Changing Age Structures in East Africa and their Future Implications
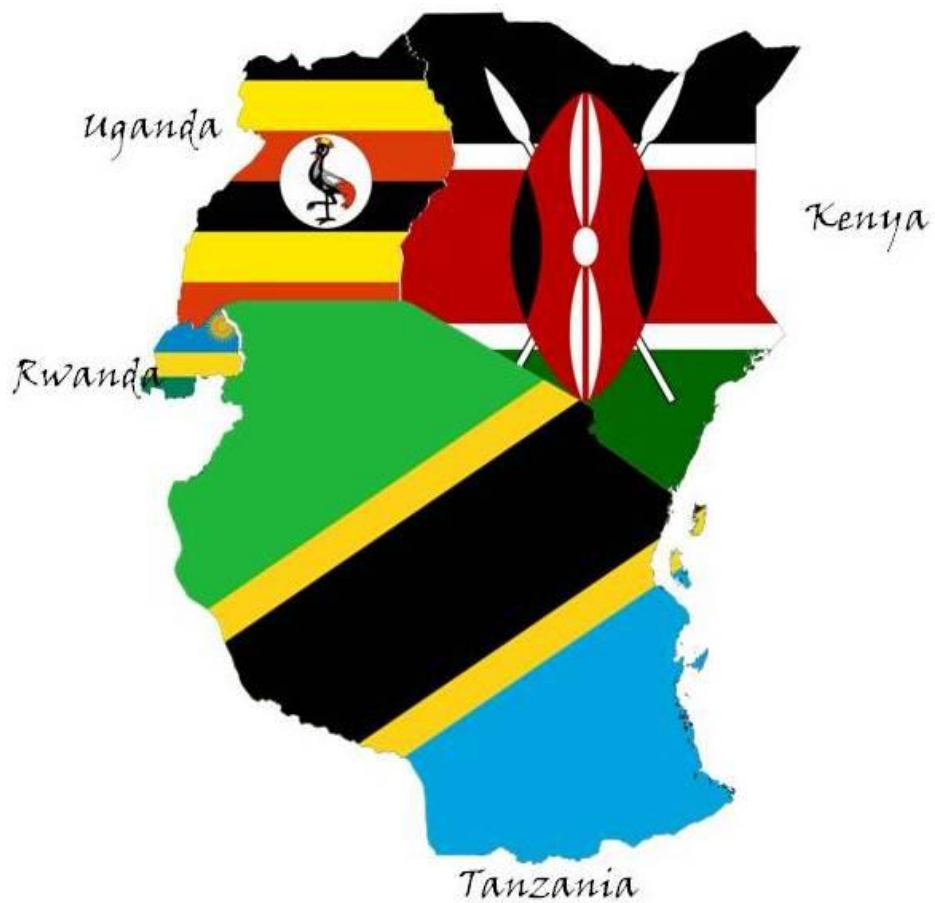
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Acronyms and Abbreviations

ARH&D	Adolescent Reproductive Health and Development
ASTs	Age-Structural Transitions
CASE	Community Agency for Social Enquiry
CBOs	Community-Based Organizations
CIA	Central Intelligence Agency
CPR	Contraceptive Prevalence Rate
DHS	Demographic Health Survey
ESDP	Education Sector Development Programme
FPE	Free Primary Education
GoK	Government of Kenya
GoR	Government of Rwanda
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
ICPD	International Conference on Population and Development
ICT	Information and Communications Technology
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality rate
IPAR	Institute of Policy Analysis and Research
K/NYP	Kenya / National Youth Policy
KDHS	Kenya Demographic Household Survey
KKV	Kazi Kwa Vijana
KKV	Kazi Kwa Vijana
KNBS	Kenya National Bureau of Statistics
KNBS	Kenya National Bureau of Statistics
KSPA	Kenya Service Provision Assessment
MDG's	Millennium Development Goals
MGLSD	Ministry of Gender, Labour and Social Development
MoEVT	Ministry of Education and Vocational Training
MoH	Ministry of health
MOYAS	Ministry of Youth Affairs and Sports
NBS	National Bureau of Statistics
NGOs	Non Governmental Organizations
NPP	National Population Policy
NPPSD	National Population Policy for Sustainable Development

NRHS	National Reproductive Health Strategy
NYC	National Youth Council
NYS	National Youth Service
PAI	Population Action International
PEAP	Poverty Reduction Action Plan
PEDP	Primary Education Development Plan
PMA	Plan for Modernization of Agriculture
RCH	Reproductive and Child Health
RDHS	Rwanda Demographic Health Survey
RIDHS	Rwanda Interim Demographic Health Survey
RoK	Republic of Kenya
RoR	Republic of Rwanda
RoU	Republic of Uganda
SDHS	Swaziland Demographic Health Survey
SDIP	Social Development Sector Investment Plan
SEDP	Secondary Education Development Plan
STI	Sexually Transmitted Infections
TACAIDS	Tanzania Commission for AIDS
TNBS	Tanzania Bureau of Statistics
TDHS	Tanzania Demographic and Health Survey
TFR	Total Fertility Rate
TIVET	Technical Industrial Vocational Education and Training
UDHS	Uganda Demographic and Health Survey
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UPE	Universal Primary Education
URT	United Republic of Tanzania
USAID	United States Agency for International Development
WHO	World Health Organization
YEDF	Youth Enterprise Development Fund
YFS	Youth-Friendly Services
YRC's	Youth Resource Centers
ZAC	Zanzibar AIDS Commission

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1.0 Introduction

The growing Interest in age structures (the way a population is distributed across different age groups at any given point in time) and associated changes stem from the recognition that people's social and economic behavior and needs vary at different stages of the lifecycle. Age structures therefore have far-reaching consequences for sectors such as health, education, labor markets, and social protection (Opiyo & Agwanda, unpublished). They also can help illustrate a country's risks and opportunities in issues of democracy, development and security (Population Action International [PAI], 2007).

1.1   Age Structure Types

According to Pool and Wong (2006), age structures of a population are easily understood via the emerging concept of Age-Structural Transitions (ASTs). Simply put, an AST is the passage of a birth cohort from one age group to the next one (usually in 5-year age groups e.g. 0-4, 5-9, 10-14, etc) or, in more common parlance, the passage of a birth cohort from one life cycle phase to another e.g. from childhood to youth. The AST model comprises four phases/age structural types. These include:

1.1.1   A "Child-Rich" Population Structure

This age structure is also referred to as a young population. According to PAI (2007), countries with young populations have majority of their populations below the age of 15. Two-thirds or more of their population comprises young people under age 30, and only three to six percent of the population is above age 60 as depicted in figure 1. In 2005, there were 62 countries of this type of age structure, including nearly all of Sub-Saharan Africa.
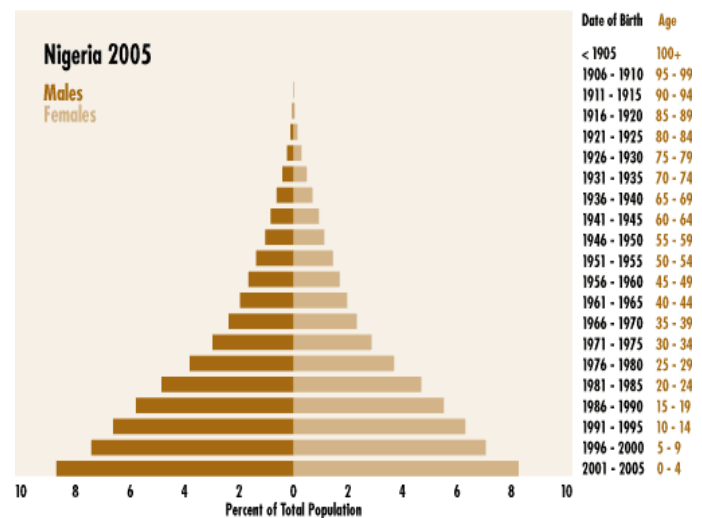
Figure 1: Nigeria as an example of a country with a child-rich population
Source: http://www.populationaction.org/Publications/Fact_Sheets/FS34/Summary.shtml

According to Opiyo & Agwanda (unpublished), this phenomenon occurs due to an accelerated increase in the number of children following the onset of child mortality decline.

1.1.2   "Young Adult" Population Structure
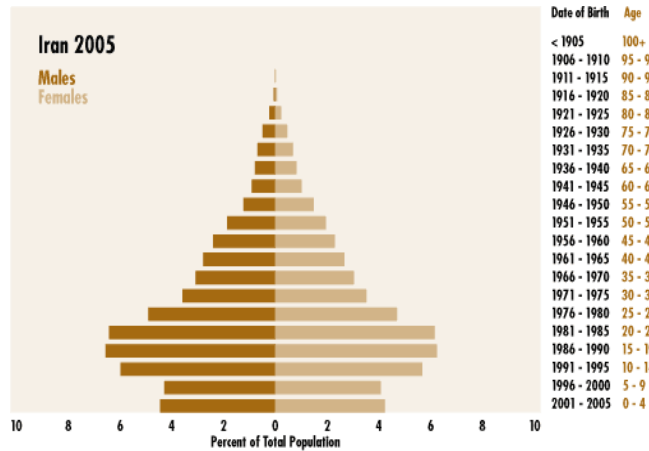
This age structure is also referred to as youthful population. According to PAI (2007), countries with youthful age structures are beginning to experience a declining number of under 29's and an expanding number of young adults as depicted in figure 2. This is mainly due to the continued decline of mortality and the onset of fertility decline. In the case of Iran, fertility declined from 6.6 children in 1980-85 to 2.1 children per woman in 200-05 (PAI, 2010).

Figure 2: Iran as an example a country with a young adult population structure
Source: http://www.populationaction.org/Publications/Fact_Sheets/FS34/Summary.shtml

This phase could start 15-20 years later than the "child-rich" phase. In 2005, 27 countries fitted this category, including almost all in Central and South Asia, North Africa, and parts of the Middle East.

1.1.3   "Middle-Aged" Population Structure

This age structure is also referred to as a transitional population. According to Opiyo & Agwanda (Unpublished), the expansion of a middle-aged population starts when the cohorts enlarged by mortality decline and increases in the number of births reach middle ages. It could take 20-30 years after onset of the "young adult" phase or 4-5 decades to produce sufficient numbers of middle-aged population.
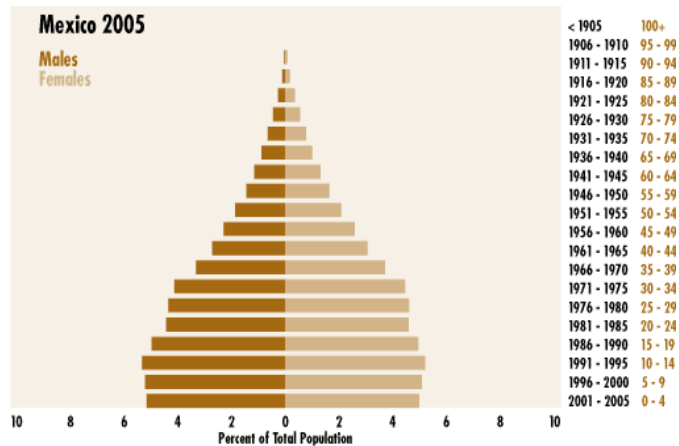
Figure 3: Mexico as an examples of a countries with a middle-aged population structure
Source: http://www.populationaction.org/Publications/Fact_Sheets/FS34/Summary.shtml

1.1.4   "Old-Aged" Population Structure

This age structure is also referred to as a mature population. It expands after birth rates have dropped to very low levels. According to PAI (2007), the largest age group consists of working-age adults from 30 through 59 years old, comprising 40 to 55 percent of the population as illustrated in figure 4. In 2005, this category included 47 countries across Europe, the former Soviet Republics, and East Asia.
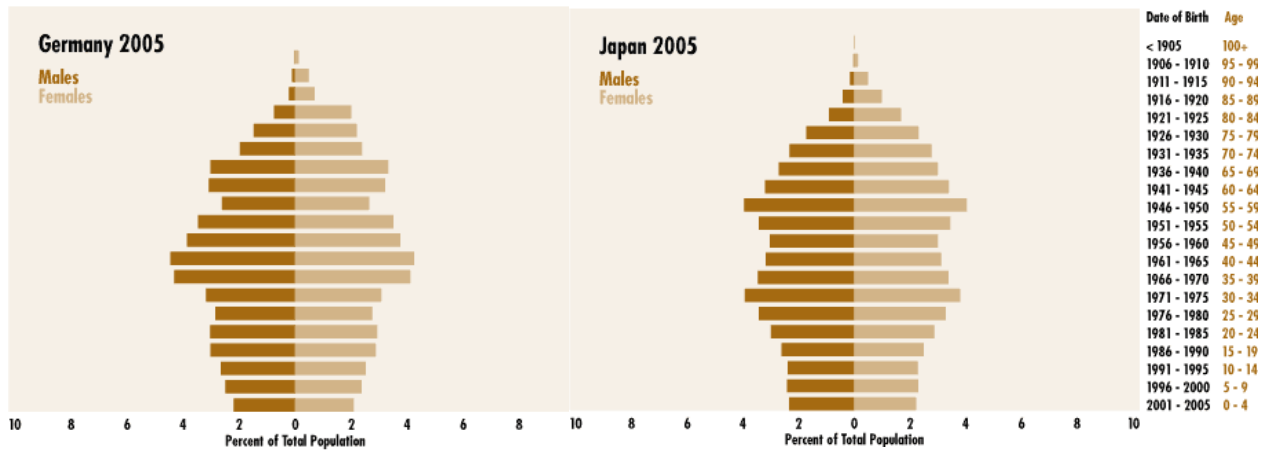
Figure 4: Germany and Japan as examples of countries with old -aged population structures
Source: http://www.populationaction.org/Publications/Fact_Sheets/FS34/Summary.shtml

1.2   Factors Distorting the Distinct Age Structure Types

There are factors that distort the distinct age structure types described in section 1.1. These include migration and very high HIV infection rates.

