$ 2,000 vs. US\$ 12,000 or more per month);
- ▣ For retail consumers, unlimited Internet access costs US\$ 20 to US\$ 40 per month, in countries where an international telephone call costs up to US\$ 20 per minute.
- ▣ All Leland countries encourage private sector delivery of retail Internet and more than 30 private sector firms have established Internet access businesses (each investing US\$ 40,000 to US\$ 100,000), where almost none was in the business previously.
- ▣ While many countries were initially hesitant about the Internet, none has made attempts to restrict the free flow of information available through the Internet.

At the beginning of the reporting period, no Leland target country had access to anything but the most rudimentary forms of Internet access—expensive and slow e-mail. Since then, the Leland Initiative has made substantial progress in increasing the availability of Internet connectivity: seven national Internet gateways—the national access point to the global Internet—have been installed in Mali, Madagascar, Mozambique, Rwanda, Guinea, Côte d'Ivoire, and Benin; four of the target countries now have two or more competing Internet Service Providers; and one national university gateway was designed at the University of Ghana.

But increasing the “supply” of connectivity is only the first step in taking advantage of the information revolution. A dynamic, competent “demand” is necessary to apply this connectivity to the challenges of sustainable development. USAID is building demand for improved information and communication approaches through two basic strategies: strengthening African capacity and operating the Leland Initiative Learning Laboratory, which explores the value of the Internet to the development process, gleans lessons learned, and disseminates best practices to USAID development partners throughout Africa and the donor community.

To foster greater demand for Internet access, Leland Initiative training has been conducted for USAID mission staff and partner organization representatives in 10 countries in Africa (Benin, Côte d'Ivoire, Ethiopia, Ghana, Guinea-Bissau, Kenya, Madagascar, Mali, Mozambique, and Uganda). The training includes an introduction to the Internet and electronic communication, the use of informa-

tion as a strategic tool, the skills needed to train co-workers on Internet use, and the development of an Internet action plan.

In Ghana and Ethiopia, more than 300 USAID partner institutions (NGOs, host governments, universities, private sector entities, and other donors) were trained by the Leland Initiative. As a result of this effort, 75 percent of USAID/Ethiopia's partners now subscribe to the Internet.

AFR/SD expects to build on the dramatic results achieved by countries that adopt Internet-friendly policies at two levels. Leland staff will continue to work with these countries to adopt more progressive policy approaches and to find ways to resolve impediments such as heavy import duties and high local phone charges. AFR/SD will also work closely with its partner countries to develop and implement new satellite circuit approaches and public-private partnerships to bring Internet connectivity to secondary towns and rural nodes, and it will explore the use of wireless technology to replace overburdened local phone networks.

ENVIRONMENT

SO 5: *Accelerate the spread of strategically viable and environmentally sound environmental management systems*

Agency goal: *The world environment protected for long-term sustainability*

Long-term pressures on the environment show up over time. Years of uncontrolled deforestation, high population growth, and exploitation of the environment have extracted a high toll in Africa. Widespread habitat destruction and loss of biodiversity have made it harder for people to make a living, slowed agricultural production, encouraged urban migration, and resulted in increased flooding and erosion. The per capita availability of arable land is about half what it was 30 years ago, despite widespread conversion of forests, rangelands, and wetlands to croplands. Recent droughts, floods, and civil strife have only worsened the situation throughout the continent. But despite this negative picture, USAID-funded environmental programs in habitat and wildlife, forests, and water and soil quality are helping find mutually beneficial ways to protect the environment while promoting economic growth.

Degradation of the world's forests has major economic and environmental consequences. AFR fights forest degradation by working with African countries to increase the incentives for people in pursuit of more secure and prosperous livelihoods to sustainably manage forest resources. AFR missions are helping countries change natural resources management (NRM) policies and institutions to better deliver technical assistance, develop new technologies, and provide better information.

USAID directly supports forest resources management in Madagascar, Malawi, Guinea, Senegal, Mali, Uganda, Cameroon, Central African Republic, Congo, Gabon, and Zaire. Forest management progress is also being achieved by USAID investments in Botswana, Zimbabwe, and Zambia. Results shared by several of the above missions include:

- ▣ a change in the role of the forestry service, which 10 years ago was primarily to police people. Now, many have become partners with the population in developing and implementing plans;
- ▣ the devolution of authority to rural communities to develop and implement forest management plans;
- ▣ the liberalization of wood markets, allowing the rural population to market forest products; and
- ▣ an increase in enterprise management skills at the community level. These skills allow people to fully capitalize on the revenue-generating potential of NRM activities.

