



RAPID KADUNA

Urbanization, Population
and Development into a
Healthy City



NIGERIAN URBAN REPRODUCTIVE
HEALTH INITIATIVE
www.nurhi.org



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Urbanization, Population and Development into a Healthy City

This booklet is about Kaduna's urbanization, focusing mainly on population changes and how they affect Kaduna's social and economic development to ensure that it becomes a healthy city.



Produced by the FUTURES Institute in collaboration with the Nigerian Urban Reproductive Health Initiative (NURHI), a Bill and Melinda Gates Foundation funded project in Nigeria.

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Urbanization in Nigeria



Kaduna population dynamics



Population and development: the crucial links



What can we Do?

This Booklet has four sections:

1. Urbanization in Nigeria;
2. Kaduna population dynamics;
3. Population and development: crucial linkages;
4. What can we do?



Urbanization in Nigeria

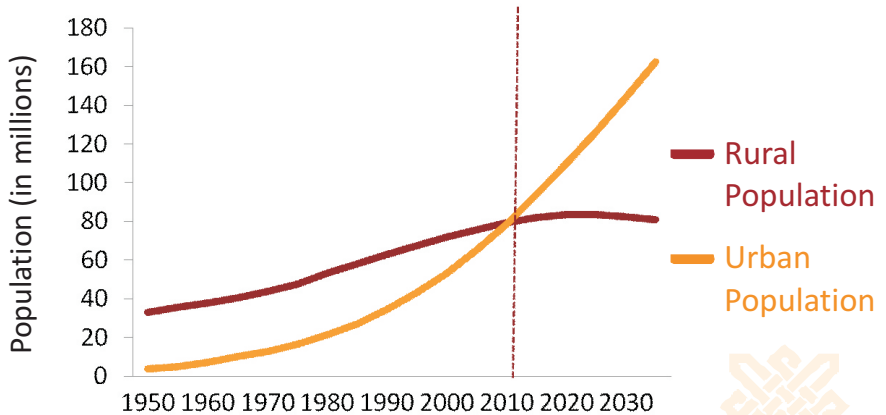


We start by first examining the broader context of urbanization in Nigeria as the background for Kaduna's urbanization.



Nigeria is Experiencing Rapid Population Growth, Especially in Urban Areas

After 2010, Nigeria became more urban than rural



World Population Prospects 2009



Kaduna's urbanization should be viewed in the broader context of urbanization in Nigeria. The graph above shows actual and projected growth of Nigeria's urban and rural populations. In 1950, Nigeria had over 30million rural population but less than 4million urban population. Over the years, Nigeria's rural and urban populations continued to grow, but after 1990, the rural population grew more slowly, whereas urban growth became very rapid. In 2005, Nigeria's rural population numbered over 75million compared to 65million urban population. By 2010, the urban and rural populations were nearly equal. It is projected that by 2015, three years from now, Nigeria's urban population will be almost 94million while the rural population will be around 82million. More people will be living in Nigeria's cities and the rapid urbanization is expected to continue into the future.

International data indicate that Nigeria has been experiencing one of the fastest rates of urbanization in the entire world. The growth rates of Nigeria's urban areas are almost double the growth rates of rural areas.



Focusing on the urban population is key to Nigeria meeting its overall economic and development goals.

Nigeria will not be able to meet its MDGs or Vision 2020 without addressing the growing urban population



With the country becoming even more urban in the future, Nigeria needs to focus on the urban population as this is a key factor to the country meeting its overall economic and development goals. Nigeria will not be able to meet its Millennium Development Goals (MDGs) or Vision 2020 without addressing the growing urban population.



Nigeria has a Vision for Urban Development

The National Urban Development Policy calls for:

- Providing adequate shelter for all
- Poverty reduction and economic empowerment
- Ensuring environmental sustainability
- Good governance and development

“The Urbanization process is irreversible in Nigeria and must therefore be turned into opportunities for growth”

...Permanent Secretary, Federal Ministry of Housing and Urban Development, Nigeria 2005 presentation.



Nigeria has a vision for urban development. The National Urban Development Policy calls for

- Providing adequate shelter for all
- Poverty reduction and economic empowerment
- Ensuring environmental sustainability
- Good governance and socio-economic development

As the Permanent Secretary of the Federal Ministry of Housing and Urban Development emphasized, the urbanization process is irreversible and we therefore need to turn urbanization and its challenges into opportunities for growth.



However, there are challenges with policy implementation which is resulting in poor quality of life for city residents, especially among the urban poor.

One of the key challenges in policy implementation of the urbanization plan is the rapid growth in the population of cities.



This creates a situation where the government is unable to:

- Maintain and expand infrastructure
- Provide adequate, high quality social services
- Create an environment that is conducive to economic development



However, there are challenges with the implementation of the National Urban Development Policy which is resulting in poor quality of life for city residents, especially among the urban poor.

One of the key challenges in Nigeria's implementation of the Urbanization Policy is the rapid growth of the population of cities. These have resulted in a situation where the government is unable to:

- Maintain and expand the physical infrastructure of Kaduna cities;
- Provide adequate, high quality social services; and
- Create an environment that is conducive to economic development

The very rapid growth of the urban population is a key factor behind the government's inability to:

- Maintain and expand infrastructure
- Provide adequate, high quality social services
- Create an environment that is conducive to economic development



Kaduna's Population Dynamics



Let us now focus on Kaduna and examine the dynamics of its urban population growth.

Let's Focus on 3 Urban Areas



http://inesm.education.unesco.org/files/ESA_revised_b22.pdf

For this booklet, Kaduna refers primarily to three LGAs - Kaduna North and South and Chikun. The three urban areas are the focus of NURHI in Kaduna.

Current Situation



1.4 million total population
in the 3 LGAs

(Kaduna North, Kaduna South and Chikun)



On average, each woman
has more than 4 children



20% of married women
use a modern method of
child spacing.