1.2.1   Migration

Labor migration in the Arab gulf makes their age structures, which are in the middle-aged population structure more exaggerated than they really are. Net migration rate is 19 migrant(s)/1,000 people (2011 est.)
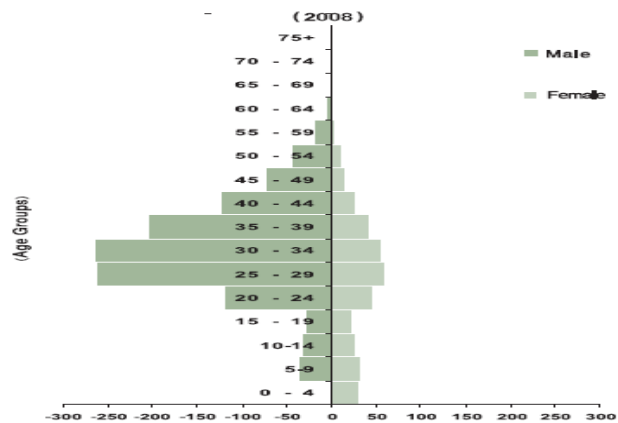
Figure 5: Population Pyramid of Dubai at the end of 2008
Source: http://www.dsc.gov.ae/Publication/Dubai_Population_08_english.pdf

1.2.2   Very high HIV infection rates

In places with very high HIV infection rates like Southern Africa, two to three percent of the working-age adults die each year, more than ten times the normal rate, shrinking the working population as illustrated in figure 6.

Table 1: HIV Prevalence in Swaziland

Percentage HIV positive among the population age 2 and older who were tested, by age and sex, Swaziland 2006-07						
	Women		Men		Total	
Age	Percentage HIV positive[1]	Number	Percentage HIV positive[1]	Number	Percentage HIV positive[1]	Number
2-4	4.8	427	5.5	393	5.1	820
5-9	3.6	670	4.8	697	4.2	1,367
10-14	3.3	744	1.9	657	2.6	1,402
15-19	10.2	1,161	1.9	1,277	5.8	2,438
20-24	38.2	926	12.3	787	26.3	1,714
25-29	48.9	654	27.8	557	39.2	1,211
30-34	45.7	542	43.9	383	44.9	925
35-39	37.6	449	44.9	321	40.7	770
40-44	27.6	386	40.0	234	32.3	620
45-49	21.7	345	27.7	230	24.1	575
50-54	24.1	145	28.3	106	25.9	251
55-59	9.5	103	17.4	70	12.7	172
60+	6.9	346	13.2	229	9.4	575
Total	22.1	6,900	14.9	5,941	18.8	12,841

[1] HIV positive refers only to those infected with HIV-1

Source: Swaziland Demographic Health Survey (SDHS), 2006/07
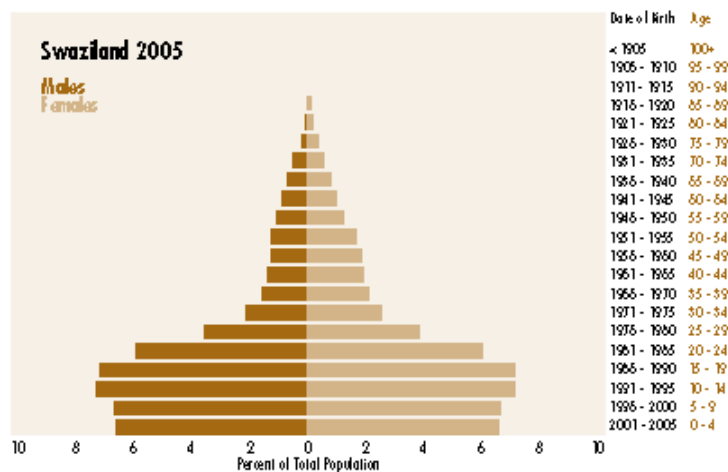
HIV prevalence among 15-29 years old women in Swaziland is 32.4% while that of young men the same age is 14%. Thus an average of 23% of all 15-29 year olds in Swaziland are HIV positive as illustrated on table 1. Overall, 19 percent of the population is infected with the HIV virus.

Figure 6: Swaziland as an example of a country whose population structure is distorted by high HIV infection rate
Source: http://www.populationaction.org/Publications/Fact_Sheets/FS34/Summary.shtml

Conclusion

According to Opiyo & Agwanda (unpublished), the UN forecasts that the plight of young people in the cities is likely to be one of the main challenges of the century. Already, there are myriad and momentous challenges facing the youth in virtually all third world countries, East Africa where the bulges are yet to peak. Thus, the youth bulges, as seen from the demographic, socio-economic and even political viewpoints, will provide the main link to population and development issues and concerns. A

comprehensive, empirical, study is, therefore, advised - on implications of East Africa's population growth, structure and distribution on socio-economic development and political reforms.

1.3   Study Objectives

For developing countries such as Kenya, Uganda, Tanzania and Rwanda, one consequence of rapid population growth, a widespread decline in fertility and a reduction in mortality rates is the changing age structures from a child rich to a youthful population structure, popularly referred to as youth bulges. This phenomenon is widely recognized as a considerable resource for national development but is one that can become a significant source of problems.

The Objective of this paper is to highlight the demographic situation in East Africa. More specifically the work:

- Gives a situation analysis of age structures in Kenya, Uganda, Tanzania and Rwanda with an emphasis on youth demographics
- Highlights sample demographic and youth policies employed by government in the four countries and the impact of those interventions.
- Gives possible scenarios that the region could face with the changing age structures
- Makes various recommendations on what should be done to address the changing age structures

1.4   Study Methodology

Development of this report involved analysis of secondary information collected through review of relevant literature such as government policy documents, publications and reports produced by international agencies and scholarly articles from the internet.

1.5   Organization of the Report

This report is structured in five (5) parts. The first part is an introduction to the paper that attempts to contextualize global demographic structures and their nature. The second part provides a situational analysis of youth demographics in Kenya, Uganda, Tanzania and Rwanda. The third part lists sample policies in these four countries, highlighting the impact of those policies and interventions. The fourth section presents possible scenarios the region could face as a result of the looming youth bulge while the fifth section provides suggestions on how to move forward.

1.6   Limitations of the Report

First, there was an over-reliance on the demographic health surveys of the countries of study mainly because they have similar data that allows for comparison. However, that comparison can only be indicative of the trends and not absolute because the surveys were carried out in different years.

Second, given the historical background of war and the fact that the Republic of Southern Sudan will formerly be formed in July 2011, there is scarcity of data. For this reason, the paper excludes analysis specific to Southern Sudan in totality.

Third, different sources of information give different, sometimes even contradicting statistics about an issue. The paper tries to use similar sources of information for all the survey countries and the variables under study to allow for comparison. The paper also gives sufficient references to the sources of information and only uses what the author considers a credible source.

2.0   Situational Analysis

2.1   Demographic Definitions of Youth

The term "youth" varies in its significance and age range from culture to culture. 'Youth' may universally be defined as a transitional concept - that is a specific stage between childhood and adulthood, when people have to negotiate a complex interplay of both personal and socio-economic changes in order to manoeuvre the transition from dependence to independence, take effective control of their own lives and assume social commitments (UNESCO, 2004). Because of these variances, the definition of 'youth' differs from country to country.

In the Kenyan constitution (RoK, 2010), youth is defined as individuals in the republic who have attained the age of 18 years but have not attained the age of 35 years.

According to the youth policy in Tanzania (URT, 1996), a youth is a boy or a girl who is in transition from childhood to adulthood. During this period, the community expects the youth to start participating in various development activities and become self reliant to a certain extent. However, because of the variances of this definition in different communities within Tanzania, they have adopted the UN definition of youth as those aged between 15 and 24.

The National Youth Policy of Uganda (RoU, 2001), defines youth as all young persons, female and male, aged 12 to 30 years. However, Uganda's Health Policy (RoU, 2000) defines youth as those between 15 and 24 while the term "adolescents" refers to those aged between 10 and 19. 'Young people' is therefore a term that covers both age groups, i.e. those between the ages of 10 and 24.

While acknowledging that "youth" varies from one society to another and has evolved depending on political, economic and socio-cultural contexts, the National Youth Policy of Rwanda (RoR, 2005), defines youth as persons aged between 14 and 35.

These definitions vary from the United Nations definition which considers 'youth', as those persons between the ages of 15 and 24 years, without prejudice to other definitions by Member States. This definition was made during preparations for the International Youth Year (1985), and endorsed by the General Assembly (A/36/215 and resolution 36/28, 1981). Young adults on the other hand are defined as people aged between 25 and 29. Whereas 15-24 age cohort forms the demographic definition of youth worldwide and is mostly used as the demographic definition of youth, 15-29 age cohorts which combines youth and young adults is used in this paper as the working definition of youth in Eastern Africa mainly to accommodate the fact that youth in this part of the world take longer to transition from dependency to independence. The definition is also aligned to the AST model which uses under 29's as a major transitionary phase.

2.2   Population Trends

2.2.1   Population Trends in Kenya

As indicated on table 2, Kenya's **overall population** has continued to grow exponentially and by 2009, the population size was slightly over seven fold the population in 1948 and over four fold that of 1962 (Njonjo, 2010). Kenya's population growth rate rose steadily from about 2.5 percent per annum in 1948 to around 3.8 percent per annum in the 1980s – a   pace described as one of the fastest ever recorded in history (see table 2). The initial rise in population growth rate was attributed to high and rising fertility with rapidly declining mortality rates. The peak change occurred between the 1970s and 1980s when birth rates rose to the highest levels and death rates to the lowest levels. It is this period when Kenya marked the highest rate of natural increase. As a result of the rapidly changing birth and death rates, the absolute increase in population rapidly rose from 135, 000 persons per annum in 1948 to slightly over 1 million in the recent past (Opiyo and Agwanda, unpublished).

The current **population growth rate** is estimated at 2.691% (CIA factbook, 2010)

Table 2: Population Size and Growth in Kenya (1948-2009)

	Census Year						
	1948	1962	1969	1979	1989	1999	2009***
Population (millions)	5.4	8.6	10.9	15.3	21.4	28.7	39.1

Annual growth rate (Percent per annum)	2.5	3.0	3.3	3.8	3.3	2.9	2.7
Absolute increase per annum ('000)	135	258	360	581	792	850	1,017
Size relative to 1948 (1948=100)	100	159.3	201.9	283.3	396.3	531.5	724.1
Size relative to 1962 (1962=100)	-	100	126.7	177.9	248.8	333.7	454.7

Source: Compiled from the 1948, 1962, 1969, 1979, 1989 and 1999 Kenya Population Census Reports in Njonjo (2010)

*** Based on projections

As indicated on table 3, **youth population** (15-29 year olds) has been increasing since 1969 to 2009. Youth population in 2009 was four (4) times that of 1969 and according to the census, constitutes 28.8% of the total population. Those aged between 0-14 years constitute 42.92% of the total population thus under 29's constitute 71.7% of Kenya's population.

Table 3: Youth Population Trends (1969 - 2009)

Youth Population Growth (1969 - 2009)					
Age	1969	1979	1989	1999	2009
15-19	1,104,999	1,741,845	2,378,696	3,403,178	4,169,543
20-24	878,111	1,327,404	1,902,934	2,832,918	3,775,103
25-29	760,839	1,055,712	1,629,761	2,259,503	3,201,226
Total	2,743,949	4,124,961	5,911,391	8,495,599	11,145,872

Source: Various Census Reports in Njonjo (2010)

According to the 2009 census, the female population is slightly higher than the male population in all the age cohorts. Overall, 15-29 year old females constitute 51% while their male counterparts constitute 49% of the youth population.