In Madagascar, which recently reformed its Forest Code, one-half million hectares of primary forest are under protected management. The area is expected to double by the year 2000. In Guinea, where co-management of forest resources was illegal a few years ago, over 10,000 hectares were under co-management last year and this area is expected to increase rapidly over the next few years. In the buffer zone of the Kakum Park in Ghana, cocoa farmers have increased their market efficiencies and increased their incentives to protect the forest resources of the park.

During fiscal year 1997-98, the protected land area in the Congo Basin was increased by 700,000 hectares by the gazetting of the Minkebe Reserve in northeast Gabon. USAID's Central African Regional Program for the Environment (CARPE) worked with the World Wildlife Fund and the Government of Holland to ensure that this biologically rich area is preserved. CARPE is currently funding a study on the impact of artisanal gold panning that has traditionally taken place within the newly constituted reserve. A regionwide analysis of critical sites is being undertaken and will result in prioritizing future areas to be designated for elevated conservation status.

National planning and policy mechanisms designed to help African countries incorporate environmental concerns into their national developmental strategies have achieved significant momentum. As of 1997, 34 of the 49 sub-Saharan African countries had prepared National Environmental Action Plans (NEAPs), and five more plans were in the advanced stages of completion. In countries such as Madagascar and Uganda, the NEAPs are very dynamic processes that are entering their second five-year phase and have positively influenced environmentally conscious and integrated development. USAID has pursued a program of support to assist missions design and prepare NEAPs, and AFR is providing over \$350 million in assistance directly related to African NEAPs.

An environmental analysis training course is a key element in AFR's initiative for environmental management capacity building. USAID's Regional Economic Development Support Office in Nairobi and AFR/SD's Division of Productive Sector Growth and the Environment have collaborated since 1995 on developing the course. The goal of the training is to provide greater flexibility and responsibility to those missions, PVOs, and NGOs successfully completing the course in carrying out subgrant/subactivity environmental reviews.

The course was first given in Zimbabwe in 1995 and subsequent courses have been held in Mozambique, Uganda, Tanzania, Madagascar, Zimbabwe, Senegal, Ethiopia, Mali, Kenya, Ethiopia, Ghana, and Cape Verde. Approximately 234 country organizations and 500 participants have received training.

EDUCATION

SO6: Adoption of policies and strategies for increased sustainability, efficiency, and equity of basic education services

Agency goal: Human capacity built through education and training

The Africa Bureau’s Strategic Framework for Basic Education maintains “the purpose of basic education is to provide essential values, knowledge and skills to a country’s population and, in so doing, have a long-term impact on a country’s human resource base while providing individuals greater control over their lives.” Research in recent years has indicated that primary and female education provide the greatest return on investments in the developing world. Findings such as farmers who complete four years of basic education produce 8 percent more than farmers who have none, and one year of a mother’s education is associated with a 9 percent decrease in the mortality rate of children under five are now widely recognized. Citizens who can read, access, and reflect upon information from outside their immediate habitat are able to participate more fully in social change and peacefully negotiate social differences. In Africa, where less than half the school-age population attends school (and less than a quarter completes the primary level), any long-term improvements in development will depend on expanding and improving basic education.



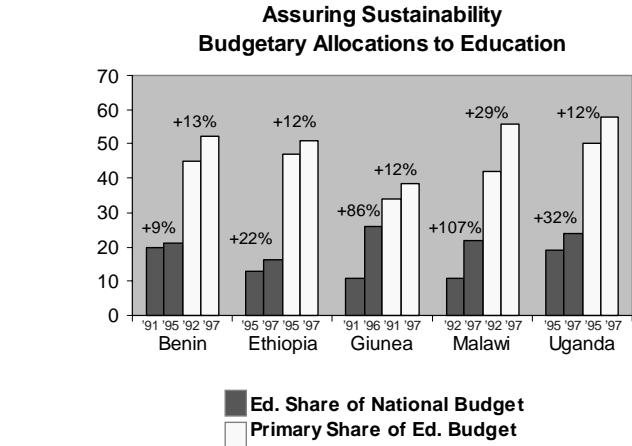
The Africa Bureau’s strategy is to support those African countries that place a priority on improving access to and the quality of basic education. Through our bilateral programs in 10 countries (Ethiopia, Uganda, Zambia, Malawi, South Africa, Namibia, Benin, Ghana, Guinea, and Mali), and support to various regional networks, we seek to support basic education in three key ways:

1. A key sign of systemic reform is a country’s development of a sector investment program, owned by all stakeholders. USAID missions reported on progress with such programs in Ghana, Guinea, Ethiopia, Uganda, and South Africa. Also key to systemic reform is a country’s capacity to obtain and analyze information, and to carry out and then use research to inform strategy. USAID missions from five countries reported the development and use of computerized information systems, school-based research, and planning and monitoring for enhanced school quality.