Almost 400 maternal deaths
per year

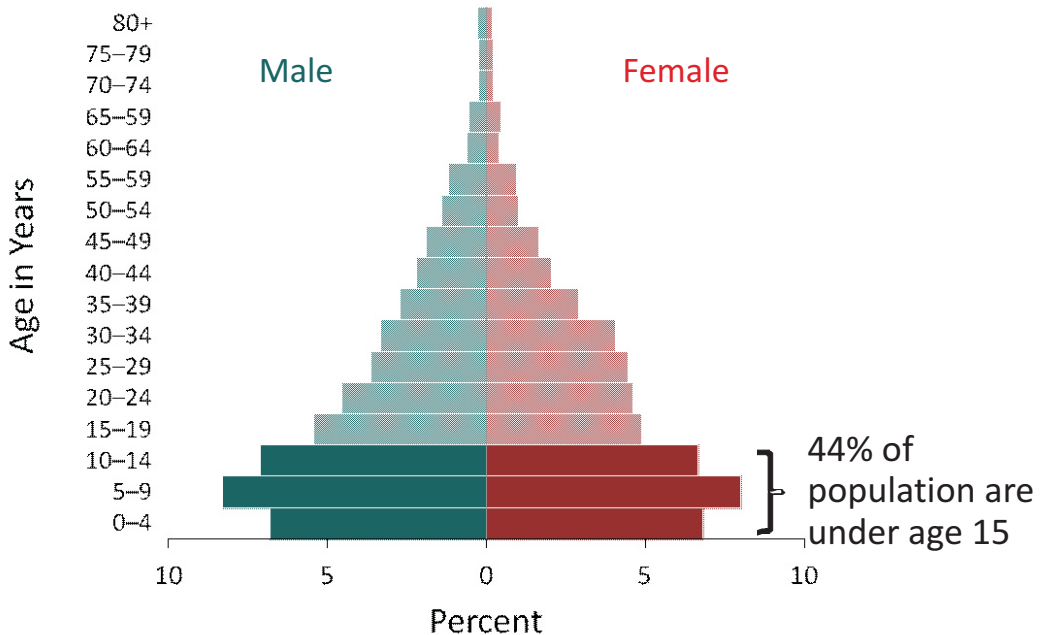


NURHI/MLE Household Survey, 2011

What is the current demographic situation in the three LGAs? The three LGAs combined have a total population of 1.4 million. A representative household survey conducted in 2011 by the MLE project estimated that the three areas have a total fertility rate of more than 4 children per woman by the end of her childbearing period. Only 20% of married women in Kaduna use a modern family planning method. Nearly 400 maternal deaths occur every year in these Kaduna areas.

Kaduna Population Structure

The young population provides a challenge and an opportunity



Source: Nigeria 2006 Population Census:

Because information on the age and sex composition at the LGA level is not readily available, we applied the age and sex percentage distribution of the state to the three urban LGAs in order to obtain numbers by age and sex.

It can be seen that Kaduna has a relatively young population, with 44% of the entire population under 15 years of age. While very large segments of Kaduna's population are concentrated in the ages 5-9 and 10-14, it can be seen that even the population in the youngest age group (0-4) is much larger than the population in ages 15-19, or 20-24, or any of the older adult ages.

Dependency Burden

(Population in the dependent ages (0-14 and 65 yrs. and older) compared to population in the working ages 15-64 yrs.)

631,000
population in
the dependent
ages 0 to 14 and
65 years+



737,000
population in
the working
ages 15-64 yrs.

Source: Nigeria 2006 Population Census

Kaduna's youthful age-structure raises many challenges. One of these is the dependency burden which can be measured in terms of the ratio of the population in the dependent ages (0-14 years and 65 years and older) to the population in the working ages (15-64 years).

The working age population refers to every person in ages 15-64, whether they are ages 15, 16, whether they are still studying, or out of school, ages 60, 64, single or married, working or not working, physically fit or challenged.

Kaduna's dependency ratio is close to 1, with nearly every person in the working ages 15-64 needing to support almost 1 dependent person.



Population and Development



Photo by Bonnie NURHI

Let us now examine closely the implications of the population characteristics of the three LGAs on some key development concerns which were identified by local child spacing advocates and champions.



Population and Economic Development are Linked

A much larger working age population compared to the population in young dependent ages was a key factor in the **Asian development miracle**

- As families became smaller, dependency significantly declined
- Greater emphasis on population quality rather than quantity meant increased investments by the state
- More and better educational opportunities emerged
- Greater productivity
- Investment in modern agriculture

Studies across the world show that population and economic development are linked. Declining fertility was a key factor in the Asian development miracle, or what the “Asian tigers” experienced. Sustained declines in fertility allowed for:

- Families becoming smaller. As the percentage of the population in the young dependent ages declined, the percentage of the population in the working ages grew larger, resulting in significant decline in dependency.
- The governments of the Asian tigers also emphasized population quality rather than quantity, and increased investments to improve the quality of the population.
- More and better educational opportunities emerged from increased government investments on education.
- More and better educated work force meant greater productivity and even more economic investments.
- More investments included investments in modernizing agriculture, using modern equipment and technology along with fewer but skilled agricultural workers.



Vicious Circle

Larger Populations
to be Supported

Need for More Infrastructure and
Services to Meet Needs of the
Population

More Women
Having Children

More and More
Resources Needed

Large Groups of
Women Entering
Reproductive Age

Struggle to Keep up with
Current Services, Inability
to Expand

Very Young
Population with many
Dependent Children

Lack of Opportunity



High Rates of Fertility

In contrast to the experiences of the Asian tigers, many African countries like Nigeria are in a vicious circle propelled by continued high rates of fertility that result into very young populations and many dependent children. Moreover, as a result of historically high fertility rates, large groups of women enter the reproductive ages every year, resulting in more women having children and even larger populations to be supported. All these indicate the need for more infrastructure and services to meet the needs of the population dominated by the very young who should be provided basic needs of food and health care. Thus, more and more resources are needed, as governments struggle to keep up with current services and experience inability to expand or improve services. All these lead to lack of opportunities, continuing poverty, illiteracy, gender inequality, poor health, and high maternal and infant mortality.

The objective of child spacing is to intervene and to contribute significantly to break this vicious circle.



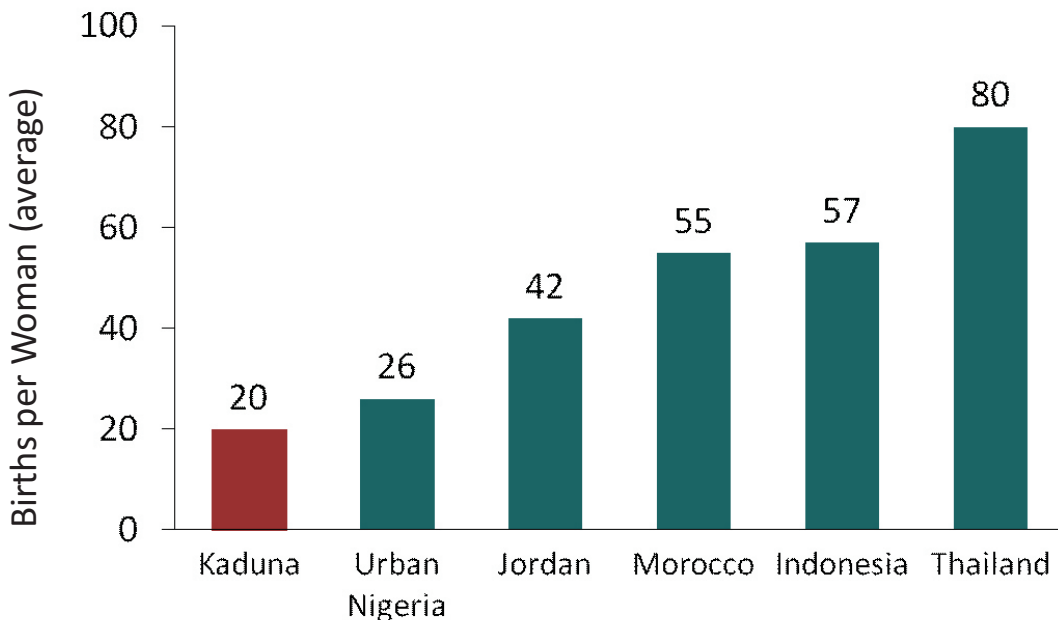
A key component to the success of the Asian tigers was investment in child spacing.