Opiyo & Agwanda (Unpublsihed) assert that the youthfulness of a population is always indexed by the **median age** (the age at which half the population is above or below). According to the CIA world fact book, Kenya's median age declined from about 20 years in 1950s to about 18 years at the beginning of this century (2000-2005).

The World Population Prospects put Kenya's **population density** in 2009 at 69 people per Km^2.

2.2.2   Population Trends in Tanzania

According to TDHS (2004), Tanzania has so far undertaken four population censuses since independence in 1961. The first census in 1967 reported a total population of 12.3 million while in the 2002 census, the population had increased to 34.4 million. The CIA world factbook

estimated the **overall population** in July 2010 to be 41.8 million. **Population growth rate** in 2008 was estimated to be 2.07% (CIA Factbook)

Table 4: Proportion of Youth Population in Tanzania

	% Proportion		
Age	Male	Female	Total
15-19	9.8	9.8	9.8
20-24	7.4	8.7	8.1
25-29	6.8	8	7.4
Total	24	26.5	25.3

Source: Tanzania Demographic and Health Survey (TDHS), 2004

In 2004/5, 47 percent of the population was aged 0-14 while the **youth population** (15-29 year olds) formed 25% of the population as illustrated on table 4. Overall, 72% of the population was aged below 29 years old.

The **median age** of Tanzanians is 17.8 years (CIA world factbook)

While the population of Tanzania has nearly trebled in the last four decades, the country is still sparsely populated. **Population density** varies. In 1967, the average population density was 14 persons per square kilometer. By 2002, it had increased to 39 persons per square kilometer (TDHS, 2004). The World Population Prospects put Tanzania's population density in 2009 at 46 people per Km^2.

2.2.3 Population Trends in Uganda

According to UDHS (2006), Uganda's population in 2002 was 24,227,300. The UN (Population Division, 2009) gave Uganda's population in 2005 as 28.7 million while the CIA world factbook estimated the **overall population** in July 2009 to be 32,369,558 million. According to PAI (2010), the population is expected to nearly double in twenty years as indicated on table 5 below. According to UDHS (2006), Uganda's population has slightly more women (52%) than men (48%). **Population growth rate** in 2002 was 3.2 (UDHS, 2006). The CIA fact book estimates it to be 2.69% in 2009

Table 5: Population projections of Uganda

Year	Population (in Millions)
1980	12.7
2005	28.7
2025 (medium)	53.4

2025 (Constant)	58.1
2050 (medium)	91.3
2050 (Constant)	152.2

Source: PAI, 2010

Under 15's constitute 52% of the total population while the **youth population** (15-29 year olds) constitutes 23.7% of the total population as illustrated on table 6. While UDHS gives the under 30's as constituting 75.7%, PAI (2010) projects it to be 77% making it the country with youngest age structure in the world.

Table 6: Proportion of Youth Population in Uganda

	% Proportion		
Age	Male	Female	Total
15-19	9.9	9.3	9.6
20-24	6.9	8.2	7.6
25-29	5.9	6.9	6.5
Total	22.7	24.4	23.7

Source: Uganda Demographic and Health Survey (UDHS), 2006

In 2005, the **median age** of Uganda was 15 years (PAI, 2010)

Population density varies. In 1948, the average population density was 25 persons per square kilometer. By 2002, it had increased to 124 persons per square kilometer (UDHS, 2006). The World Population Prospects puts Uganda's population density in 2009 at 136 people per Km^2

2.2.4 Population Trends in Rwanda

According to the RIDHS (2007/8), Rwanda's **overall population** is estimated to be 9,309,619. Although Rwanda suffered a major loss of human life (more than one million people) in the 1994 genocide, the population remains essentially the same because more than one million former refugees who had been living for years in exile returned at the end of the war and genocide.

According to the CIA fact book the **population growth rate** of Rwanda is estimated to be 2.792% in 2011

Table 7: Proportion of Youth Population in Rwanda

	% Proportion		
Age	Male	Female	Total
15-19	10.2	8.7	9.45

20-24	8.6	9.5	9.05
25-29	7.8	8.3	8.05
Total	26.6	26.5	26.55

Source: RIDHS, 2007/8

The population is essentially young, with 72.8 percent of all Rwandans being under the age of 30. Those below the age of 15 consist of 46.2% of the population. The **youth population**, aged between 15 and 29 consists of 26.6% of the total population. In terms of gender, females are the majority (52 percent) while males make up 48 percent of the total population.

In 2005, the **median age** of Rwanda was 18.7 years (CIA fact book)

According to RIDHS (2007/8), population density is high across the country. In 2007 density was estimated at 368 inhabitants per square kilometer. The World Population Prospects put Rwanda's **population density** in 2009 at 380 people per Km^2, making it the country with the highest population density in Africa (GoR, undated).

2.3   Population Dynamics

According to Opiyo and Agwanda (Unpublished), the pace at which mortality and fertility change and the length of time between mortality decline and fertility decline determines the rate of population growth that will be observed.

Total Fertility Rates (TFR) is the sum of age-specific fertility rates in a given year, and can be interpreted as the number of births a woman would have in her lifetime, given the age-specific probabilities of birth in that year. The TFR is a useful summary of the actual fertility behavior of women in a given period. Table 8 shows the TFR of countries in Eastern and Southern Africa that have participated in the DHS programme.

Table 8: TFR of countries in Eastern and Southern Africa

Country	Year	TFR
Uganda	2006	6.7
Rwanda	2005	6.1
Malawi	2004	6.0
Zambia	2001-2001	5.9
Tanzania	2004	5.7

Mozambique	2003	5.5
Ethiopia	2005	5.4
Madagascar	2003-2004	5.2
Kenya	2003	4.9
Eritrea	2002	4.8
Namibia	2000	4.2
Lesotho	2004	3.5

Source: UDHS, 2006

Uganda and Rwanda have the highest TFR's in Eastern Africa i.e. 6.7 and 6.1 respectively compared to Tanzania (5.7) and Kenya (4.9).

Contraceptive Prevalence Rate (CPR) is the percentage of currently married women aged 15-49 who are using any method of family planning.

Infant Mortality Rates (IMR) measure the number of live births that die before age one (1) divided by the total number of births (expressed per 1000 live births). It is a good indicator of decline in mortality.

2.3.1   Population Dynamics of Kenya

Table 9: Population Dynamics

Year	48	62	63	69	79	84	87	89	92	93	94	96	00	03	05	09
Population (Millions)	5.4	8.6	8.9	10.9	15.3	18.4	21.8	21.4	24.6	25.3	26.1	27.4	30	33	35.1	39
Fertility rate	6	6.8	6.8	7.6	7.9	7.7	7.7	6.6	5.4	5.4	4.9	4.7	4.9	4.9	4.6	4.6
Crude death rate /1000	25	20	20	17	14	13	13	12	12	10	12	13.3	13.7	14	11.9	13
Crude birth rate/1000	50	50	50	50	52	50	50	48	46	46	40	38	42	42	39.7	39
Life Expectancy at birth	35	44	44	49	54	62	56	60	54	54	53	50	49	49	53	54
Infant Mortality rate /1000	184		120	118	104	64.4	80	71.2	86.2	86.7	87.3	94.2	82	77	65.5	52
Under-5 mortality rate /1000	na		156		0	88.1		98	123	123	124	137	116	115	90.5	74
Adult HIV mortality rate /1000	na		0		0	0		3.1	4.7	5.3	6.7	8.5	13.4	6.7	7.4 (07)	6.3

Source: UNDP (2006), Various Census Reports, KDHS (2009)

As indicated on table 9, from 1948 to the early 1960's, **TFR** oscillated from 6 to 6.8 before increasing to an average of 7.8 in the late 60's to the late 70's. Since 1989, TFR has been reducing gradually from 6.6 and is currently at an average of 4.6 children per woman.

As indicated in figure 7, **CPR** in Kenya is 46%. 39% of the women use modern methods while 9% use traditional methods (KDHS, 2009). These contraceptive trends among other factors help explain lowering fertility rates.

Trends in contraceptive use among married women aged 15 – 49 from 1978 - 2008

7   17   27   33   39   39   46
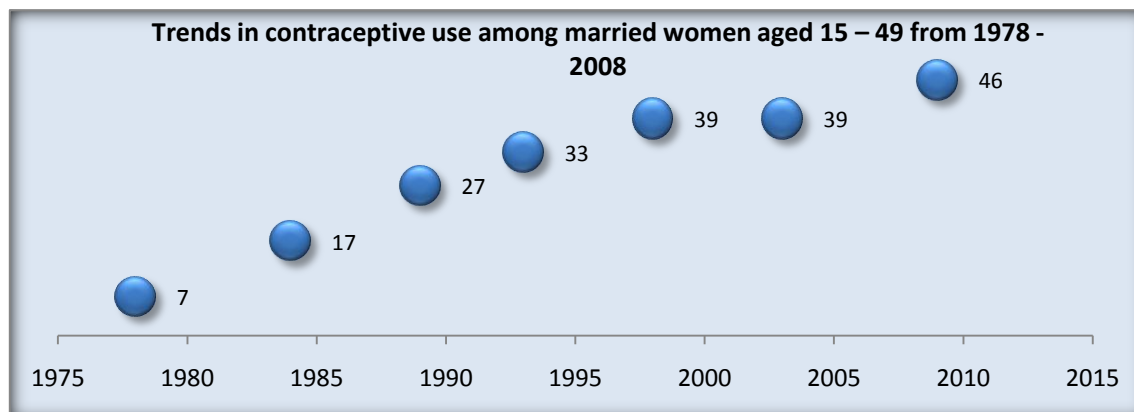
Figure 7: Trends in contraceptive use among married women aged 15 – 49 from 1978 - 2008
Source, KDHS, 2009

IMR has generally been declining since 1948 when it was at 184/1000 to 2009 where it was 52/1000 as indicated on table 9.

Life expectancy at birth in Kenya is 54 years as indicated on table 9. However, the World Bank's, World Development Indicators (2011, April 26), put it at 54.9 years in 2009.

2.3.2   Population Dynamics of Tanzania

Table 10: Population Dynamics of Tanzania

Selected demographic indicators for Tanzania, 1967, 1978, 1988, 2002

Indicator	Year			
	1967	1978	1988	2002
Population (millions)	12.3	17.5	23.1	34.4
Intercensal growth rate (percent)	2.6	3.2	2.8	2.9
Sex ratio	95.2	96.2	94.2	96.0
Crude birth rate	47	49	46	43
Total fertility rate	6.6	6.9	6.5	6.3
Crude death rate	24	19	15	14
Infant mortality rate	155	137	115	95
Percent urban	6.4	13.8	18.3	23.1
Density (pop./km²)	14	20	26	39
Life expectancy at birth (years)	42	44	50	51

Source: Tanzania Demographic and Health Survey (TDHS), 2004

TFR in Tanzania has slightly declined from 1978 from 6.9 to 6.5 and was at an average of 6.3 children per woman in 2002 as indicated on table 10. In 2004/5, TFR was 5.7 births per woman, which is considered to be among the highest rates in sub-Saharan Africa. The high growth rate of the population in Tanzania is brought about by high fertility and declining mortality levels. The CIA factbook put the current TFR at 4.16.

According to TDHS (2004), **CPR** among 15-29 year olds is 38.8% CPR prevalence among women in Tanzania is 43%.

IMR has generally been declining since 1967 when it was at 155/1000 to 95/1000 in 2002. In 2004/5, IMR was 68/1,000. In 2008, the CIA factbook estimated the IMR to be 70.46 deaths/1,000 live births

The **life expectancy** at birth for Tanzanians is 51 years (CIA Factbook). However, the World Bank's, World Development Indicators (2011, April 26), put it at 56.3 years in 2009.

2.3.3   Population Dynamics of Uganda

On average, the **TFR** of a Ugandan woman is 6.7 children by the end of her reproductive years. TFR in urban areas is much lower than the TFR in rural areas (4.4 and 7.1 children, respectively). As indicated on table 8, Uganda has the highest TFR in Eastern and Southern Africa (UDHS, 2006) and according to PAI (2010), the highest in the world.

Overall **CPR** among Ugandan women is 24 percent. Eighteen percent of married women are using modern methods, while 6 percent use traditional methods. As expected, current contraceptive use is higher among sexually active unmarried women (54 percent) than among married women (24 percent) and, in turn, among all women (20 percent). CPR among 15-29 year olds is 17.4% (UDHS, 2006),

Table 11: Early Childhood Mortality Rate

Years preceding the survey		Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under five mortality ($_5q_0$)
1 5	[2001 2005]	29	46	76	67	137
6 10	[1996 2000]	36	62	98	71	162
11 15	[1991 1995]	35	60	95	74	162

[1] Computed as the difference between the infant and neonatal mortality rates. The sums of the neonatal and postneonatal mortality rates in the table may not exactly equal the IMRs because of rounding.

