

Family Planning Programmes In Africa

areas by small nongovernmental organizations that are often poorly funded" (World Bank, 1986:5).

Since then, family planning programs in Africa have been improving at a faster rate than those of other regions. In their assessment of policy and program strengths,³ Mauldin and Ross (1991) indicated that between 1982 and 1989, the sub-Saharan countries showed the greatest improvement in program effort of all regions. However, the overall score for family planning programs in Africa still lagged well behind that in Latin America or Asia. Mauldin and Ross concluded that of 38 African countries, one (Botswana) had a strong program; five (Ghana, Kenya, Mauritius, Zambia, and Zimbabwe) had moderate programs; and the remaining countries had weak, very weak, or no programs. Of countries worldwide in the weak or no-program category, Africa accounted for 60 percent. Poor contraceptive availability continued to represent a substantial program weakness in the region (Mauldin and Ross, 1991).

Generally Inadequate Resources

Although it is difficult to obtain accurate information, available data suggest that per capita funding for family planning activities in the African region is less than half of that in Asia and Latin America. In most sub-Saharan countries, the annual per capita expenditure (government and donor sources combined) is less than \$0.20 (Ross et al., 1988). Such disparities have long existed: In 1980, only four African countries provided more than \$0.50 per capita in public expenditures for population programs; more than half the countries in North Africa and Asia provided this amount or more (World Bank, 1985). Resource disparities become even more important if we consider that per capita income, and thus personal resources available for the private purchase of health and family planning services, are substantially lower in Africa than in other regions.

Weak Absorptive Capacity

Merely increasing the funds for family planning services would not in itself address African resource problems. Absorptive capacity in the region is weak. To give but one example, the availability of health personnel, who may be expected to play a key role in contraceptive distribution, is much lower in sub-Saharan Africa than in other regions. World Bank data from

³The calculation of program effort is based on 30 items that fall into four broad categories: policy and stage setting activities, service and service-related activities, record keeping and evaluation, and availability and accessibility of family planning supplies and services (Mauldin and Ross, 1991).

Specifically, we tracked trends in 24 sub-Saharan African countries that had . . . Measures of the strength of family planning programmes based on expert. Not only did family planning programs generally start later in Africa, the strength of government commitment to existing programs has tended to lag behind that of . . . Family planning programs in sub-Saharan Africa (English). Abstract. In the s , signs that sub-Saharan Africans would welcome family planning in numbers. In most African countries, over half the population is under the age of South Africa, Zimbabwe, Botswana, and Kenya, have family planning programs been. Very few countries have promoted family planning through widespread, repetitive , and consistent information. Abstract: Context: The long-standing debate over the relative merits of vertical and integrated organizational structure for the delivery of family planning services . South Africa's country page provides access to family planning data and the South Africa Sets Up Program to Break the Link Between HIV and Violence. In , family planning objectives were defined for Africa during a regional meeting in ameliorating the performance of national family planning programmes. family planning affects economic growth in Africa and other developing Communication Fellows Program, funded by USAID through the IDEA. Family planning programs have gained a foothold, though still a tenuous one, in Sub-. Saharan Africa. There is a growing awareness on the part of African. family planning program in South Africa was instrumen- tal in that country's attaining a fertility level comparable with developing regions outside Africa. The aim. Family Planning Programs and Fertility Transition in sub-Saharan Africa. CHEIKH MBACKE. The US National Academy of Sciences study Population Dynamics. Less than 20 percent of women in Sub-Saharan Africa and barely one-third of The Bill & Melinda Gates Foundation's Family Planning program is working to. Most of the countries with the lowest rates of contraceptive use; highest maternal, infant, and There is evidence that increased use of family planning methods decreases maternal and infant mortality rates, South Africa, Botswana, and Zimbabwe have successful family planning programs, but other central and southern. This article reviews the underlying assumption of most family planning programmes in Africa. The results show that the hypothesis that African men oppose the. In , for example, the US Agency for International Development (USAID) requested over \$ million for family planning programs targeting Sub-Saharan .

[\[PDF\] Willkommen!: A First Course In German Activity Book](#)

[\[PDF\] Antique Maps Of Leicestershire](#)

[\[PDF\] The Paranoid Prophet](#)

[\[PDF\] Knowing Southeast Asian Subjects](#)

[\[PDF\] Rise Above: A 90 Day Devotional](#)

[\[PDF\] The Audience](#)