This led to improved quality of life and escalated economic development

What is important is that a key component of the success of the Asian tigers was investment in child spacing. Child spacing contributed to improved quality of life and the rapid economic development of the Asian tigers. Child spacing investments led to increased use of modern contraceptives in these Asian countries.

Modern Contraceptive Use

Percentage of Married Women using a Modern Contraceptive Method



Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

As the figure shows, the percentage of currently married women using modern contraceptives in Kaduna (20%) is lower than the corresponding figure for urban Nigeria (26%). What is also notable is that the levels of modern contraceptive use for the three urban Kaduna LGAs and that of urban Nigeria are much lower than national-level percentages of women using modern contraceptive methods in Jordan (42%), Morocco (55%), Indonesia (57%) and Thailand (80%).



Couples in Kaduna Want to Space their Births

- 1 in 4 women have an unmet need for child spacing.
- 1 in 3 of the poorest women have an unmet need for child spacing.
- Half of women say it would be a “big problem” if they were to become pregnant in the next few weeks
- Only 12% of men want a child in the next 2 years

Source: NURHI/MLE Household Survey, 2011

What is significant, however, is that married couples in Kaduna want to space their births. This was clearly indicated by data from the MLE survey conducted in 2011:

- 1 in 4 of all currently married women in the childbearing ages 15-49 have an unmet need for child spacing. Unmet need is a term that refers to those who want to space childbearing and those who already have all the children they want but are not using any method of child spacing.
- Moreover, 1 out of every 3 of the poorest women have an unmet need for child spacing
- Half of currently married women say it would be a “big problem” if they were to become pregnant in the next few weeks
- Even husbands agree about the need to space childbearing! Only 12% of men want a child in the next 2 years

Clearly, Kaduna should improve access to child spacing services in order to respond to the expressed spacing needs of couples.

Kaduna has an opportunity to improve the quality of life of its population.

2 Potential Futures:

Scenario 1: Maintain Current Trends

What if things continued as they are now?

Scenario 2: Investment in Childbirth Spacing

What will happen if there is an investment in child spacing services and unmet need is met?

Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

In order to appreciate the implications of improved childbirth spacing services, let us look at two potential future scenarios:

Scenario 1 answers the question “What if things continued into the future as they did before and now?” This is also called the base (or reference) scenario. This scenario uses past trends in contraceptive prevalence increase in the urban areas of Nigeria based on the 1999 to 2008 Nigeria Demographic and Health Surveys. These national demographic surveys showed an average of 1.06 percentage point increase in contraceptive prevalence in the urban areas of Nigeria between 1999 and 2008.

Scenario 2 answers the question: What will happen if there is improved investment in child spacing services and unmet need is met?



Nigerian Urban Reproductive Health Initiative (NURHI) is a Project that is Supporting Quality Childbirth Spacing/ Family Planning in 4 Nigerian Cities:

- Kaduna
- Abuja FCT
- Ilorin
- Ibadan

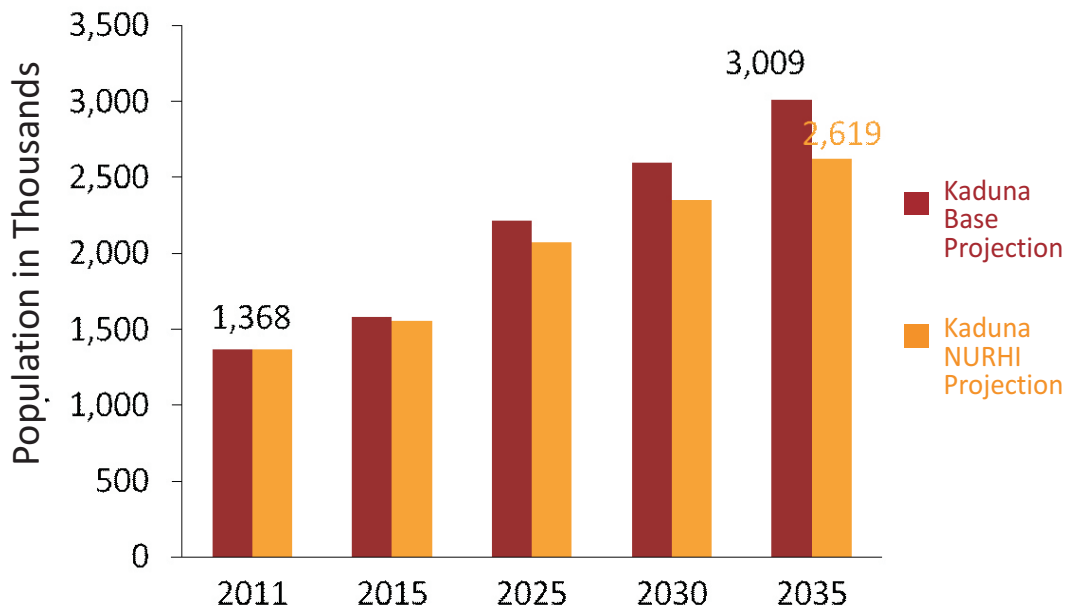
NURHI aims to increase child spacing services usage by 20 percentage points in each city by providing quality services that couples can access

Source: NURHI/MLE Household Survey, 2011

NURHI, or the Nigeria Urban Reproductive Health Initiative, is a project implemented by a consortium led by Johns Hopkins Bloomberg School Public Health Center for Communication Programs, other international development agencies and Nigerian organizations in partnership with local government health departments. NURHI is supporting the provision of accessible and high-quality child spacing services in four Nigerian cities: Kaduna, Abuja FCT, Ilorin and Ibadan. NURHI aims to increase use of child spacing services by 20 percentage points in each city by providing quality services that couples can access.

Total Population

Actual and projected total populations of three Kaduna LGAs



Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

Under the Base Scenario wherein contraceptive use in Kaduna will increase gradually based on past trends, the population is projected to grow from 1.4million in 2011 to 1,579,000 in 2015 and continue to increase to 3million in 2035.

Under the NURHI scenario where contraceptive use increases significantly, Kaduna's total population will be 1,558,000 in 2015 and 2.6million in 2035. The difference in total populations between the base scenario and the NURHI scenario for Kaduna becomes larger over time and reaches almost 400,000 in 2035.

Impacts on Different Sectors

Health



Photo by Bonnie NURHI

Education



© 2006 Babafunke Fagbemi, Courtesy of Photoshare

Infrastructure



Photo by Bonnie NURHI

Food Security



Photo by ILO/AT HOPE

Let us now examine projected population changes achieved through two different child spacing scenarios and their implications on selected social and economic development concerns of Kaduna.



“All stakeholders need to appreciate the linkages of population factors with broader development issues like housing, education, health, agriculture, energy, environment, gender concerns, food security and the security of life and property.”