- promoting systemic reform, rather than isolated projects,
- focusing on effective schools, where children are learning, and
- assuring the sustainability of improvements.

2. The school is where the education system meets its target—the learner. An effective school is the crucible where policies, in-

puts, and services of an education system join to support teaching and learning. The focus on what happens at the school, rather than simply at a policy or program level, is essential to see results. Some of the key elements that USAID missions reported on at the school level include staff training for leadership, innovation, accountability, and research; provision of learning materials; assessment of student learning; and improved infrastructure. For instance, both Mali and Malawi noted success in developing a community-based school model that is demonstrating higher learning gains at equivalent or lower costs per pupil than are traditional government schools. South Africa is working with the media and the private sector to increase the availability and quality of learning materials. Guinea hired an additional 1,600 primary school teachers, thereby making it possible for more children to learn better.



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USAID missions have put increasing emphasis on strategies for improving opportunity for girls’ education. The results of this are evident in four countries where USAID reports an increase in the percentage of girls entering and remaining in school. One example of a program with dramatic improvements is Ethiopia. In the southern region where USAID is working, female enrollments have grown to 25 percent from 17 percent in 1995. In Guinea, which in earlier years saw significant increases in the percentage of girls going to school, the trend has continued, with the girls’ gross enrollment rate increasing from 31.5 percent in 1996 to 35.5 percent in 1997. Malawi, as a consequence of its free primary education policy, has seen the net enrollment of girls rise from 57.4 percent in 1992 to 83 percent in 1995.

3. Sustainability is achieved when a country’s development and growth derives from its indigenous human and institutional capacity and financial resources. Our aim is to reduce dependency on external financing and technical assistance. USAID missions have reported enhanced capacity in ministries of education for policy formulation and planning, greater community and NGO support to primary schools, and increased allocation of national resources to basic education.

Indeed, one of the more dramatic indicators of a policy shift toward basic education is the increased proportion of public expenditure directed toward education, and specifically toward primary education. In the five countries that reported these shifts in 1997,

there was evidence of significant national effort. For instance, in Uganda, government financing for basic education has increased fourfold over the life of USAID's program (1992-97). The bad news is that with the hundreds of thousands of new pupils, the average per-pupil expenditure has actually declined in many countries.

To strengthen and spread the benefits of the above progress, AFR supports the Association for the Development of Education in Africa (ADEA). During this reporting period, the ADEA prepared for an October 1997 forum to rally all African ministers of education and key allies, to focus on ways to build partnerships for sectoral improvements. In addition, ADEA working groups, which aim to build African capacity in technical areas such as statistics, education finance, and girls' education, began to work more closely with USAID programs.

Major challenges beckon as we look ahead. Per the Africa Bureau's Strategic Framework for Basic Education, on the one hand, there are still a very large number of children out of school and, on the other hand, major problems loom, such as ineffective schools, and weak institutional support for reform. In addition, USAID and other donors are facing increased pressure to demonstrate results even as their resources shrink. In this difficult context, the central challenge for USAID remains to build African capacity to deliver good quality primary education to all children, and to do so in partnership with all stakeholders.

HEALTH

SO7: Adoption of policies and strategies for increased sustainability, quality, efficiency, and equity of health services

Agency goal: Infant and child health and nutrition improved and infant and child mortality reduced

To support this objective, AFR/SD efforts are focused on three basic approaches: promoting improved policies and strategies for innovative health financing and organizational reform; promoting improved policies, strategies, and approaches for child survival and maternal health; and improving the enabling environment to design, manage, and evaluate health programs.

The sustainability and quality of care are integrally linked. Without effective strategies to mobilize resources and increase efficiencies in health services in Africa, services will continue to deteriorate. On the other hand, without improvements in the quality of services, utilization of services would continue to be low, affecting health outcomes as well as the generation of revenues.

The health sector in Africa can be characterized by ongoing structural and conceptual changes that are actively supported by many countries and donors. The most significant change affecting health programs of late is decentralization, which is rapidly occurring throughout Africa. At least seven USAID-assisted countries are actively decentralizing the public provision of health services, four are decentralizing to a lesser extent, and four more are planning for decentralization. USAID is assisting the transition to decentralized health services by supporting technical assistance

to help countries plan their transition and by disseminating approaches to influence and inform decentralization strategies throughout the region.

This past year has demonstrated mixed effects of decentralization reforms on health status and programs. Most significantly, some countries, such as Zambia, are showing declining health status indicators concurrent with decentralization reform. Some of the other problems occurring are delays in data collection and reporting disruptions due to unclear allocation of responsibilities, lack of resources, and skills transfer to decentralized levels.