Source: UDHS (2006)

According to UDHS (2006), between 2001 and 2005, **IMR** was 76 / 1,000 live births. This means that one in every 13 babies born in Uganda does not live to the first birthday. Of those who survive to the first birthday, 67/ 1,000 would die before reaching their fifth birthday. The overall under-five mortality is 137 / 1,000 live births, which implies that one in every seven Ugandan babies does not survive to the fifth birthday.

According to (PAI, 2010), the **life expectancy** at birth for Ugandan women is 48.5 years and for Ugandan males is 47.6 years. The World Bank's, World Development Indicators (2011, April 26) put it at 53.4 in 2009.

Unmet need for family planning

According to UDHS (2006), overall, 41 percent of currently married women have an unmet need for family planning services, 25 percent for spacing, and 16 percent for limiting. In the 2000-2001 UDHS unmet need was found to be slightly lower: 35 percent for total unmet need, 21 percent for spacing, and 14 percent for limiting. About one-quarter (24 percent) of married women are using contraceptive methods, which constitutes the met need. The total demand for family planning is estimated at 64 percent, and the demand satisfied is 37 percent as indicated on table 12.

Table 12: Uganda's unmet need for family planning

Percentage of currently married women age 15-49 with unmet need for family planning, percentage with met need for family planning, the total demand for family planning, and the percentage of the demand for contraception that is satisfied, by background characteristics, Uganda 2006										
	Unmet need for family planning[1]			Met need for family planning (currently using)[2]			Total demand for family planning			Percentage of demand	Number of
Background characteristic	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total	satisfied	women
Age											
15-19	32.8	1.1	33.8	11.4	0.0	11.4	44.2	1.1	45.2	25.2	380
20-24	33.3	2.0	35.3	19.2	2.5	21.7	52.5	4.4	56.9	38.0	1,148
25-29	32.5	7.2	39.7	16.2	7.6	23.8	48.7	14.8	63.5	37.4	1,136

Source: UDHS, 2006

2.3.4   Population Dynamics of Rwanda

Analysis of the 2007-08 RIDHS data indicates that the fertility rate of Rwandese women remains high. **TFR** is 5.5 children per woman, 4.7 per woman in urban area and 5.7 per woman in rural areas. However, when these results are compared with those from previous RDHS surveys in Rwanda, there is a trend

toward a decline in fertility. The mean number of children per woman decreased from 6.2 in 1992 to 5.8 in 2000, and finally to 5.5 in 2007-08.

CPR in Rwanda is 36 percent among married women. Twenty seven percent were using modern methods. The proportion of married women using contraceptives has increased since 2000, with prevalence rising from 13 to 36 percent for all methods and from 4 to 27 percent for modern methods. CPR among 15-29 year olds is 17.4% (RIDHS, 2007/8),

According to the RIDHS (2007/8), IMR is 62 /1000 (28 per thousand die between birth and 1 month and 34 per thousand between 1 month and 12 months), while for every one thousand children who survive to age one, 43 do not reach their fifth birthday. Overall, the risk of dying between birth and the fifth birthday is 103 per thousand live births as indicated on table 13. However, child mortality has dropped since the genocide, and the decline has accelerated in recent years.

Table 13: Early Childhood Mortality Rates

Neonatal, postneonatal, infant, child, and under-five mortality rates for five-year periods preceding the survey, Rwanda 2007-08					
Years preceding the survey	Neonatal mortality (NN)	Postneonatal mortality (PNN)[1]	Infant mortality $(_1q_0)$	Child mortality $(_4q_1)$	Under-five mortality $(_5q_0)$
0-4	28	34	62	43	103
5-9	36	59	95	86	173
10-14	39	56	95	92	178
[1] Computed as the difference between the infant and neonatal mortality rates					

Source: RIDHS (2007/8)

According to World Bank's, World Development Indicators (2011, April 26), the **life expectancy** of Rwandese people in 2009 was 50.6 years

Unmet need for family planning
According to RIDHS (2007/8), nearly two married women in five (38 percent) had an unmet need for family planning. They wanted either to space their births or to limit the number of children but were not currently using a contraceptive method. A majority of these women wanted to use some method of birth spacing (25 percent), but 13 percent wanted to limit the size of their families.

2.4   HIV Prevalence

2.4.1   HIV Prevalence in Kenya

According to KDHS (2009), Kenya's HIV prevalence is 6.3%.

2.4.2   HIV Prevalence in Tanzania

According to the Tanzania HIV/AIDS and Malaria Indicator Survey (2007-08), 5.7% of adults are HIV positive. 6.6% of women and 4.6% of men are infected.

2.4.3   HIV Prevalence in Uganda

Overall HIV prevalence rate in 2007 (UDHS) was 5.4%.

2.4.4   HIV Prevalence in Rwanda

According to the RDHS (2005), Rwanda's HIV prevalence is 4.7%. In urban areas, prevalence is highest among females (8.6%) followed by males (5.8%). In rural areas, prevalence was highest among males (1.6%) followed by females (2.6%).

2.5   Migration and Urbanization

According to Opiyo & Agwanda (unpublished), migration is another component of population change. Migration is a complex phenomenon mainly because it must be defined in both spatial and temporal dimensions which include: type of change of boundary (internal vs. international); direction of the move (rural-rural, rural-urban, urban-rural etc); distance covered; timing and duration of stay (long term verses short term); and periodicity (repetitiveness). Different combinations of such parameters lead to different types of moves.

Labor migration is an important phenomenon because it links to the urbanization process. As a way to escape poverty, many young people set out for better opportunities through migration. Indeed, migration to urban areas is unavoidable and even desirable as a way to improve allocation of human resources, especially in land-scarce countries.

Youth are more likely than older people to move from rural to urban areas or to move across urban areas. According to Opiyo & Agwanda (unpublished), this increased youth migration has far-reaching impacts. It increases the strain for jobs without necessarily improving the job conditions of those who are left in

rural areas; impacts provision of public goods, education, utilities, housing, and infrastructure; and affects demographic and skills composition in both urban and rural areas.

2.5.1 Urbanization Trends in Kenya

Table 14: Trends of Urbanization in Kenya

Year	Population	Urban ('000)	% Urban	Urban annual growth rate (% per annum)
1948	5,406	285	5.2	
1962	8636	671	7.8	6.3
1969	10,943	1,082	9.9	7.1
1979	15,334	2,314	15.1	7.9
1989	21,444	3,864	18	5.3
1999	28,686	5,954	20.8	4.4

Source: Bocquier et al 2009 in Njonjo (2010)

As illustrated on table 14, Kenya's population has grown four times from 5.2% in 1948 to 20.8 in 1999.

2.5.2 Urbanization Trends in Tanzania

According to the TDHS (2004), the population of Tanzania has continued to be predominantly rural despite the fact that the proportion of urban residents has been increasing over time. The proportion of urban residents was just 6 percent in 1967, compared with 18 percent in 1988, and 23 percent in 2002.

2.5.3 Urbanization Trends in Uganda

Table 15: Urbanization Trends in Uganda

Selected demographic indicators, Uganda 1948 2002						
Indicator	1948	1959	1969	1980	1991	2002
Population (thousands)	4,958.5	6,536.5	9,535.1	12,632.2	16,672.7	24,227.3
Intercensal growth rate (percent)	u	2.5	3.9	2.7	2.5	3.2
Density (population/kilometre²)	25	33	48	64	85	124
Percent urban	u	u	6.6[a]	6.7	9.9	12.3
Life expectancy						
Male	u	u	46.0	u	45.7	48.8
Female	u	u	47.0	u	50.5	52.0
Total	u	u	46.5	u	48.1	50.4
u — Unknown (not available) [a] The 1969 data are based on a different definition of urban Source: UBOS, 2006a						

Source: UDHS (2006)

According to the UDHS (2006), the population of Uganda has continued to be predominantly rural despite the fact that the proportion of urban residents has been increasing over time. The proportion of urban residents was about 6.6% in 1969, compared with 6.7% in 1980, 9.9% in 1991 and 12.3% in 2002 as illustrated on table 15.

2.5.4   Urbanization Trends in Rwanda

According to the RIDHS (2007/8), majority of Rwandese live in rural areas (83 percent of women and 81 percent of men). Seventeen percent of women and 19 percent of men live in urban areas.

3.0   Demographic and Youth Policies, Strategies and Frameworks

All countries have some policies strategies and frameworks that respond to demographic and/or youth issues as indicated in this section. The list of policies, strategies and frameworks is not in any way exhaustive but is indicative of the elaborate effort made by country governments to address youth issues. Because these issues are cross cutting, they are housed in different government ministries. Lack of coordination among them and low budget allocations lead to ineffective implementation. Few, if any, make a correlation between youth and the future challenges that will be posed by the demographic factor.

3.1 Demographic and Youth Policies, Strategies and Frameworks in Kenya

3.1.1   Ministry of Youth Affairs and Sports (MOYAS)

According to Government of Kenya (March 2007) and also USAID (2009), MOYAS, in 2005, was established to coordinate, represent and address youth concerns in Kenya. The core functions of MOYAS include: Formulating, implementing, coordinating, reviewing and monitoring youth development policies; Facilitating youth participation in the development processes; Coordinating and monitoring youth led initiatives; Advocating for the promotion of youth led initiatives; Developing youth resource centers; and Facilitating leadership, entrepreneurship and life skills training. The Ministry has developed eight thematic areas to guide its effort towards the achievement of its mission and vision. The strategic themes include: Youth and Employment; Youth Empowerment and Participation; Youth, Education and Training; Youth and Information Communication Technology; Youth and Health; Youth, Crime and Drugs; Youth and Environment; and Youth, Leisure, Recreation and Community Service. Interestingly, the document does not prioritize sports. According to Njonjo, Muriu & Muigei (2011), the MOYAS strategic plan acknowledges that high population growth rate among the youth exerts pressure on

available resources. However, it does not prioritize demographics as a policy concern. It is also not clear from MOYAS how it will collaborate with others successfully to implement programmes and projects that are youth related but housed in other ministries.

3.1.2   Kenya National Youth Policy (KNYP)

The KNYP's overall goal is "to promote youth participation in democratic processes as well as in community and civic affairs, and ensuring that youth programmes involve them and are youth centered." The policy defines obligations of youth, adults and parents, the state (lead implementer of the policy and guarantor of youth rights), and the private sector. The policy elaborates eight priority strategic areas which include; employment creation, health, education and training, sports and recreation, the environment, art and culture, youth and the media, and youth empowerment and participation in national life (GoK, 2007). According to Njonjo, Muriu & Muigei (2011), both the MOYAS strategic plan and the KNYP highlight differing priorities. The MOYAS strategic plan leaves out sports and media, highlighted in the KNYP while the KNYP leaves out ICT, crime, drugs and community service. This lack of alignment means that some of these important issues not prioritized by the two documents risk fizzling out and loosing the attention they deserve.

3.1.3   The National Youth Council Bill, 2009 (NYC)

As one means to implement the policy, Government prepared a National Youth Council bill which was discussed and passed in December 2009 in Parliament. Its mandate is to coordinate youth organizations and develop an integrated national youth development plan in collaboration with the Ministry for Youth Affairs and Sports. It is to act as an advisory, research and policy institution on youth affairs in Kenya. The council's functions will include: Registering all youth groups and youth focused community-based organizations; Promote and popularize the national youth policy and other policy that affect youth; Facilitate the periodic review of the national youth policy in line with other government policy statements; Mobilize resources to support and fund youth programmes and initiatives; Lobby for legislation on issues affecting youth; Liaise with other organizations to ensure that the youth gain access to resources and services appropriate to their needs; Promote relations between youth organizations and other bodies both nationally and internationally with similar objectives or interests; Inspire and promote the spirit of unity, patriotism, volunteerism and service among youth; Formulate operational guidelines that protect the youth against any form of abuse and manipulation; Mobilize and sensitize relevant stakeholders on the concept of community youth service; Act as a voice and bridge to ensure that the government and other policy makers are kept informed of the views and aspirations of the youth; Promote research collation and analysis of data on youth issues; Perform any other function that may

directly or indirectly contribute to the attainment of the above (GoK, 2009, May 15). According to Njonjo, Muriu & Muigei (2011), the duplication of duties and lack of clarity as to what the specific functions of MOYAS and those of the NYC will be is worth noting. A good example is the fact that both will monitor and evaluate policy, facilitate youth participation in the development process and advocate for the promotion of youth led initiatives. This duplication may cultivate conflict and rivalry that diverts attention from the important work of implementing youth programmes. If NYC is an elective office, what would be the capacity of these individuals to execute the research and policy analysis role of NYC?