...Nigeria National Policy on Population for Sustainable Development: January 2004

As we examine the implications of Kaduna’s population changes on selected social and economic development concerns, let us also keep in mind the emphasis placed by Nigeria’s 2004 National Policy on Population for Sustainable Development on the linkages of population factors with broader development issues like health, housing and education.



by Bonnie NURHI

Health

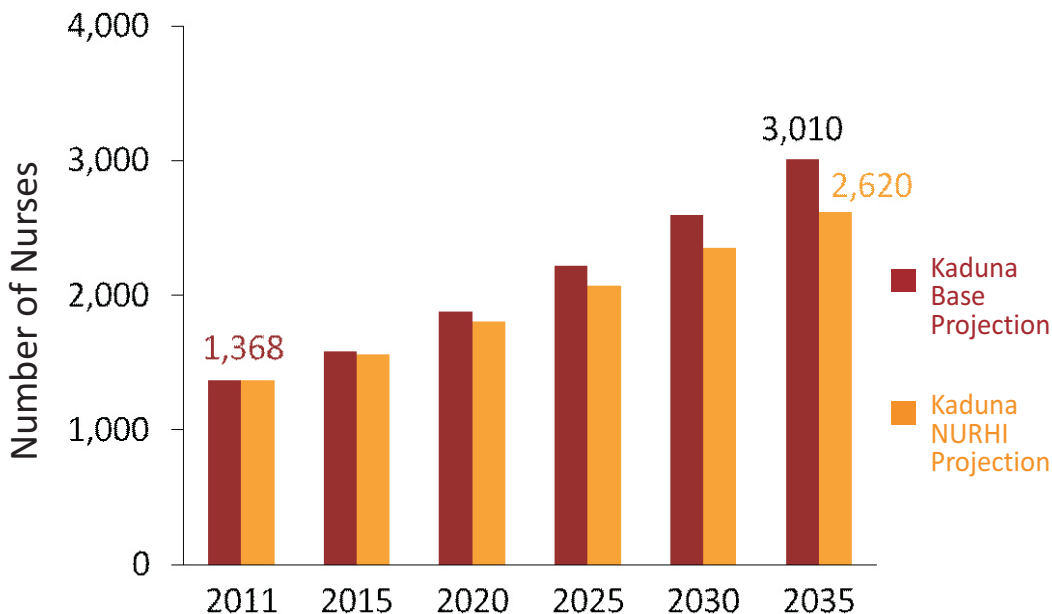


Source:

The section focuses on the Health implications of our two projection scenarios.

Number of Nurses Required

Assuming WHO standard of 1 nurse per 1,000 population

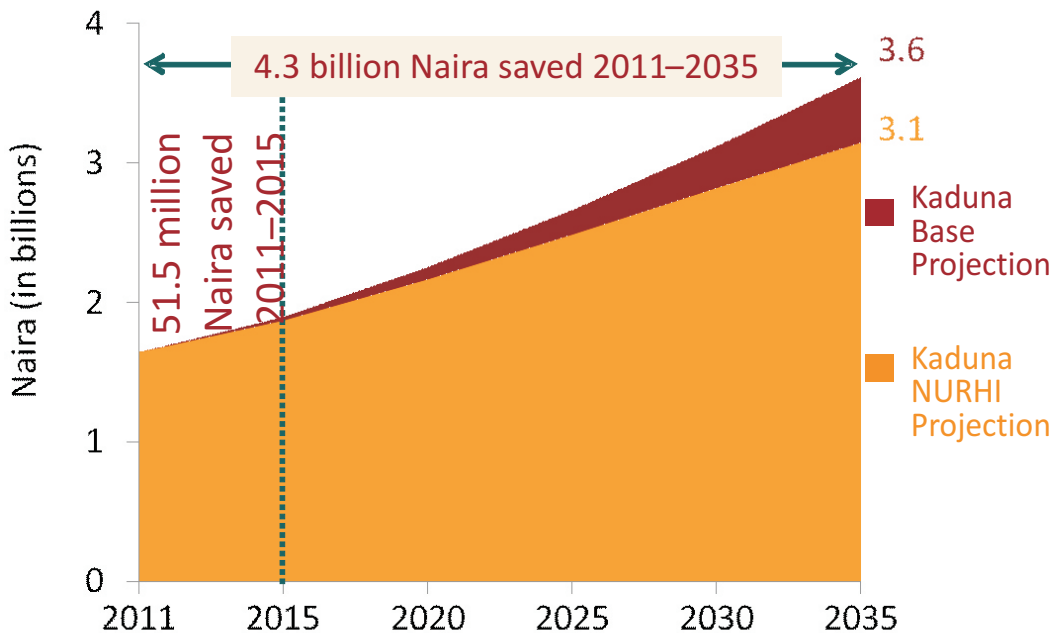


Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

Using the WHO standard of 1 nurse for every 1,000 population, the number of nurses that is required for Kaduna to meet the standard would increase from 1,368 nurses in 2011 to 3,010 nurses under the base projection scenario. In contrast, Kaduna would need 2,620 nurses under the NURHI projection scenario. Fewer nurses would be needed by the three LGAs if the projected total population would be lower.

Health Resources Required

Based on Per Capita Health Spending



Source of Per Capita Spending data: Human Resources for Health by African Health Workforce Observatory 2002

Using the figure of 1,200 Naira per capita health spending per person per year, the amount of health resources required just to maintain this low level of per capita spending would reach almost 3.6 billion Naira under the Kaduna base scenario compared to be 3.1 billion Naira under the NURHI scenario. The cumulative potential savings generated between 2011 and 2035 by the NURHI projection scenario will reach 4.3 billion Naira.



NURHI Health Savings, 2015 & 2035

Comparison between actual and recommended per capita spending



	Cumulative savings generated by achieving the NURHI Scenario instead of the base scenario	
Per Capita Spending in Health	2011–2015 Savings	2011–2035 Savings
Actual: 1,200 Naira	51.5 million	4.3 billion
Recommended: 5,100 Naira	219 million	18.1 billion

Source of expenditure data: Human Resources for Health by African Health Workforce Observatory 2002

As stated in the previous page, the estimated per capita spending on health in Kaduna at present is about 1,200 Naira per person per year. If the same amount would be spent per person per year, the NURHI scenario with its lower population totals would save 51.5 million Naira during just 4 years, from 2011 and 2015. The cumulative savings from 2011 to 2035 would reach 4.3 billion naira.

Of course, current per capita spending on health in Kaduna is still very low. What is really recommended is 5,100 naira per person per year so that all basic health needs and care are met. If health spending per capita would significantly increase to the recommended level, and the NURHI scenario would be realized, cumulative future savings would be 18.1 billion Naira. These savings also mean that the health sector can even use the health budget to improve the quality of care, through more and better trained health workers, more modern medical equipment and health supplies, and more health infrastructure all over the city.

“The key challenges to reducing infant mortality include population, declining resources and wide geographic variations.”

Major challenges to reducing maternal mortality include “a dearth of skilled personnel and a shortage of family planning facilities”.

Nigeria Millennium Development Goals: Report 2010



As Nigeria’s MDG Report for 2010 stated, reducing infant mortality requires addressing the population challenge, for which the key intervention is family planning. The MDG Report also cites the need to reduce maternal mortality by addressing challenges which include the shortage of skilled health personnel and FP facilities.