CHILD SURVIVAL and CHILD MORTALITY

Reductions in child mortality continue but at a slower rate. The major contributors to "under five" mortality (measles, malaria, acute respiratory infections, malnutrition, diarrheal diseases, and high birth rates) are currently being addressed in a number of USAID programs.

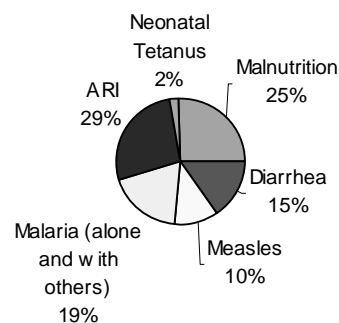
However, in Africa, HIV/AIDS is having an impact on infant and child mortality in ways that are only now beginning to surface. In some countries, the trend of decreasing child mortality has been slowed as a result of HIV infection associated with transmission between mother and child. The implications are that in high HIV prevalence areas, further gains in child survival will be difficult to achieve unless we address the issue of mother to child transmission as well as continuing to focus on HIV prevention as an important part of a child survival strategy.

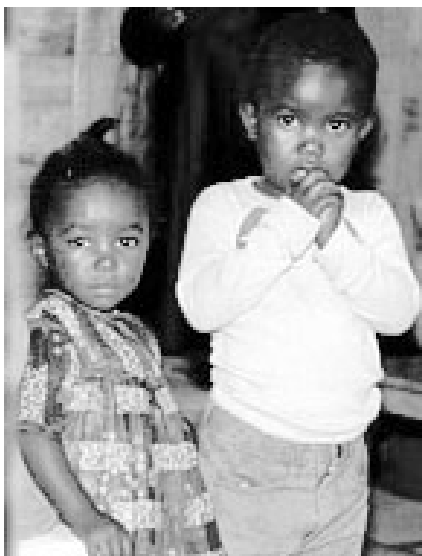
In addition to the biological and social impact of HIV/AIDS on children and their families, the diminishing gains in child survival are also caused by inadequacies in health systems and the widespread emergence of antimicrobial drug resistance.

Progress in Africa is nevertheless being made in several areas affecting child mortality:

1. Vaccine-preventable diseases are being addressed as immunization coverage, slowly but surely, increases across countries in a sustainable manner. According to a recent evaluation of a USAID grant to UNICEF, immunization coverage declines have been halted in Africa; 14 out of 18 grant recipient countries have increased their immunization coverage levels; 12 of these countries have a line item in their national budget for vaccines; and 13 countries have functional interagency coordinating committees.

Malnutrition contributes to one-third of the 4 million deaths among African children less than five years old





2. Under AFR/SD's special objective—*Polio eradicated in selected countries in a manner that builds sustainable immunization programs*—USAID is helping eradicate polio from the region. The Polio Eradication Initiative has been instrumental in 31 out of 41 countries that have held successful National Immunization Days (NIDs) resulting in high vaccination rates. Reported cases of

clinical polio have been steadily decreasing. In 1996, there were 1,949 clinical polio cases reported and confirmed in the Africa Region—a 10 percent decrease from 1995.

3. USAID supports significant efforts to strengthen malaria control programs at district and national levels. Our understanding of malaria has improved and we have learned that treatment and prevention strategies for malaria that are targeted only to health facilities will not succeed without simultaneous development of community-based strategies. Studies have found that 70 percent to 80 percent of fevers are treated initially at home and the majority of children who die from malaria were never taken to a health facility. Insecticide-treated materials—i.e., bednets—have been demonstrated to be the most sustainable and effective means for the prevention of malaria. Antimalarial drug resistance, however, is complicating advances in malaria prevention and control and needs to be monitored closely.

4. USAID missions are incorporating nutrition more directly in their child survival strategies to better address the complex and critical role nutrition plays in child mortality.

The following highlights USAID's program contributions and achievements in child survival:

Benin: USAID/Benin provided support to Population Services International to expand its social marketing activities to the three northern regions and thus increase access to oral rehydration salts (ORS) as well as condoms. A total of 1,748,010 ORS packets were distributed (a 33 percent increase from 1996), and 463 new points of condom and/or ORS sales were established. About 1,500 community-based distributors were trained or retrained to distribute ORS as well as family planning commodities; 23 ORT/ORS training workshops were conducted with 657 participants.

Eritrea: According to UNICEF statistics, the percentage of children 12 months to 23 months old who are fully vaccinated, increased from 41 percent in 1995 to 55 percent in 1997. As a result of USAID-supported initiation of salt iodization in the major salt works in Assab and Massawa, nearly 95 percent of all salt produced is iodized. The availability of iodized salt has increased markedly with approximately 30 percent of retail outlets in the USAID/Ministry of Health target zones selling domestically produced salt, up from zero in 1995.