3.1.4   Adolescent Reproductive Health Development Policy (ARH&D)

According to Government of Kenya (2003, April) ARH&D responds to concerns about adolescents raised in the National Population Policy for Sustainable Development (NPPSD), the National Reproductive Health Strategy (NRHS), the Children's Act (2001), and other national and international declarations and conventions on the health and development of adolescents and youth. The goal of the policy is to contribute to the improvement of the quality of life and well being of Kenya's adolescents and youth. The idea is to integrate their health and development concerns into the national development process, and enhance their participation in that process. Among the key objectives of this Policy are the identification and definition of adolescent health and development needs; provision of guidelines and strategies to address adolescent health concerns; and promotion of partnerships among adolescents, parents and communities. The Policy also seeks to create an enabling legal and social-cultural environment that facilitates the provision of information and services for adolescents and youth. It will promote and protect adolescent reproductive rights; strengthen inter-sector coordination and networking in the field of adolescent health and development; and enhance participation of adolescents in reproductive health and development programmes. Finally, the policy Identifies and defines monitoring and evaluation indicators for adolescent reproductive health and development.

The report defines adolescents as persons aged 10-19, and states that the World Health Organization (WHO) defines the youth as persons aged 10-24 years

3.1.5   National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS)

The report states that young people face many reproductive health challenges, which include sexually transmitted infections, HIV/AIDS, teenage pregnancy, unsafe abortions, school dropout, harmful practices like early marriages, female genital cutting, sexual violence, and drug and substance abuse among others. In fact, Kenya Demographic and Health Survey (KDHS) report indicates that half of all new HIV infections occur among young people aged 15-24 years. Worse still, girls are twice as likely to

be infected as boys the same age. The survey also revealed that by age 19, almost half of adolescents have begun childbearing and among all pregnant women, 23 percent are adolescents. In addition, teenagers from poor households are more likely to have begun childbearing and, more than half of the adolescent deliver at home.

The Kenya Service Provision Assessment (KSPA) 2004 indicates that only 12 percent of our facilities are able to provide youth friendly services. The International Conference on Population and Development plan of action (ICPD) in 1994 urged governments to make reproductive health services available, accessible, acceptable and affordable to young people. These guidelines outline the minimum essential service package which should be available to the young people and describes how the services should be made available and accessible to them. These guidelines are in line with the Adolescent Reproductive Health and Development plan of action crafted by government in 2003.

The national guidelines for youth friendly service provision identify two main models of providing services. The **targeted approach** refers to a situation where services are designed and planned for youth alone and are offered in settings that meet only the needs of the youth and do not include other groups. Such services may be clinical, non-clinical, or a combination of both. The **integrated approach** refers to a situation where young people receive services as part of the general public, but special arrangements are made to make the services more acceptable to them. Minimum conditions for youth friendly services include: Affordability and accessibility; Safe and basic range of services; Privacy and confidentiality; Provider competence/attitude; Quality and consistency; Reliability and sustainability; Inbuilt monitoring; and Evaluation system. Addressing reproductive health needs of adolescents therefore requires a multi-sector approach.

The Youth Employment Marshall Plan

The government, through MOYAS, aspired to create 500,000 new jobs annually in both the formal and informal sectors, beginning January 2009 (UNDP, 2010, June). The Marshall Plan includes: Kazi kwa Vijana; The Trees for Jobs Initiative Programme; Roads 2000 Project; Youth Enterprise Development Fund (YEDF); Technical Industrial Vocational Education and Training (TIVET)

3.1.6   Kazi Kwa Vijana – KKV (Jobs for the youth)

According to UNDP (2010, June) and USAID (2009), the government launched Kazi kwa Vijana (KKV) projects in March 2009. They involve labor intensive initiatives to give jobs to the youth in order to tackle the twin problems of hunger and unemployment. The government estimates that about 300,000

youth a year will get jobs throughout the country in public works projects. Some of these projects, particularly those providing irrigation and water, are also intended to enhance food production in areas affected by drought. Waste collection and other cleaning activities in urban areas are also being implemented through local councils, with the aim of improving living conditions in poor urban neighborhoods. At the constituency level, these funds are used to hire youth at the rate of Kshs. 250.00 per day, typically for a period of three months (GoK, 2009 April). By end of September 2009, 296,000 youths aged between 18 and 35 years, had been employed. It is hoped that as the youth are engaged, they will begin to recognize the importance of participating in community development, while at the same time earning a wage that could help them to start their own businesses.

Young people's evaluation of KKV has been both supportive and critical. Many youth appreciated the opportunity to obtain an income, albeit doing menial work for limited periods of time. However, many were also strongly negative because (i) there is no capacity building or training involved, and the work is largely manual and some youth view this as *madharau* (or being looked down upon); (ii) the work is very short term, and the pay is low such that some young people have coined the phrase 'kazi kwa vijana, pesa kwa wazee', literary translated to mean that the work is done by young people while the money goes to the old folks; and (iii) youth believe that there is political motivation and favoritism in the selection process.

According to UNDP, the challenge is to shift KKV from an emergency initiative to a long-term programme that sustainably tackles youth unemployment problems. To succeed in this programme it is increasingly clear that the government and its stakeholders at all levels must continually strengthen their capacity. The UNDP is currently assisting the government to carry out a systems audit of the KKV and find ways of strengthening the programme.

3.1.7   The Trees for Jobs Initiative Programme

The trees for jobs initiative was developed by MOYAS in 2009. It is partly financed by UNDP and aims to plant 90 million seedlings per year and employ over 29,000 youth in its first two years. The programme contributes to addressing two problems facing Kenya: deforestation and youth unemployment. For the programme to benefit a large cross-section of the youth, projects are spread throughout the country.

3.1.8   Roads 2000 Project

The Roads 2000 project was implemented by the Ministry of Roads and Public Works. The project was designed to create short-term labor-intensive employment for young people.

3.1.9   Youth Enterprise Development Fund (YEDF)

The Youth Enterprise Development Fund seeks to enhance youth participation in socio-economic development through the provision of credit to youth enterprises. In the 2006/07 budget, the government allocated one billion Kenya shillings to the fund to enable young entrepreneurs to access finance to set up or expand businesses. By September 2008, 1.34 billion shillings had been disbursed through financial intermediaries to finance 47,722 youth enterprises. The fund had also disbursed 322 million shillings to 7,840 youth groups spread across Kenya. According to the available data, a total of 34,616 female youths and 26,144 male youths had benefited from the YDEF by September 2009. The higher number of women recipients was a result of a specific policy bias towards helping women. Loan repayment has been cited as one of the main challenges of the fund

3.1.10   Technical Industrial Vocational Education and Training (TIVET)

The TIVET component of the Kenya Education Sector Support Programme enhances hands-on youth education and training for developing self-reliance and entrepreneurship.

3.1.11   ICT Policy

Kenya's ICT policy seeks to improve the livelihoods of Kenyans by ensuring the availability of accessible, efficient, reliable and affordable ICT services. This policy will facilitate sustained economic growth and poverty reduction; promote social justice and equity; mainstream gender in national development; empower the youth and disadvantaged groups; stimulate investment and innovation in ICT; and achieve universal access through: infrastructure development; human resource development; stakeholder participation; appropriate policy development and regulatory framework (Republic of Kenya [RoK], 2006).

According to the policy, the Government recognizes the role played by the various institutions providing ICT education and training. However, there is need to strengthen and streamline the training through: Promoting ICT in education at primary, secondary, tertiary and community levels by developing ICT curricula and ensuring that teachers/trainers possess the requisite skills; Setting up a framework for evaluating and certifying ICT training programmes; Developing a mechanism for attracting and retaining skilled human resources; Establishing networks for sharing training resources; and Developing strategies to support research and innovation.

According to the policy, the lack of a policy framework on e-learning has hampered its development and utilization. In this regard, there is need to: Provide affordable infrastructure to facilitate dissemination of knowledge and skill through e-learning platforms; Promote the development of content to address the educational needs of primary, secondary and tertiary institutions; Create awareness of the opportunities offered by ICT as an educational tool to the education sector; Facilitate sharing of e-learning resources between institutions; Promote centers of excellence to host, develop, maintain and provide leadership of better learning resources and implementation strategy; Exploit e-learning opportunities to offer Kenyan education programmes for export; and Integrate e-learning resources with other existing resources.

3.1.12   A Policy Framework for Education

The current Policy Framework (Republic of Kenya, 2005a) sets out the national philosophy, vision, mission, goals and objectives of Kenya's education and training as being guided by the following attributes: **National unity** - Education and training should inculcate patriotism and nationalism without compromising responsibility on global issues; **Unity of purpose** - Education and training should enhance teamwork, national cohesion and integration by our institutions being media for the promotion of values of mutual respect and tolerance; **Social responsibility** - Education and training should integrate social responsibility, including nurturing our cultural heritage, spiritual values, combating drug and substance abuse, sensitivity to the spread of human calamities like HIV and Aids, developing positive attitudes to work, promoting gender equity, as well as care for the vulnerable regions and group; **Moral and ethical values**- Education and training should inculcate such values as peace, integrity, hard work, honesty and equity; **Life-long learning**- Education and training must embrace the importance of learning through one's lifetime as being critical to effective social and economic development; **Science and technology** - Technology is a critical form of wealth to any nation. For this reason, innovation, research, development, Information and Communication Technology (ICT), and science and technology will form one of the key pillars of education and training; **Equity** - Education and training must embrace equity issues such as equal opportunities for all, access, retention and completion; **Quality** – In order to meet the demands of the 21st century, our education and training programmes must be of the highest quality to compete favorably with the international standards; and **Environment** - Education and training must empower our people to conserve, sustain and exploit our environment for sustainable development.

According to Institute of Police Analysis and Research [IPAR], (2008) nearly 73 per cent of the government's social sector spending and 40 per cent of the national recurrent expenditure goes to education. Additionally, households spend between 5 and 7 per cent of the Gross Domestic Product (GDP) on education. Despite the heavy spending on education and training, Kenya's education system is

fraught with persistent challenges that affect access, equity, relevance and quality (Republic of Kenya, 2005b; and 2007).

3.1.13   Free Primary Education (FPE)

Kenya's FPE policy was launched in January, 2003 and was introduced in recognition of its importance as a basic right of all Kenyan children. Through FPE, Kenya aims to attain Universal Primary Education (UPE) by the year 2015.

3.1.14   National Population Policy (NPP)

According to the Republic of Kenya (undated), the National Population Policy for Sustainable Development succeeds the Sessional Paper No. 4 of 1984 on *Population Policy Guidelines*. It builds on the strength of the guidelines and widens the scope of the population policy by integrating the Programme of Action of the International Conference on Population and Development, 1994. Addressed in this document are issues on environment, gender, poverty and problems facing segments of the population including the youth, the elderly and persons with disabilities. The problem of HIV/AIDS is also addressed. The policy recognizes that the population question is a matter of State security and should be handled with care and vision.

The goals and objectives to guide the policy's implementation up to the year 2010 include: improvement of the standards of living and quality of life of the people; full integration of population concerns into the development process; motivating and encouraging Kenyans to adhere to responsible parenthood; promotion of the stability of the family; empowerment of women, elimination of retrogressive socio-cultural practices such as female genital mutilation, and integration of the youth, the elderly and persons with disabilities into the mainstream of national development. To guide implementation of this policy, some specific targets have been set. The targets have been categorized into three broad areas namely: demographic, health and social services.

3.2 Demographic and Youth Policies, Strategies and Frameworks in Tanzania

3.2.1   National Population Policy

According to TDHS (2004), the National Population Policy was adopted in 1992 to reinforce national development by improving the quality of life of Tanzanians. Special emphasis is placed on regulating the population growth rate, enhancing population quality, and improving the health and welfare of women and children. The policy provides guidelines for integrating population variables in the preparation and

implementation of socioeconomic development plans. In this way, it acts as a critical guide to enable the government to monitor and evaluate national development plans more accurately and efficiently. Other policy goals include: Improving the standard of living and the quality of life of the people through protection and improvement in the provision of basic human needs in such areas as health, nutrition, clean and safe water, housing, and environment; Promote improvement in the health and welfare of the mother and child through the prevention of illness and premature deaths; Strengthen family planning services to promote the health and welfare of the family, community, and nation and eventually reduce the rate of population growth; Promote sustainable relationships between the population, resources, and environment; Promote a more harmonious relationship between rural, urban, and regional development to achieve spatial distribution of the population conducive to the optimal use of the nation's resources; Promote and strengthen proper youth upbringing and growth, including the creation of an environment that will allow optimal development of their various talents; Urge the society at all levels to ensure that the elderly and the disabled are accorded due respect, care, and assistance in securing reliable means of sustaining their lives.