Risky Births

Percentage of births with any risk factor

Year	Kaduna Base Projection	Kaduna NURHI Projection
2011	64	64
2015	63	52
2035	59	41

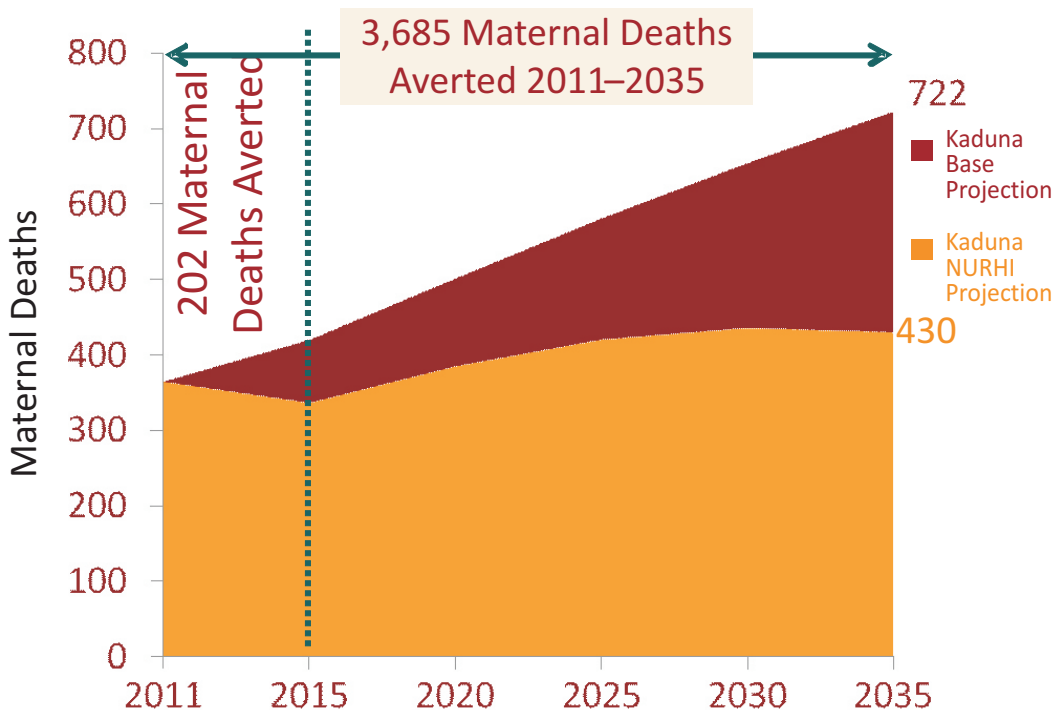
High risk births result in maternal and infant deaths and are very expensive to attend to at health facilities.

High risk births refer to the 4 TOOs or births that are:

- Too early – when the birth occurs to a woman who is very young i.e. less than 18 years old, as the woman is still developing and growing physically and emotionally.
- Too soon – when a birth occurs too soon after a previous birth. Global studies show that a birth occurring less than 3 years after a previous birth has a high risk of mortality.
- Too many – when the birth is already the fifth or even higher order birth.
- Too late – when the birth occurs when the mother is older i.e. over 35 years of age.

The percentage of births with any of the risk factors just cited would be higher under the base scenario projection for Kaduna, compared to lower proportions that are high risk under the NURHI projection. High risk births result in maternal and infant deaths and are very expensive to attend to at health facilities.

Maternal Deaths Averted

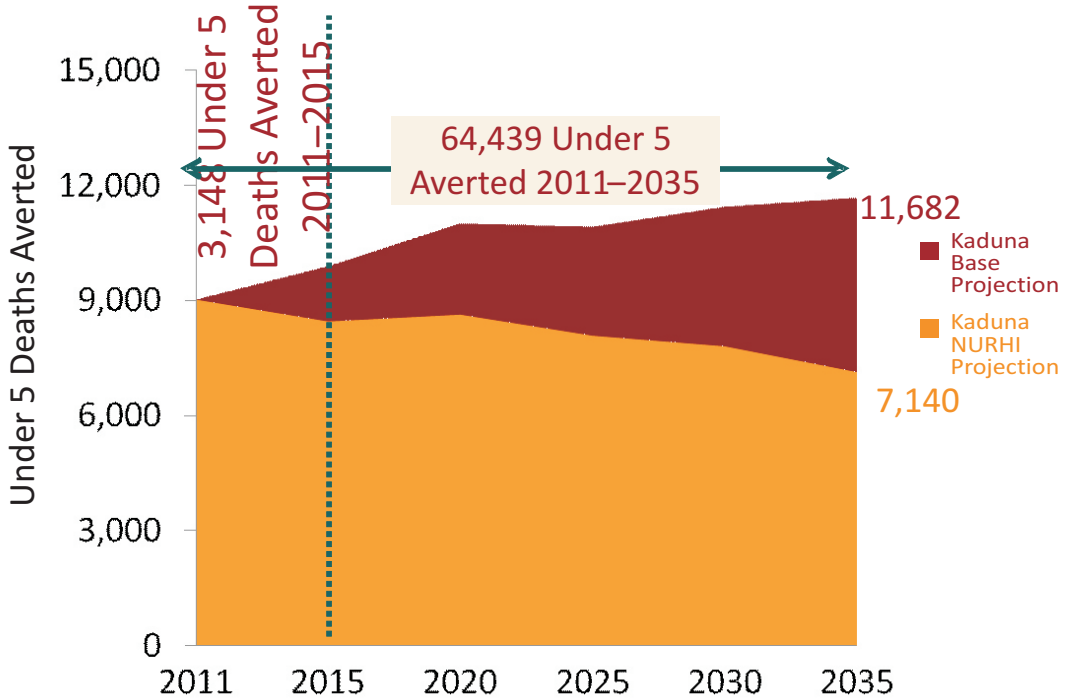


Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

Child spacing services can help prevent high risk pregnancies from occurring. While gradual use of child spacing services would help prevent maternal deaths, the number of maternal deaths that would occur under the base scenario would still be higher than the NURHI scenario that assumes significant increase in use of child spacing services. Through NURHI, nearly 202 maternal deaths can be averted between 2011 and 2015, because greater numbers of high-risk pregnancies are prevented from occurring over the given time period.

Under 5 Deaths Averted

Averted deaths in children ages 0-4 years.



Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

Also, the number of deaths occurring to children under 5 would be smaller under the NURHI projection scenario compared to the base scenario. Through increased use of child spacing services, a greater number of high-risk pregnancies are prevented from occurring, and as a result, larger numbers of deaths to children under 5 are prevented.



Infant Mortality Rate

Number of deaths to babies less than 1 year old for every 1,000 births

Year	Kaduna Base Projection	Kaduna NURHI Projection
2011	75	75
2015	73	49
2035	64	24

Infant Deaths Averted:

2,027 between 2011 –2015

31,998 between 2011 –2035

Source: NURHI/MLE Household Survey, 2011 and DHS and RHS Surveys

In terms of infant mortality alone, the NURHI projection implies more than 2,000 infant deaths averted in the 4 year period between 2011 and 2015. A cumulative number of 31,998 infant deaths will be averted between 2011 and 2035.

The resulting infant mortality rate for Kaduna would be 49 under the NURHI projection scenario compared to a much higher 73 infant deaths per 1000 live births under the base projection scenario.