Ethiopia: Vaccination coverage targets for DPT and measles were exceeded in 1997. Immunization coverage for DPT went from 59.7 percent in 1996 to 80.4 percent in 1997. Measles immunization coverage increased from 45.7 percent in 1996 to 61 percent in 1997. The National Immunization Days for polio resulted in 83 percent coverage in the first round and 100 percent coverage in the second round. Following USAID/Ethiopia's NPA conditionality, budgetary allocations to health have continued to increase over the last two years, by about \$25 million. Moreover, there has been a shift in the composition of the national budget in favor of health from 3 percent in 1992 to 6.3 percent in 1998.

Kenya: USAID/Kenya exceeded its target to facilitate development of two Government of Kenya (GOK) multiyear plans: (1) a Sessional Paper on AIDS in Kenya was passed by parliament in 1997; (2) a Health Reform Secretariat work plan was developed, providing the basis for guiding the reform process; and (3) a malaria policy paper was completed by the GOK and work on guidelines for treatment started. A result is that in chloroquine-resistant areas, such as Bungoma District (where over 80 percent of malaria cases are not treatable by chloroquine), sulphur-based antimalarials are now the first-line drugs for malaria treatment.

Madagascar: Innovative social mobilization approaches in two target districts have raised full immunization coverage in these areas from 40 percent in 1996 to 60 percent in 1997. Efforts will be made to generalize these approaches to increase immunization coverage nationwide. National Immunization Days resulted in 99 percent of children under five being immunized against polio in both rounds. Community approaches to improving child health, in particular nutrition, are also seeing success in Madagascar.

Malawi: The availability of first-line antimalarial drugs—sulphadoxine-pyrimethamine, or SP—in rural private outlets increased from 20 percent in 1995 to 70 percent in 1997. As local manufacture of SP increased, the price of the drug fell from the equivalent of US\$ 2 per treatment dose in 1995, to US\$.10 in 1997. Based on this success, the target for 1999 has been revised upward to 90 percent. Sixty-four drug revolving funds (DRFs) were set up by Africare and the Save the Children Fund in their respective districts. These DRFs include a supply of SP for treating malaria in children within 24 hours of the onset of disease and a supply of oral rehydration salts for diarrhea. Medications are sold on a cost recovery basis to villagers and are managed by women volunteers under the supervision of health surveillance assistants of the MOHP and PVOs.

Mozambique: In rural Mozambique, where formal health services are still extremely limited, community-based approaches have an important impact on the health of women and children. Community health workers, trained by USAID-funded PVOs and the Ministry of Health, are part of a community-based network of care groups using an existing structure of the Mozambican Women's Organization. The network includes 141 groups with over 1500 volunteers, each of whom works directly with 10 facilities. Volunteers use simple health education materials to teach prevention and treatment of diarrheal diseases, respiratory infections, and malaria; and the importance of sanitation, hygiene, breastfeeding, nutrition, and immunizations. In only two years, this approach has expanded health coverage in two districts in the Gaza province.

Tanzania: USAID/Tanzania conducted a review to identify opportunities to further support child survival interventions. The assessment indicated that the mission should strengthen integration of the child survival strategy into the national reproductive health program. To address this recommendation, USAID helped the training unit of the Family Planning Unit of the Ministry of Health complete a fully integrated skills training curriculum, which now includes modules on exclusive breastfeeding, maternal and childhood nutrition, and management of childhood illnesses among other reproductive health subjects. After more than two years of discussions with the Ministry of Health, World Health Organization, and Tanzanian health institutions, this activity represents a major accomplishment.

Zambia: USAID's latest public-private health initiative supports the Government of Zambia's program of fortifying all domestically produced sugar with Vitamin A. Vitamin A deficiency is very high throughout Zambia, with approximately 50 to 60 percent of children younger than five suffering from moderate to severe deficiency. Zambia will be the first sub-Saharan African country to fortify all domestically produced sugar with Vitamin A. USAID supported accelerated distribution of supplementary Vitamin A capsules during NIDs in 1997. According to Ministry of Health statistics, more than 91 percent of children under five years old received supplementary capsules during the NIDs in 1997. The combined impact of these strategies of supplementation and fortification is expected to reduce by 50 percent the levels of moderate and severe Vitamin A deficiency in Zambian children.