3.2.2   Reproductive and Child Health Strategies

Reproductive and child health strategies aim to address key interventions as stipulated in the National Package of Reproductive and Child Health (RCH) Interventions. In line with the guiding principles of WHO Africa Region and the Tanzania Health Sector Reform, the RCH strategy also links and relates to a number of existing strategies. The vision of the RCH strategy is a healthy and well-informed Tanzanian population with access to high quality reproductive and child health services that are accessible, affordable, and sustainable, and which are provided through an efficient and effective support system. The mission of the strategy is to promote, facilitate, and support in an integrated manner the provision of reproductive and child health services to men, women, adolescents, and children in Tanzania. Such services include obstetrics and gynecological care; safe motherhood programmes; diagnosis, treatment and prevention of sexually transmitted infections (STIs) and HIV/AIDS; family planning; Integrated Management of Childhood Illnesses (IMCI); immunization; and prevention and treatment of nutritional deficiencies.

The goal of the RCH strategy is to reduce morbidity and mortality among men, women, adolescents, and children resulting from reproductive and child health problems by promoting and facilitating planning, implementation, monitoring, and evaluation of priority interventions at all levels of service delivery. To address the aforementioned goal, several key categories of care have been identified for implementation,

including: maternal health; child health; family planning; adolescent reproductive health; male involvement and participation in reproductive health; and elderly reproductive health.

3.2.3 The National Policy on HIV/AIDS

The National Policy on HIV/AIDS was adopted in November 2001 with the goal of providing a framework for leadership and coordination of the national multisectoral response to the HIV/AIDS epidemic. This includes formulation by all sectors of appropriate interventions to prevent the transmission of HIV/AIDS and other STIs, to protect and support vulnerable groups, and mitigate the social and economic impact of HIV/AIDS. It also provides a framework for strengthening the capacity of institutions, communities, and individuals in all sectors to stop the spread of the epidemic. The Tanzania Commission for AIDS (TACAIDS) provides strategic leadership and coordination of multisectoral responses, including monitoring and evaluation, research, resource mobilization, and advocacy. The National Policy on HIV/AIDS and the National Multisectoral Strategic Framework are tools to guide the implementation of national multisectoral responses.

Employment Policies

According to Youth Development Network & Community Agency for Social Enquiry [CASE] (undated), Tanzania has a number of youth programmes, policies and legislation that are aimed at improving youth employment.

3.2.4 Youth Development Fund (1994)

The Youth Development Fund (1994) provides revolving loans to youth in the informal sector in order to create self-employment.

3.2.5 The National Entrepreneurship Development Fund (1993/4)

The National Entrepreneurship Development Fund (1993/4) offers financial support to youth farmers and livestock keepers since agriculture remains the main source of income-generating projects for the youth. Foreign funders are also active in youth employment creation initiatives.

3.2.6 The National Employment Policy of 1997 and 2000

The National Employment Policy of 1997 advocates strategic employment promotion, and the creation of an enabling environment for the private sector, NGO's and CBO's to effectively participate in employment promotion. In addition, the National Employment Policy of 2000 functions as a guiding framework that advocates for gender equality in employment and the creation of sustainable and productive employment that would lead to poverty eradication.

3.2.7 The National Employment Promotion Services Act of 1999 and Vision 2025

The National Employment Promotion Services Act of 1999 and Vision 2025 are also policies geared at increasing youth employment. The National Employment Promotion Act provides employment placement through employment promotion agencies. Other focus areas of the Act are; self employment, vocational guidance and counseling and the provision of labor market and occupational information. Self-employment provision also forms the main focus of Vision 2025, which amongst other aims emphasizes high quality education that would complement the developmental needs of the country.

3.2.8 National Youth Development Policy

The objectives of the youth policy are: To promote the lives of youth, female and male, by developing them in the areas of economy, culture, politics, responsible parenthood, education and health; To mobilize youth and the community to appreciate, promote and defend rights of the youth according to the constitution of the land; To involve various sectors, institutions and various organizations in the implementation of youth development plans in order to control the negative effects or influences accruing from economic, social, political and cultural processes; To prepare the youths physically, mentally, economically, politically and culturally so that they may be able to assume various responsibilities as citizens, parents and leaders in the copy; To enable youths to participate in the struggle to bring about national development.

Before the development of this policy, issues on youth development were implemented through other development policies, campaigns, deliberations and various guidelines which were issued by the ruling party and Government. This policy is based on the recognition of the rights of the youth as the rights of citizens, as stipulated in the constitution of the United Republic of Tanzania. According to the policy, some of these rights include: **The right to education** - for everybody and to pursue education in the field of preference to any level depending on merit and ability. However, due to limited education opportunities, many youths have not been able to educate themselves in the fields of preference, hence they could not attain the desired kind of education; **The rights to equality** - everybody, including the youth are equal before the law and have the rights, without discrimination, to be protected and to be treated equally. But due to weaknesses and serious omissions, urban centers have been facing brutal mob justice e.g., some have been burnt to death, or were beaten to unconsciousness, before they were taken to courts of law to prove their guilt or innocence. In addition, girls in certain regions have been inflicted with severe pain through harmful traditional practices e.g. female genital mutilation; **The right to live anywhere** - although the constitution spells out explicitly the right for an individual to live and to move

anywhere they like in the United Republic of Tanzania; yet due to the manifestations of youth unemployment e.g. theft, hooliganism, burglary etc; law enforcers have been repatriating some of these youths to their villages. Because of economic hardships households have not always been able to meet youth needs, for that reason some youths have been moving from one place to another in search of means to earn their living; **The right to employment and wages** - although there is the right to employment, many youths who complete their studies at various levels, are not given access to it in the formal sector because of the poor economy. It is also difficult to work in the informal sector due to problems in securing capital, work implements and work premises. In addition, some of the youths who work in domestic places, and those who are employed by private enterprises e.g. in bars and in restaurants are lowly paid despite the long working hours (more than 8 hours a day) thus denying them the right to earn appropriate wages; **The right to privacy and security** - The right to privacy and security to youth also has been greatly undermined. Youths, especially those who work in domestic places face molestation and sexual harassment. Such treatment denies them the right to privacy, respect and security.

3.2.9   ICT Policy for Basic Education

As recognized in Tanzania's National ICT Policy of 2003, information and communication technology (ICT) offers new opportunities to enhance education and to improve the quality of delivery of education in all areas. The Ministry of Education and Vocational Training (MoEVT) believes that the use of ICT in teaching and learning as well as administration and management represents a powerful tool with which to achieve educational and national development objectives. ICT Policy for Basic Education therefore covers basic education, which includes pre-primary, primary, secondary and teacher education, as well as non-formal and adult education (United Republic of Tanzania, 2007)

The policy seeks to integrate ICT to enhance access, equity, quality and relevance of basic education, while stimulating and improving teaching and lifelong learning. The goals and objectives of this policy are therefore to: Integrate the use of ICT to achieve educational policy objectives; Promote the harmonization of activities, approaches and standards in the educational uses of ICT; Ensure that there exists equitable access to ICT resources by students, teachers and administrators in all regions and types of educational institutions and offices; Ensure the proper management and maintenance of ICT resources and tools; Ensure the organized provision of ICT training to students, teachers and educational administrators; Facilitate the implementation of communication and information systems for the effective management of the Education Sector; Facilitate the use of ICT as a tool for assessment and evaluation of education, as well as administration and management; Encourage partnerships between the various stakeholders in the Education Sector; Facilitate the use of ICT resources in schools and colleges by the neighboring community; Facilitate the development and use of ICT as a pedagogical tool for

teaching and learning, and for the professional development of teachers, administrators and managers; and Promote development of local content for basic education and other stakeholders

3.2.10   Education and Training Policy, 1995

As stated in the education policy of 1995, the overall aims of education in Tanzania are, among other things: "to promote the acquisition and appropriate use of literary, social, scientific, vocational, technological, professional and other forms of knowledge, skills and understanding for the development and improvement of man and society."

3.2.11   The Education Sector Development Programme (ESDP)

According to the United Republic of Tanzania (2007), the ESDP is a sector-wide programme for the reform and development of education in Tanzania, which includes two major programmes on basic education:

The Primary Education Development Plan II (PEDP II) 2007-2011, aims at offering Universal Primary Education, i.e. education for all children at the age of 7 – 13 years. During PEDP I (2001-2006), the MoEVT reached the target of increasing enrolled primary school pupils from just under 5 million in 2002 to just under 8 million (NER 96,1%) in 2006. The target for PEDP II is to reach 99%
enrolment by 2015. This will require approximately 52,000 additional teachers by 2011.

The Secondary Education Development Plan (SEDP) 2004 – 2009, aim to have 2,000,000 pupils in forms 1 to 6 by 2010 compared to 345,000 in 2003, in other words about six times more pupils. This will require about 38,000 new teachers.

Major education reforms that are taking place in the country through PEDP and SEDP put pressure on teacher education. Teacher education programmes are striving to accommodate the rising demand for more qualified teachers as well as the changing role of teachers into facilitators of learning and problem solving. This calls for a shift from the heavy dependency on text materials for teaching and learning to one of wider access based on ICT. The use of ICT-mediated training and distance education has been identified as one of the strategies for access and quality improvement. Both PEDP and SEDP have given priority in strengthening ICT-based information management at all levels. An introduction of computer courses into primary schools, secondary schools and teacher training colleges need be given priority.

3.3 Demographic and Youth Policies, Strategies and Frameworks in Uganda

According to the a National Youth Consultation Meeting Held In Preparation For The ADF Conference with youth took place from 23rd – 26th October 2006 and organized by the National Youth Council in conjunction with Ministry of Gender, Labour and Social Development, with support from UNDP, some of the youth policies, strategies and frameworks in place in Uganda include:

3.3.1   The Ministry of Gender, Labour and Social Development (MGLSD)

This ministry is responsible for youth affairs in Uganda. Within the ministry a department for youth affairs was created in 1998 to coordinate youth issues in Uganda. There is a minister of State responsible for youth affairs working closely under the supervision of the senior minister. The department of youth is responsible for policy formulation, standard setting, quality assurance and training of youth in the country.

3.3.2   The National Youth Council

The NYC was established by an Act of Parliament in 1993 to organize the youth for socio-economic development. The council has structures covering all the local council units in the country and leadership to these structures are accessed through regular elections.

3.3.3   The Constitution of Uganda

The constitution provides for affirmative policy for all the marginalized group including the youth. This policy has partly facilitated youth representation in the national assembly and at the district local councils, enabling the youth to present their views and concerns for considerations. Article 34 (2) of the Constitution provides that a child (young person) is entitled to basic education, the responsibility of the state and the parents thus universalizing primary education (UPE).

3.3.4   The National Youth Policy

The government of Uganda (Republic of Uganda, 2001) formulated and implemented the National Youth Policy to empower youth through the provision of an appropriate framework for enabling youth to develop social, economic, cultural and political skills so as to enhance their participation in the overall development process and improve their quality of life. This will be achieved through education, training and capacity building.

The Policy recognizes the large number, strategic importance and immense potential in the youth for the development of the country. It however notes that youth have only been inadequately involved and their

resources less harnessed in the socio-economic development and in the promotion of peace, democracy, good governance and upholding the values of the society. The Policy therefore advocates for mobilization of resources to promote youth participation and integration in the mainstream of national development. The goals and objectives of the policy include: To initiate, strengthen and streamline all programmes and services targeting the youth; To promote social and economic empowerment of the youth; To build capacity and provide relevant training and information to the stakeholders; To promote growth in the development of the youth through actions that protect, empower and prepare them for adulthood; To provide psycho-social support and other services to youth in conflict situations, difficult circumstances and to the disadvantaged groups; To increase youth involvement in decision--making, leadership, community based and other development programmes; To mobilize resources for youth programmes and projects at all levels.

3.3.5   Poverty Eradication Action Plan (PEAP),

Uganda's policy framework for poverty reduction is summarized in the Poverty Eradication Action Plan (PEAP), which was first, developed in 1997. PEAP provides a frame that guides the formulation of appropriate poverty reducing strategies. The youth being among the poor people in Uganda are targeted by PEAP as a group.

3.3.6   Social Development Sector Investment Plan (SDIP)

SDIP promotes issues of social protection, gender equality and equity and human rights of the poor and vulnerable. This plan emphasizes mobilization of communities to participate in development programmes and demand for services accountability; reduction in inequality and exclusion; creating enabling environment for increased employment opportunities; protection of vulnerable persons from deprivation and livelihood risks as well as gender mainstreaming in other sector plans.

3.3.7   The Plan for Modernization of Agriculture (PMA)

This is another multi-sectoral strategy and operational framework for poverty eradication. Uganda is predominantly an agricultural country with more than 85 percent of the population depending on subsistence farming as their main source of livelihood. Measures to eliminate poverty countrywide must therefore address the agricultural sector. Women constitute more than half of the country's population and contribute 70 percent to the agricultural production. The PMA has set out principles governing the public and private sector's roles. The priority areas for public action are: Research and technology development; Advisory services; Agricultural education; Improving access to markets; Improving access

to rural finance; Sustainable natural resource utilization and management, with special focus on land utilization, water for production, forestry and environment.