Health Benefits of Investing in child spacing:



Reduce the number of maternal, infant and child deaths



Increase life expectancy



Free up resources that can be invested in strategies to improve quality and access to essential health services



Reduce the strain on health staff and infrastructure



The projection scenarios for the health sector serve to illustrate the health benefits of investing in improved child spacing services which include:

- Reduction in the numbers of maternal, infant and child deaths.
- Increased life expectancy.
- Resources freed up that can be invested in strategies and interventions to improve the quality of and access to essential health services.
- Reduced strain on health staff and infrastructure.

Education



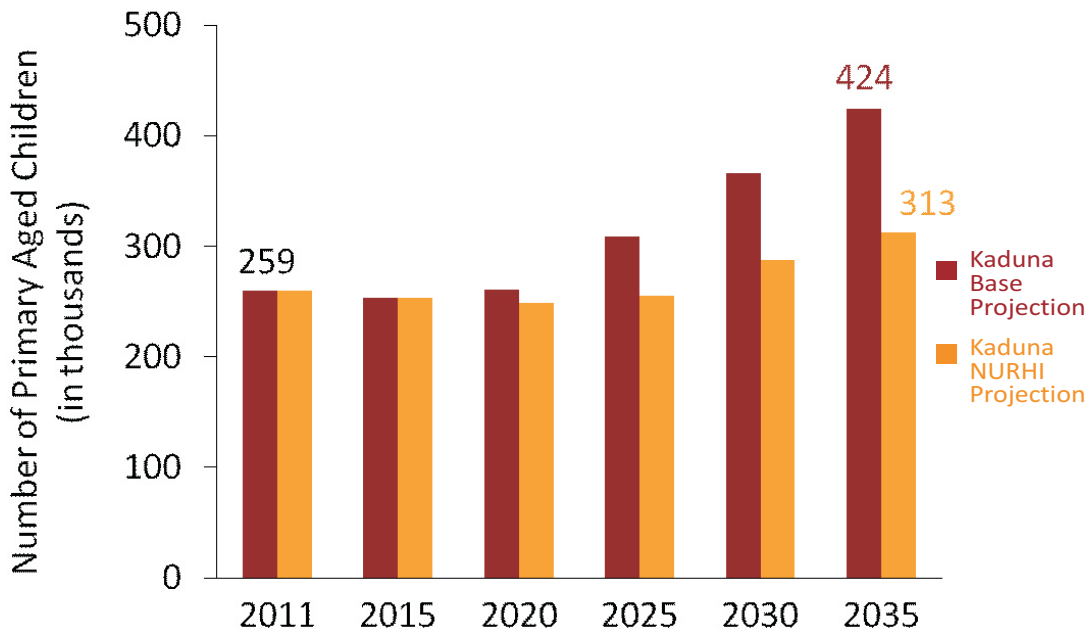
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This section examines the implications of child spacing projection scenarios on education.

Primary School Aged Children

Number of Children Aged 6–11 years



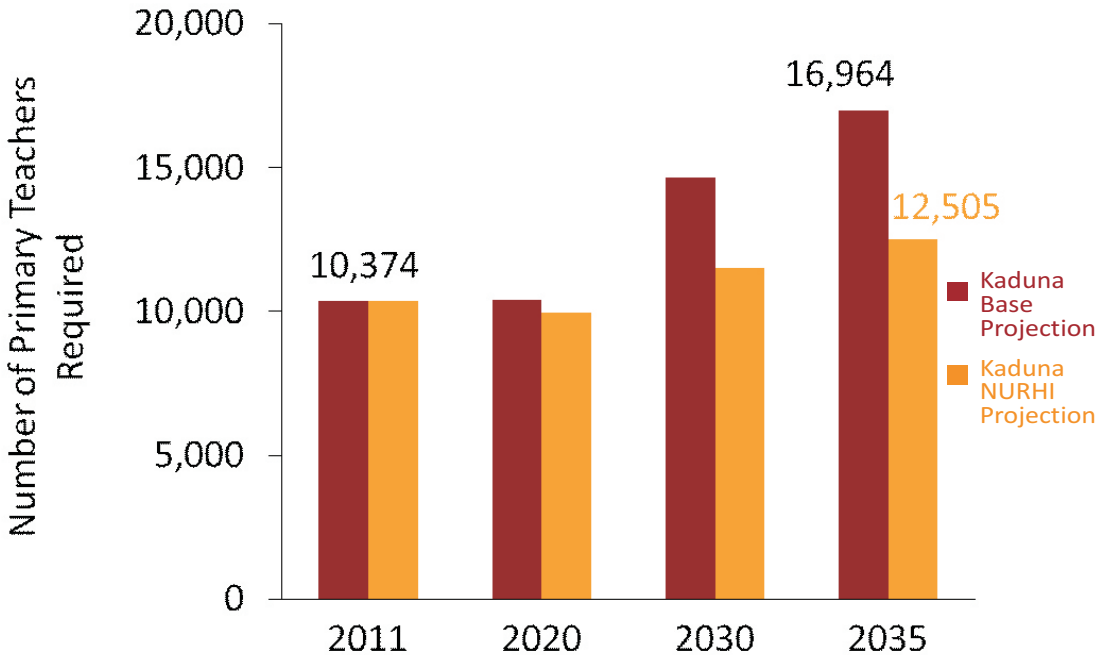
National Bureau of Statistics: Social Statistics in Nigeria 2009

The number of primary school aged children- or children ages 6 to 11 years – in Kaduna was estimated to be about 259,000 in 2011. The number of primary school aged children will increase to 424,000 under the base scenario projection compared to 313,000 under the NURHI scenario.

The impact of much higher FP use under the NURHI projection becomes noticeable starting 2020 and more pronounced thereafter as the number of children in the ages 6-11 gets lower and lower. By 2035, the NURHI projection translates into 111,000 less children aged 6-11 years that must be provided primary education.

Primary Teachers Required

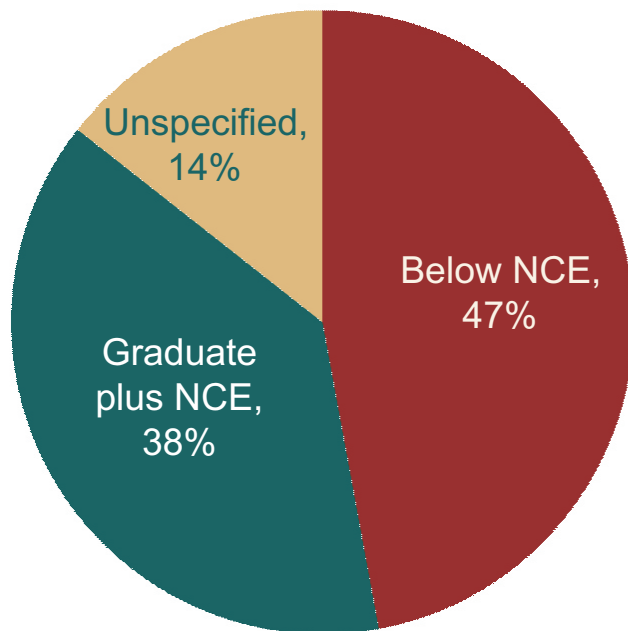
Assuming 1 teacher to 25 pupils



Teacher Student Ratios are from the Annual School Census

Larger numbers of children in the primary school ages require more primary school teachers even at the current standard of 1 teacher for every 25 students. To meet this current standard, Kaduna would require over 10,000 teachers at present. Meeting the same standard in the future will require almost 17,000 primary school teachers under the base projection scenario compared to 12,505 under the NURHI projection scenario.