FAMILY PLANNING

SO 8: *Adoption of policies and strategies for increased sustainability and quality of family planning services*

Agency goal: *World population stabilized and human health services protected*

Africa's continued rapid high population growth (3 percent yearly since the 1970s) is the one hurdle that can derail all of its political and economic gains. In just 25 years, the population in sub-Saharan Africa has doubled.

Fertility remains high—and contraceptive use remains low—in sub-Saharan Africa for a variety of reasons. Some of these factors are deeply embedded in the cultural fabric of the countries of the region, are slow to change, and are not readily susceptible to development interventions. Others, however, can be addressed and influenced by the sustained efforts of governments, donors, NGOs, and committed citizens.

Only six countries, accounting for about 17 percent of sub-Saharan Africa's population, have contraceptive prevalence rates over 20 percent, and seem to have entered a period of long-term, sustained reduction in fertility (South Africa, Zimbabwe, Botswana, Kenya, Namibia, and recently, Ghana).

Approximately 26 percent of married women of childbearing age in Africa (22 million women) want to delay or avoid another pregnancy, but are not using contraception. This measure of unmet need for family planning is higher in sub-Saharan Africa than in

any other region of the world—while childbearing in Africa is riskier than anywhere else in the world. Although just one in 10 of the world's women live in sub-Saharan Africa, the region accounts for 40 percent of all pregnancy-related deaths worldwide.

“Contraceptive prevalence in the predominately rural area served by the USAID-supported DISH project (in Uganda) increased from approximately 5 percent in 1992 to 19.7 percent in 1997, while the contraceptive prevalence rate in non-project areas remains at approximately 7 percent.”

Despite all of the obstacles to change, important progress is being made in some countries in the region—and USAID is playing a key role in achieving that progress. The experience in these countries provides useful models—and a basis for optimism—as USAID undertakes its family planning assistance efforts in other sub-Saharan countries. Some of the encouraging developments reported in this year's results reporting:

Kenya: Kenya's total fertility rate continues to fall—from 8.1 children in the early 1980s to 4.7 in 1997. The modern contraceptive prevalence rate is rising—from 7.7 percent in 1984 to 31 percent in 1997. Family planning clients' use of safe, modern methods of birth control increased since 1989 from 20 percent to 30 percent for users of the pill and from 12 percent to 25 percent for those using injectables. Meanwhile, the proportion of persons relying on traditional methods has declined from 38 percent in 1989 to 13 percent in 1997.

USAID/Kenya has focused its assistance efforts on increasing the number of and public access to family planning service outlets in both the public and private sectors. To foster the long-term sustainability of the family planning/reproductive health program, USAID supports initiatives by the Government of Kenya to increase revenues through cost-sharing and provides capacity building and organizational strengthening assistance to key NGOs.

Ghana: The contraceptive prevalence rate (CPR) in Ghana has more than doubled over the past four years—from 10.1 percent in 1993 to 22 percent in 1997. The USAID assistance program there has provided continuing support for public and private sector efforts to increase demand for and increased access to family planning services, with a special focus on long-term methods. Recent USAID support has been especially important in the private sector, which is now playing an increasing role in the provision of long-term contraceptive methods such as injectables, IUDs, and NORPLANT. USAID has also played a leading role in assisting the Government of Ghana develop a constructive new policy on adolescent reproductive health.

Uganda: Contraceptive prevalence in the predominantly rural area served by the USAID-supported Delivery of Improved Services for Health (DISH) project has increased from approximately 5 percent in 1992 to 19.7 percent in 1997—while the contraceptive prevalence rate in nonproject areas remains at approximately 7 percent.

The DISH project is emerging as a rural family planning success story in Africa. Key elements of USAID's assistance strategy have included training to more than 600 nurses and midwives in DISH districts; careful and recurring supervisory visits to reinforce the training; and utilization of a broad-based service delivery system including clinics, outreach workers, and a social marketing program.

Guinea: Guinea's national CPR is barely above 1 percent. However, in the USAID-assisted project areas of Forest Guinea and Upper Guinea, the CPR is 15.2 percent and 8.4 percent respectively. The CPR in both of these areas was less than 1 percent in 1992. Moreover, 94.1 percent of women in Upper Guinea and 93.3 percent of women in Forest Guinea reported knowledge of modern contraceptive methods in 1997—up from respective rates of 7 percent and 10 percent in 1992. These increases appear to be linked to a dramatic increase in the number of clinical, community-based, and commercial sites where clients can receive family planning information and services.

USAID played a key role in expanding the family planning information and service delivery network in the project areas by supporting training for almost 800 community-based service agents, health center personnel, and training staff. USAID has also been the major donor in support of a social marketing program—further reinforced by USAID support of a dialogue among traditional and religious leaders and the advertising industry, leading to improved media support for family planning and HIV/AIDS prevention activities.