3.4 Demographic and Youth Policies, Strategies and Frameworks in Rwanda

3.4.1   National Youth Policy

After the 1994 genocide, all sectors of the National life needed to be rehabilitated. The government of National Unity which was established on July 19, 1994 defined its priorities to boost economy and rehabilitate the social cohesion that had been destroyed by the genocide. The problem of catering for the youth and its future was at the core of the Rwandan Government's concerns. Policy priorities identified include: Education and ICT; National unity and reconciliation, civic education and social reform; Employment and poverty; Environment; Youth health and protection; Culture, sports and leisure; Gender; Cooperation and globalization. The policy is aimed at: Coordinating the development of National programmes for youth mobilization, training and catering as well as monitoring their evaluation; Coordinating the development of youth health and follow up their implementation; Coordinating the development of National programmes for cooperation in terms of youth; Supervising the identification of youth training needs and to develop training programmes and monitor their implementation. Supervising the organization of solidarity camps for youth or organize there-to related sports activities. Supporting youth organizational structures; Supervising the monitoring of IEC/youth Health programmes.

3.4.2   Vision 2020

According to the Republic of Rwanda (2000), the government is committed to reaching "Universal Education for All", which is one of the most important Millennium Development Goals (MDG's). However, there is clearly a need to educate and train people at all levels: primary, secondary and tertiary, with special attention paid to the quality of education. This has been declining, due in a large part to low caliber teaching staff and therefore, the government will organize intensive teacher training programs. Major emphasis will be placed on vocational and technical training in the fields of technology, engineering and management. This will be targeted at secondary school leavers, as well as various sections of society (with particular emphasis on youth and women).

To encourage skills development, micro-credit schemes will be promoted specifically to extend finance to self-employed young technicians. Special emphasis will be given to innovative, small-scale entrepreneurs. To promote efficiency and continuous upgrading of skills, appropriate programs will be

launched in the national institutions aimed at on-the-job training, in-service training and distant learning.

Rwanda lags behind in professional training, with the most acute deficiency being apparent in the fields of applied and natural sciences and ICT. Although the country will continue to rely on imported technology from advanced countries, well-trained, specialized nationals will be essential to run as well as maintain technological systems ranging from medicine and agriculture to industry and telecommunications. Absolutely crucial for achieving VISION 2020 will be to properly link education policies, with sector development and labor policies. It is crucial to understand that the investment needed for the development of the secondary and tertiary sectors, will not be effective without a skilled labor force.

The vision also recognizes the demographic challenge posed by the high fertility rate of women. Though the population is a fundamental resource and Rwanda banks on it for its future development, a reduction in rapid population growth is mandatory. Rwanda therefore projects to reduce the fertility rate within 20 years from 6.5 to 4.5 children and the population growth rate to 2.2%. Reduction of HIV/AIDS prevalence is also a priority because it poses major economic problems.

3.4.3   Poverty Reduction Strategy

According to the National Youth Policy, Poverty Reduction Strategy targets youth in order for them to join different public programs and poverty reduction sectoral projects such as HIMO, Umuganda, Ubudehe etc.

3.4.4   Rwanda's National Investment Strategy

Given the importance of agriculture vis-à-vis the National economy, this sector has been made a priority by the government, by turning food oriented agriculture to market oriented agriculture. Rwanda's National Investment Strategy is seen as an important avenue where young people will play a key role in employing new techniques in that domain so as to add value to agriculture and livestock which have to be salary generating professional activities in order to clearly improve their living conditions.

3.4.5   National decentralization policy

According to the national youth policy, the decentralization stresses the participation of the population in determining its political future and socio-economic welfare. It will allow for the establishment a

structural organization that can help the Rwandan government and population to fight against poverty and achieve reconciliation by turning the grassroots population responsible. In that context, the youth will be appealed to more actively participate in the local development process planning and management.

3.4.6 National Gender Policy

In the strong efforts to reduce poverty, all actions will be taken into the necessity of reducing gender related imbalances even among the youth.

3.4.7 A five-year plan of action for the promotion of youth employment

This plan contains actions and proposals that allow for the improvement of the Rwandan population's welfare in general and of the youth welfare in particular. That plan of action also focuses on measures that have to be taken to build national capacities as to the Rwandan youth. It also stresses on the improvement in terms of quality and quantity of youth possibilities to fully, effectively constructively and sustainably contribute to the Rwandan society's life, through rational exploitation of potentialities to create income generating activities other than agricultural ones.

3.4.8 Population Policy

According to RIDHS (2007/8), out of concern for improving the country's quality of life, the Rwandan government developed various strategies over the years to ensure an acceptable balance between demographic growth and available resources, particularly since the 1980s. A family planning initiative developed in 1982 provided for training, improved access to family planning services and, in particular, the promotion of family planning through trained communicators known as Abakangurambaga ("Awakeners of the People"). A subsequent policy was adopted in 1990 aimed at curbing demographic growth and reducing fertility through family planning. To create an environment favorable to behavioral changes that result in lower fertility rates, other elements were included in the plan such as increased production, public health improvements, land use planning, training of communicators, the promotion of education and school attendance, and the employment and advancement of women (MOH, 2008). Following the 1994 genocide, the government of Rwanda became aware of the links between population dynamics and socioeconomic development, specifically the necessity of taking into account demographic variables in plans and programs for social and economic development. Within this context the Government of Rwanda adopted a population policy in 2003 (SNR, 2005). The main goal of this policy is improvement in the quality of life of the population by emphasizing objectives such as slowing demographic growth, managing sustainability of natural resources, food safety, access to primary and

secondary education for all children—with a focus on technical and vocational instruction and information technologies—good governance, equal opportunity, and participation in development by both men and women.

3.4.9   Public Health Policy

To improve the health of the population the Ministry of Health has developed a community health policy to create health care services at the community level that guarantee access to health and wellbeing to the entire population, and in addition, increase production and reducing poverty. The health sector is dedicated to improving and ensuring optimal health conditions for the population by putting both quality preventive services and curative care services within an effective health care system. In order to accomplish this mission, the Ministry of Health has targeted the following objectives/programs: Guarantee the availability of human resources for health; Guarantee the availability of medication, vaccines and other quality medical provisions; Guarantee the accessibility to healthcare services by the population; Provide care and services at a reasonable cost; Improve the quality and control of services for preventive illness as well as the demand for such services; Improve national hospitals and research institutes; Reinforce the institutional capabilities of national programs and institutions.

One of the major problems confronting the health care system in Rwanda is solving two financial challenges within a context of poverty: improving financial access and equal access to the health care system plus mobilization of internal resources to increase financial viability of the health care services.

The Rwandan government has instituted a system of mutual health insurance to respond to three specific objectives: improve financial access to health care; improve the financial situation of health establishments; improve the overall health of the population. A system of mutual insurance should facilitate the use of health care services by the population. The Government of Rwanda has specifically emphasized the priority components of reproductive health: lower risk maternity and child health, family planning, sexually transmitted infections (STIs), HIV/AIDS, adolescent health and reproduction, prevention and control of sexual violence, and social changes for increasing the decision-making power of women. Government budget allocations for health care have increased substantially—by 304 percent between 2002 and 2007. In 2007, the government allocated 8.8 percent of its budget to health care in the *Health Public Expenditure Review 2006-2007* (MOH, 2009).

4.0   Possible Demographic Scenarios for the Region

4.1   Demographic Transitions

East Africa which is predominantly a young population has been experiencing demographic changes. If current trends continue most countries will transition from child rich to youthful populations where 15-29 year olds will form the bulk of the population. These shifts will however happen at very different rates as they will be determined by the differing fertility patterns and mortality rates. Other factors such as level of education, urbanization, un/employment will also determine how these trends evolve. However, migration and HIV/AIDS may distort these patterns. An epidemic, a natural catastrophe such as a tsunami or an earthquake as well as a human induced event such as a war or a terrorist attack could also interfere with these distinct/pre-set patterns of age structures.
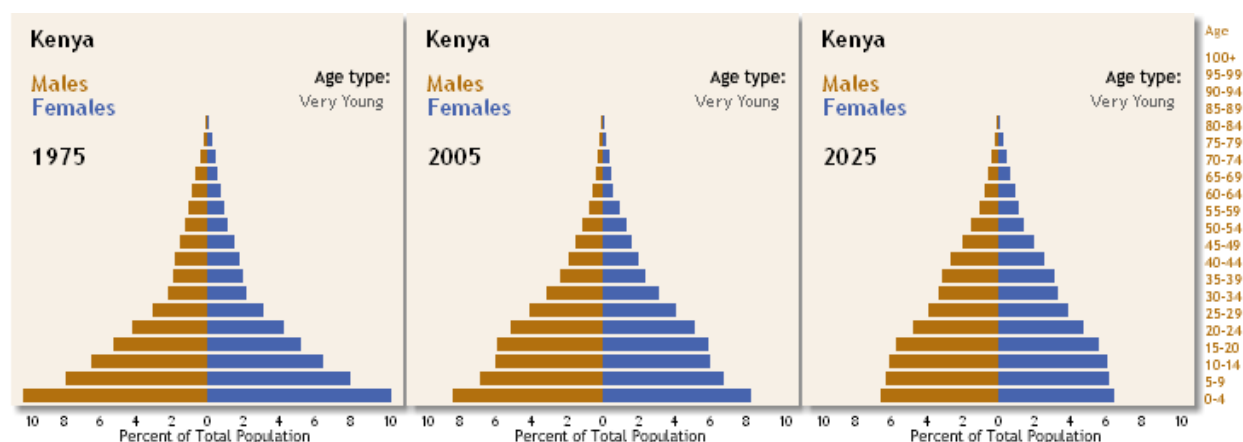
4.1.1   Kenya's Demographic Transitions

Figure 8: Kenya's Demographic Transition
Source: http://www.populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come_Interactive_Database/Index.shtml

Table 16: Future Population Dynamics of Kenya

	Projections					
	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2025-2050
Fertility rate	5.00	4.96	4.54	4.04	3.59	2.39
Infant Mortality Rate (IMR per 1,000 births)	70	64.4	58.4	53.3	49.2	28.3
Population in millions (Medium variant)	31.4 – 35.8	35.8 – 40.9	40.9 – 46.4	46.4 - 52	52 -57.6	80.1 – 85.4
Population Density (Per km²)	54 - 61	61 -70	70 - 80	80 - 91	91 - 102	102 - 167
Annual Population Growth Rate	2.61	2.65	2.55	2.26	2.02	1.26
Life expectancy	51	54.1	56.8	58.6	59.5	67.2

Source: UN, 2007

According to PAI (2010) and as illustrated in figure 8, Kenya in the next 10-15 years will transition from a child rich to a youth rich population structure. This is mainly due to the fact that many women are giving birth later, spacing their children more or giving birth to fewer children (Njonjo, 2010). As indicated on table 16, fertility rates are expected to decrease from the current 4.6 in 2009 to about 3.6 in 2025. IMR is also expected to decrease from 52 (see table 9) to 49 children per 1000. This will reduce the population annual growth from 2.7 to 2 in 2025. However, population will increase from the current 40 million people to 57.6 million people in 2025. According to the UN (2007), the median age of Kenyans is expected to reach 27 years in 2050 from the current 18 years.