Quality of Primary Teachers in Kaduna State



Previous slide showed the number of teachers required based on this same distribution. It would take more resources to make sure that all teachers are qualified.

National Bureau of Statistics: Social Statistics in Nigeria 2009

As the previous page showed, the number of teachers required is much larger under the base scenario compared to fewer under the NURHI projection scenario. But this refers only to efforts to meet the increasing numbers of school children – or efforts to accommodate increasing quantities or numbers of children.

The current distribution of primary school teachers by educational background is shown in the pie chart. Only 38% are graduates with NCE credentials. Significant additional resources are needed to ensure that all teachers are qualified and have graduate or higher educational background and NCE status.



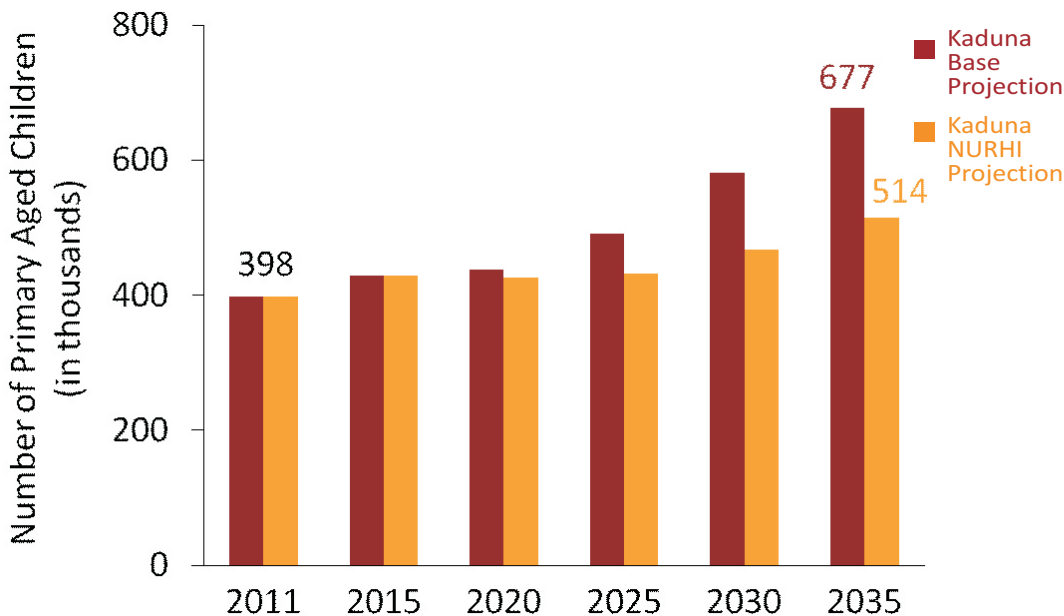
Under the Universal Basic Education Act all states are required to provide free access to 9 years of “good schooling for all children between the ages of 6 and 15 years”.

... Kaduna Education Strategic Plan (ESP) 2009 - 2020

Through its National Universal Basic Education Act, Nigeria occupies a unique place among African countries for its ambitious objective of free basic education for all children between the ages of 6-15 years. This objective is also emphasized in Kaduna’s Education Strategic Plan. But meeting the national policy and Kaduna’s objectives in the education sector will be a major challenge.

Basic Education Aged Children

Primary and Junior Secondary (Ages 6–15)



Source: Spectrum RAPID projections.

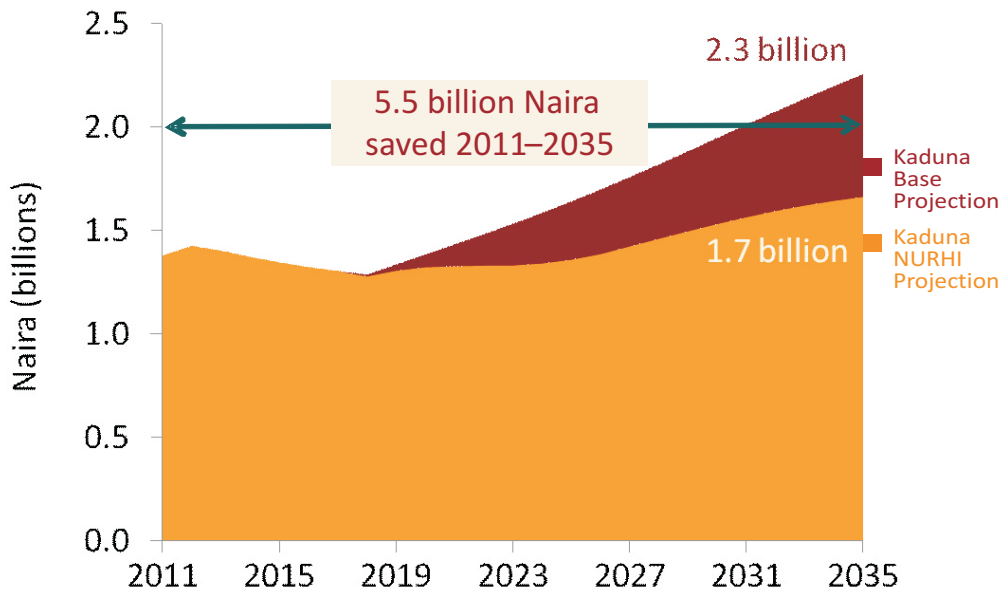
The number of primary and junior secondary-aged children in Kaduna was almost 400,000 in 2011.

The number is expected to rise to 677,000 in 2035 under the base projection scenario.

The NURHI scenario will result into a lower 514,000 children ages 6-15 years requiring basic education.

Education Resources Required

Per Capita Spending of 5,319 Naira



Source: Spectrum projections based on expenditure data from the Kaduna Education Strategic Plan (ESP) 2009 - 2020 (draft outline for a consolidated Kaduna State Education Plan)

According to Kaduna's Education Strategic Plan 2009-2020, the average per capita expenditure per primary school child is 5,319 naira. Applying this figure to the two projection scenarios allows us to compare the resulting total expenditures required by each scenario.

Starting around 2017, the impact of higher fertility decline becomes more visible as fewer numbers of children require primary education under the NURHI scenario. In 2035, the NURHI scenario would result in 1.7 billion naira to educate primary school-aged children compared to 2.3 billion naira under the base scenario. The cumulative total savings from 2011 to 2035 between the two scenarios would be 5.5 billion naira, emphasizing once again how NURHI efforts in FP imply important benefits even in the education sector.