To a large extent, Africa's hopes for achieving economic prosperity and improving the health of its people hinge on better access for all African couples to quality family planning and related reproductive health services. Nowhere is the reality of reproductive health farther from the ideal than in Africa. The task ahead is huge, and will require years of sustained effort on the part of African governments and donors, including USAID. The many signs of positive change in the region suggest, however, that the task is attainable.

HIV/AIDS

SO 9: *Adoption of cost-effective strategies to prevent the spread and mitigate the impact of HIV/AIDS*

Agency goal: *HIV transmission and the impact of the HIV/AIDS pandemic in developing countries reduced*

During the past 20 years, since the HIV/AIDS epidemic was first recognized, there has been significant effort and progress in containing the spread of the disease. Since the early 1980s, an estimated 30 million people worldwide have been infected with the virus, of which nearly 70 percent live in sub-Saharan Africa.

In sub-Saharan Africa, 7.4 percent of all individuals 15 to 49 years of age are infected with HIV. There are significant regional variations in levels of HIV infection among countries, between urban and rural areas and between populations. The estimated

seroprevalence ranges between 2 percent to 12 percent in urban areas and can be as high as 40 percent among groups engaged in sexual risk taking. Heterosexual transmission accounts for most infections, with 50 percent of these in women and with over 400,000 infants infected in 1997 alone. The best available source of information about rates of HIV is sentinel surveillance systems tracking HIV rates of pregnant women at antenatal care centers.

The rate of increase of prevalence varies also. At national levels, there is a high variation. In South Africa nearly 20 percent of pregnant women are infected, in Zambia the HIV prevalence is 15 percent among pregnant women (15 to 16 years old), whereas in Senegal the estimate is as low as 2 percent among pregnant women.

Since the international epidemic was recognized, USAID has been a global leader in bilateral and multilateral support for HIV/AIDS prevention. USAID has focused on preventing the heterosexual transmission of HIV in over 20 countries. Significant progress has been made via programs that:

- increase knowledge about HIV among the population;
- change risky sexual behavior, through education, motivation and innovation;
- promote condom use;
- increase the availability of condoms and access to quality STI and other reproductive health services; and
- conduct research to improve the cost-effectiveness of programs.

Mission programs have had very different experiences with the epidemic; coordination among ministries of health, NGOs, other donors; and the scale and scope of their programs. Missions have responded with single interventions such as adding condom social marketing to an existing child survival or reproductive health portfolio, to comprehensive programs including behavior change communication, condom social marketing, the control of sexually transmitted infections (STI), policy dialogue, and research. Mission programs are at different levels of achieving their objective of HIV/AIDS prevention and mitigation. A variety of indicators to measure the performance of HIV/AIDS related programs are used and only a few missions are able to determine seroprevalence rates. While a small number of quantitative indicators can never capture the success and synergies that are being observed every day, especially in the comprehensive multifaceted programs implemented in countries such as Zambia and Uganda, these measures assist in monitoring programs and optimizing the potential for success.

Mitigation is essential to HIV prevention: Since the outset of the epidemic, USAID and other donors have focused their resources on HIV prevention as the most cost-effective strategy to control the epidemic. But as the numbers of people living with HIV/AIDS have increased (to an estimated 20.8 million Africans by the end of 1997), this position is no longer wise.

Mitigation efforts are desperately needed, including care and support for individuals and communities; and structural interventions to reduce the economic, political, and other societal-level barriers that create HIV risk and impede prevention programs.

Uganda: The catastrophic impact of AIDS in Uganda jeopardizes the many positive strides in development that Uganda has



achieved. It is now estimated that over 1.5 million Ugandans are already infected with the AIDS virus. Data from health facilities suggest that nearly half of the beds in medical wards in many hospitals are occupied by patients with HIV infection and AIDS.

The United States, through USAID and research projects funded by the National Institutes of Health, is a major partner with the Government of Uganda in the efforts to respond to the epidemic and to prevent the further spread of HIV infection in Uganda. A wide range of projects designed to prevent new HIV infections, and to respond to the social and family level impact of the epidemic have been implemented with USAID funding. Since 1989, USAID has provided funding for the AIDS Information Center, which has now provided voluntary and confidential HIV testing and counseling to over 350,000 clients. In 1997, about 80 percent of clients learned that they are not yet infected with the AIDS virus, and they received intensive prevention counseling to help them adopt safer behaviors. For those who tested positive, AIDS support groups have been established. USAID has also funded the AIDS Support Organization, TASO, Africa's leading agency serving people living with AIDS. TASO has now served over 40,000 individuals and their families.