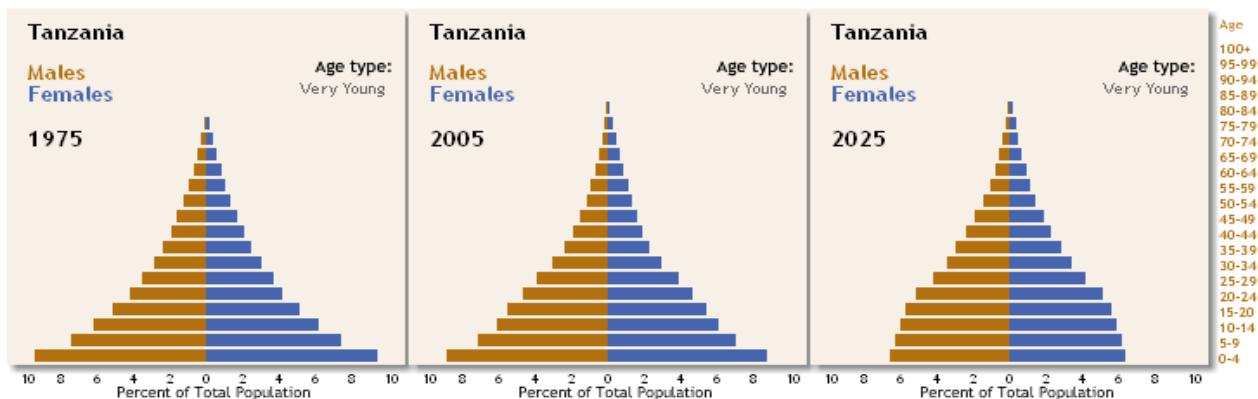### 4.1.2   Tanzania's Demographic Transition

Figure 9: Uganda's Demographic Transition
Source: http://www.populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come_Interactive_Database/Index.shtml

According to PAI (2010), Tanzania in the next 10-15 years will also transition from a child rich to a youth rich population structure due to decreasing fertility rates and mortality rates.
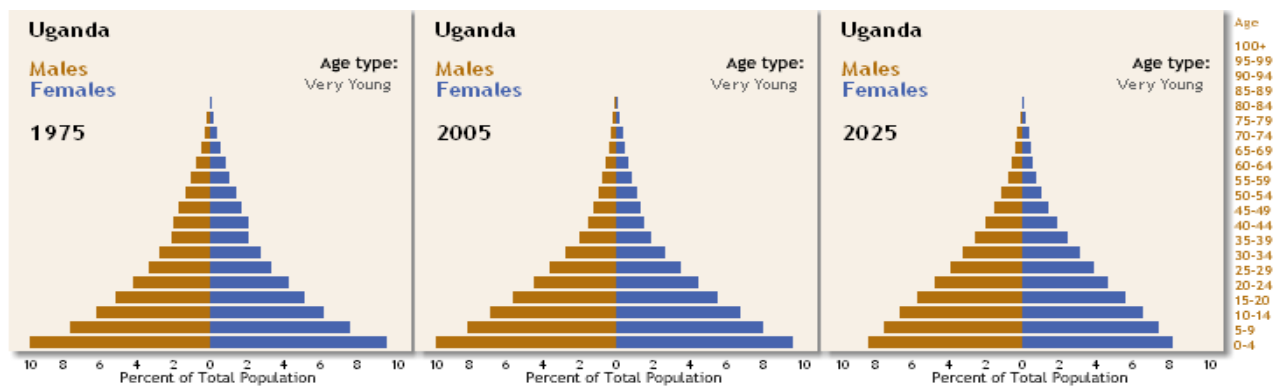
4.1.3   Uganda's Demographic Transition

Figure 10: Uganda's Demographic Transition
Source: http://www.populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come_Interactive_Database/Index.shtml

Table 17: Future Population Dynamics of Uganda

	Projections					
	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2025-2050
Fertility rate	6.75	6.46	6.00	5.48	4.91	2.78
Infant Mortality Rate (IMR)	84.2	76.9	68.4	60.1	53.6	30.3
Population in millions (Medium variant)	24.4 – 28.7	28.7 – 33.8	33.8 – 39.7	39.7 – 46.3	46.3 – 53.4	53.4 – 91.3
Population Density (Per km^2)	100- 118	118-139	139-162	162-188	188-217	217-391
Annual Population Growth Rate	3.18	3.24	3.21	3.41	2.89	1.78
Life expectancy	43.4	46.2	48.3	50.7	52.8	61.9

Source: UN, 2007

According to PAI (2010) and as illustrated in figure 10, Uganda in the next 10-15 years will not have transitioned from a child rich population structure due to relatively high fertility rates that are sustained to 2025 of about 5 children per woman. IMR will decrease from 76 to about 54 children per 1000. This will reduce the population annual growth from 3.18 to 2.89 in 2025. Population will therefore increase from the current 33.7 million people to 53.4 million people in 2025. According to the UN (2007), the median age of Uganda is expected to reach 23.3 years in 2050 from the current 15.3 years.

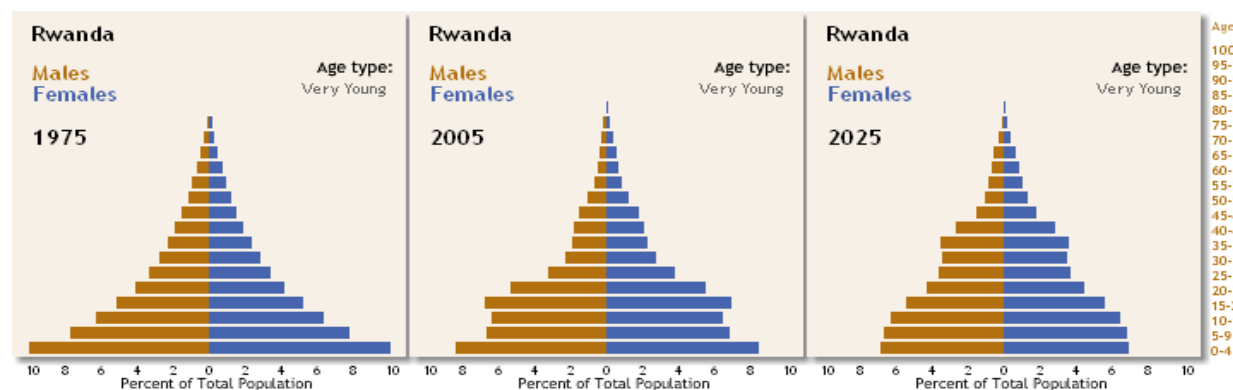## 4.1.4   Rwanda's Demographic Transition

Figure 11: Rwanda's Demographic Transition
Source: http://www.populationaction.org/Publications/Reports/The_Shape_of_Things_to_Come_Interactive_Database/Index.shtml

Table 18: Future Population Dynamics of Rwanda

	Projections					
	2000-2005	2005-2010	2010-2015	2015-2020	2020-2025	2025-2050
Rwanda (Fertility rate)	6.01	5.92	5.39	4.81	4.22	2.57
Infant Mortality Rate (IMR)	117.7	112.4	105.1	90.9	88.9	52.5
Population in millions (Medium variant)	7.95 – 8.99	8.99 – 10. 3	10.3 -11.7	11.7 – 13.2	13.2 – 14.7	14.7 – 22.1
Population Density						

(Per km²)						
Annual Population Growth Rate	2.43	2.76	2.72	2.45	2.06	1.32
Life expectancy	47.8	51.5	54.2	56.6	58.2	65.2

Source : UN, 2007

According to PAI (2010) and as illustrated in figure 11, Rwanda in the next 10-15 years will transition from a child rich to a youth rich population structure. This is due to fertility rates expected to average to 4 children per by 2025. IMR is expected to decrease from 117.7 to about 89 children per 1000. This will reduce the population annual growth from 2.43 to 2.06 in 2025. Population will therefore increase from the current nine (9) million people to 14.7 million people in 2025. According to the UN (2007), the median age of Rwanda is expected to reach 26.6 years in 2050 from the current 17.4 years.

4.2   Challenges Posed by Various Demographic Projections

4.2.1   Overpopulation and Overcrowding

The first challenge posed by youthful populations is the fact that 15 to 29 year old women are at the peak of their reproductive age. In Kenya, this group is currently responsible for 60% of the 1 million Kenyans produced every year (Njonjo, 2010). The reproductive decisions that this age group makes will determine their lifetime fertility rates and, subsequently, rate of population growth in these countries. From table 16, 17, and 18 above, population increase and high population density are inevitable resulting to overcrowding. The problem is worsened by ethnic communities that do not believe in family planning such as parts of the nomadic Turkana region in Kenya and among the Somali's. Population pressure is also worsened by politicians who see it as an avenue of ethnic domination and therefore incite people to reject family planning.

4.2.2   Resource Conflicts

This high population increase strains the environment due to overuse of natural resources such as water and land thus exacerbating resource conflicts. The phenomenon also places more demands on social amenities such as education, health care and sanitation infrastructure leading to high demand for these services. Low supply results into conflict and disgruntlement.
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4.2.3   Increased Rate of Rural to Urban Migration , Outbursts of Slums and Pollution

An increasing number of 15-29 year olds will bring with it a third challenge, that of an increased rate of rural to urban migration beyond the current urban annual growth rate in the four countries. This is due to the fact that about half of the migrants come as young adults (15-29) to look for employment in cities. Development transformations necessary to support this growth and enhance the quality of urban life is

not occurring at the same rate (Njonjo, 2010). We will therefore witness a faster increase of informal settlements and the challenges that come with slum dwellings such as high pollution.

4.2.4   Very high demand for employment

A forth challenge is the continued demand for more employment due to the increasing number of youth joining the job market at a faster rate than the jobs are being created. Currently, out of the unemployed working age population, about 70% are under age 30. Female unemployment rate is much higher than that of their male counterparts. Similarly unemployment among the urban youth is much higher than that of their rural counterparts. Continued exclusion of youth from a productive role in the economy will inevitably exacerbate crime, drug abuse, vandalism, religious fanaticism and escalate the vicious cycle of poverty if no holistic approach is initiated to alter the employment challenges facing the youth (Njonjo, 2010).

4.2.5   Rise of Civil Conflicts

According to PAI (2010), between 1970 and 1999, 80% of civil conflicts occurred in countries where 60% of the population or more were under the age of thirty. In countries where youth make up to 35 percent of the total adult population, the risk of conflict increases by 150 percent. 90% of countries with very young population structures had autocratic or weakly democratic governments at the end of the 20th century. As a result, their young people tend to perpetuate the cycle of political instability, ethnic wars, revolutions, and anti-regime activities. Low political will and inadequate resources to effectively integrate them into meaningfully participate in decision making also makes them feel excluded thus exhibiting open aggression and conflict (unknown, 2001) through self organization or by being exploited and manipulated by e.g. politicians.

4.2.6   Increased Insecurity

Large cohorts of idle youth are easy to recruit to gangs, militia, vigilante and terrorist groupings.

4.2.7   Low Economic Performance

Many of the countries with young and youthful populations have among the world's weakest economies. They also have political and institutional constraints that discourage economic activities and private investments needed to generate jobs. Lack of jobs among young people escalates dependency. According to PAI (2010), between 1970 and 1999, these countries experienced an average annual economic growth rate of 3.6 percent. This growth can increase if young people are economically empowered to allow greater personal savings and investments. However, continued denial of economic opportunities to them

will lead to a shrinking per capita income. Unemployment eventually leads to frustrations that trigger political instability, making it even more difficult for poor countries with large youth populations to generate economic growth and encourage the foreign and domestic investment needed to generate new jobs

5.0   Policy Recommendations

Policies should be geared towards achieving **a favorable age structure.** According to PAI (2010), favorable age structures, though they vary depending on a country's economic prospects and its government's security intentions, generally include a large proportion of the population comprised of working-age adults, with smaller proportions and slower growth among dependent children and older adults. A favorable age structure provides a sufficient tax base for government services and a social safety net for the more dependent age groups.

Population age structures can shift relatively rapidly and sometimes dramatically in response to policies and programs. Economically and socially significant shifts in age structure can occur in under a decade, and profound reconfigurations of the profile can occur in 25 years, as happened in Iran (see figure 2) due to decline from high to low birthrates. Policies and programmes that East African countries could adopt include:

5.1 Adequate Investment in Reproductive Health

A significant proportion of women in Eastern Africa have an unmet need for family planning. Increased access to family planning facilities for all women will be key in reducing the TFR. These women also need to be educated on benefits of small family sizes to remove the cultural taboos attached to contraceptives. Religious institutions that oppose family planning should be a major target group due the influence they have. Reproductive health education among sexually active youth and provision of youth friendly services are other ways in which population increase can be controlled especially among teenagers who increasingly engage in risky sexual behavior. Public health improvements such as more comprehensive access to clean water and better sanitation increases the share of children surviving to adolescence.

5.2 Education of the Girl Child

Co-relations have been made on the linkages between education and number of children a woman chooses to have. According to PAI (2010), girls' education delays marriage and increases chances of the woman's employment outside the home. These have played important roles in improving nutrition and

decreasing mortality in childhood, and increasing the demand for contraception in adulthood. In turn, increased use of contraception leads to a decline in fertility rates.

5.3 Adequate and Relevant Education for Work

High unemployment in the region is partly because of the fact that the bulk of the labor force has only achieved primary school education which is not enough to adequately function in modernizing economies. The education is also not up-to date and as relevant to the job market.   Adequately investing in the enrollment and completion rates of young people in secondary school, tertiary and university as well as improving quality and relevance of education to adequately prepare young people for work and life worked the magic in Korea in the 70's. Meaningful economic opportunities will enable young people to save and invest thus widening the country's tax base. It would present a 'window of opportunity' to reduce dependency and poverty due to the increased ratio of the working age population.

5.4 Urbanization

Increasing number of young people in the region will only exacerbate the rate of rural-urban migration which is faster than the rate of city expansions. The rural-urban differentials in development will therefore not hold for long. There is need to anticipate these trends and proactively put in place responsive urban management policies.

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