Recent Ministry of Health reports based on HIV sentinel surveillance in urban antenatal clinics suggest that since 1993, there has been a decline in HIV prevalence in pregnant women, the first hopeful trend in Uganda's decade-long experience with AIDS. Declines are particularly pronounced among younger pregnant women, aged 15 to 19, but are also observed in women 20 to 24 years old. For example, in one site in Kampala, 15- to 19-year-old

pregnant women had an HIV prevalence rate of 26 percent in 1992 but this has declined to 8 percent by 1997.

These trends are consistent with a 50 percent reduction in incidence, or new cases of HIV infection in young women these ages. At the same time, behavioral surveys strongly indicate an increase in the age of first sex, a reduction in casual sexual partners, an increase in general condom use, and especially increases in condom use with casual sexual partners. Beginning in 1987, USAID-funded projects began emphasizing increased knowledge of risk factors, reduction in high-risk behaviors, and condom promotion and distribution.

HUMANITARIAN ASSISTANCE

SO 10: Improve policies, strategies, and programs for preventing, mitigating, and transitioning out of crisis

Agency goal: Lives saved, suffering associated with natural or man-made disaster reduced and conditions necessary for political and/or economic development reestablished

This is the second year AFR has systematically assessed performance against the Agency's Humanitarian Assistance (HA) goal. The review included five transition countries where the entire program fell under the HA goal area (Angola, Democratic Republic of the Congo, Liberia, Rwanda, and Somalia). In addition to the transition countries, the team reviewed two programs that address crisis prone regions in sustainable development countries—northern Uganda and extremely food insecure regions of Ethiopia. Finally, the team looked at three regional programs (two in the east and southern Africa regional office and one in AFR/SD) that are designed to improve our understanding of how to prevent, mitigate, and respond to crisis.

Humanitarian Assistance is not a single sector but encompasses a variety of sectors. Activities in the various sectors generally are at different stages of implementation, with the depth of involvement in any one sector limited by a number of factors, including capacity and the pace of change.

It is clear that transitions take time. Countries do not emerge easily or quickly from war, conflict, or other crises. As USAID/Ethiopia has noted, after the immediate political and economic stabilization comes the unglamorous work of building institutions and systems and putting in place the basic policies that are necessary for development to take root.

Transition countries tend to be of high foreign policy concern, but rank low as sustainable development partners because they frequently have poor governance and economic policy records. AFR and the Agency as a whole continue to struggle with how to rationalize the allocation of scarce staff and dollar resources to these programs.

Under the HA goal, the Agency seeks to demonstrate results in three areas: reducing the impact of crisis, meeting urgent needs, and

reestablishing a sense of security. AFR programming for transition countries reflects an emphasis on capacity building and community empowerment.

Ethiopia: For the first time ever in Ethiopia, food security in vulnerable areas has been accurately measured and mechanisms are in place to respond when the status falls below acceptable standards. Monitoring of the development food aid program in Tigray revealed that food deliveries were timely enough to maintain the nutritional status of children in affected areas as well as prevent the drought-affected population from migrating away from their homes and farms.

Somalia: In Somalia, the relief organization CARE was able to lead innovative emergency responses that built on its USAID-funded umbrella grant. Food and nonfood items were distributed through local Somali NGOs in response to both the drought and the floods. In addition, the network of community health workers that have long been supported by USAID proved essential in the emergency response.

Liberia: In an innovative partnership with the European Union, USAID/Liberia

implemented a major seeds and tools program to accelerate the reestablishment of food crop production. Tools are sold at a subsidized price while the seed is free. Sale proceeds are kept in the local communities and used to finance reconstruction work such as health care centers, schools, or potable water. This activity helped increase food production to approximately 60 percent of the prewar level, which is a significant increase from the 30 percent level of 1996.

Rwanda: USAID/Rwanda established a successful pilot decentralization program that provides a model for moving out of relief in a way that demonstrates results and lays a foundation for sustainable primary health care services in a community with a large returnee population. Nine of 11 health facilities in the Nyagatare district have been rehabilitated and equipped with both emergency and development funds. Since the activity start-up in September 1997, all health facilities have elected Community Health Committees and accounting and administrative training for the committee members were completed in February 1998.

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Editors: Jacqueline Rodriguez
Patricia Mantey

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The Editor, *SD Developments*
Africa Bureau Information Center
1331 Pennsylvania Avenue, NW
Suite 1425
Washington, DC 20004-1703 USA

Telephone 202-661-5822
Fax 202-661-5890
E-mail abic@rrs.cdie.gov
www.info.usaid.gov/regions/afr/abic



Africa Bureau Information Center
1331 Pennsylvania Avenue, NW, Suite 1425
Washington, D.C. 20004-1703 USA