Education Benefits of Investing in child spacing:



Reduce the strain on teachers and infrastructure



Free up resources that can be invested in strategies to improve the quality of education and prepare the next generation to participate in the global economy



Assist Kaduna in meeting the Education Sector goal of universal basic education



NURHI/MLE Household Survey, 2011

Overall, the education benefits of investing in child spacing include:

- Reduced strain on teachers and the education infrastructure.
- Resources freed up which can be invested in strategies to improve the quality of education and prepare the next generation to participate in the country's efforts to be a major participant in the global economy.
- Assists in achieving the Education sector goal of universal basic education.



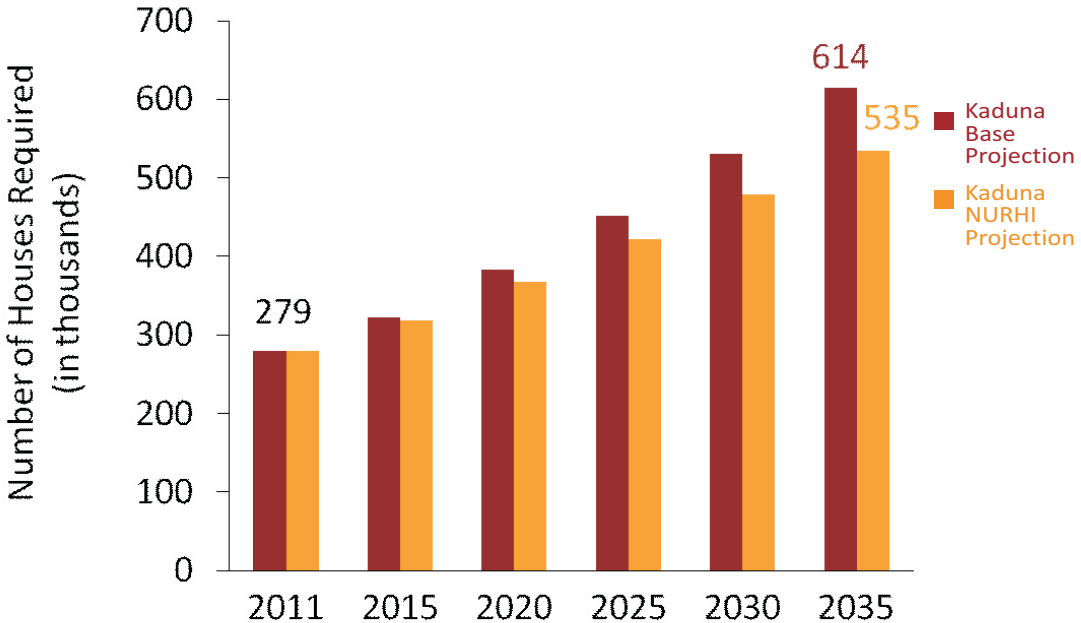
Infrastructure



This section deals with physical and economic infrastructure.

Housing Requirements

Assuming average household size of 4.9 people



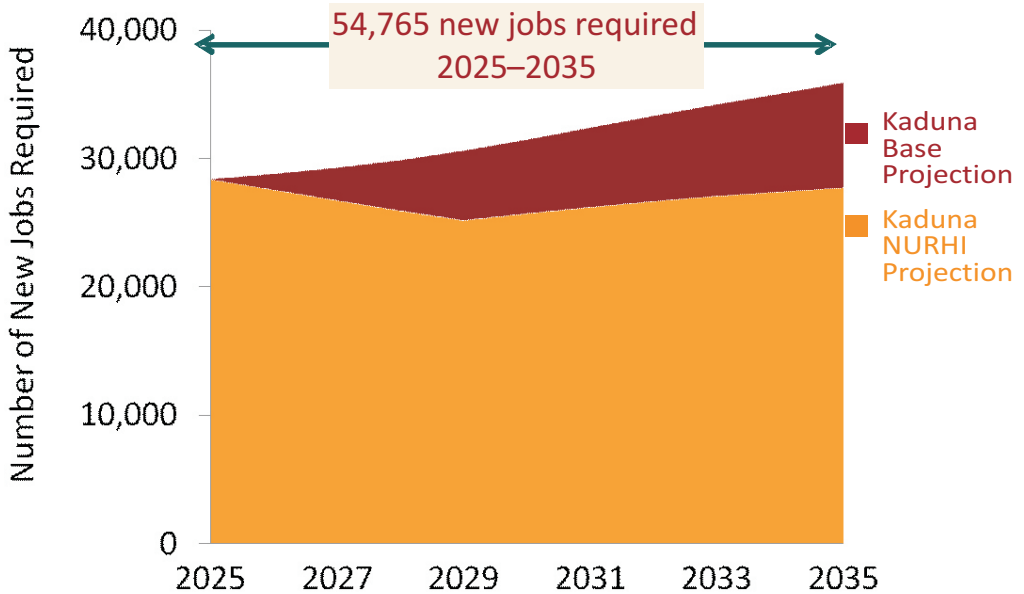
Source: Spectrum RAPID projections based on MLE data.

If we apply the MLE survey figure of 4.9 average household size in Kaduna to the projected total population, we can arrive at an estimate of housing requirements for the future.

Considering the larger population base, 614,000 houses would be required under the base projection scenario compared to 535,000 under the NURHI projection scenario. We are looking here only at the quantity or numbers of houses, and we do not assume anything here about housing quality.

New Jobs Required

2025 2035



Source: Spectrum RAPID projections.

The difference between the base projection scenario and the NURHI projection becomes apparent after 15 years, as higher FP use in the NURHI projection scenario result into smaller numbers of people in the working ages 15 to 64 years compared to the base projection scenario. In 2035, the number needing new jobs could reach almost 36,000 under the base projection scenario compared to just under 28,000 for the NURHI scenario. The cumulative differences from 2025 to 2035 sum up to almost 55,000 new jobs that must be created in Kaduna in one decade just to meet the employment requirements of new entrants into the city's work force.

Infrastructure Benefits of Investing in child spacing



Reduce strain on housing requirements



Likely lower the numbers and percentages of those living in slums



Slower growth of numbers of new entrants into the working age population so that adequate strategies for job creation can be implemented, reducing the number unemployed



NURHI/MLE Household Survey, 2011

Investing in child spacing yields benefits in physical and economic infrastructure that include among others:

- Reduced strain on housing requirements
- Likely lowered numbers and percentages of the population living in slums
- Slower growth of numbers of new entrants into the working age population. This will in turn help ensure that strategies for job creation can be formulated and implemented, in turn reducing the number unemployed.



Food Security



In this section we examine implications on food security.







“When all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life.”

...Definition of Food Security from the 1996 World Food Summit

Food security was defined by representatives from countries all over the world during the 1996 World Food Summit as the situation *“When all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life.”*

Even though Kaduna State is an area of food production for the entire country, food security remains a problem for the people in Kaduna because:

-  Urbanization has led to fewer families growing their own food through farming
-  Increases in food production are unable to keep up with population growth
-  Inflation has meant that food prices are increasing faster than wages
-  Large family size puts pressure on the wage earners to purchase food for a large number of people

NURHI/MLE Household Survey, 2011

Even though Kaduna State is an area that produces food for the entire country, food security remains a problem for the people in Kaduna including the city because:

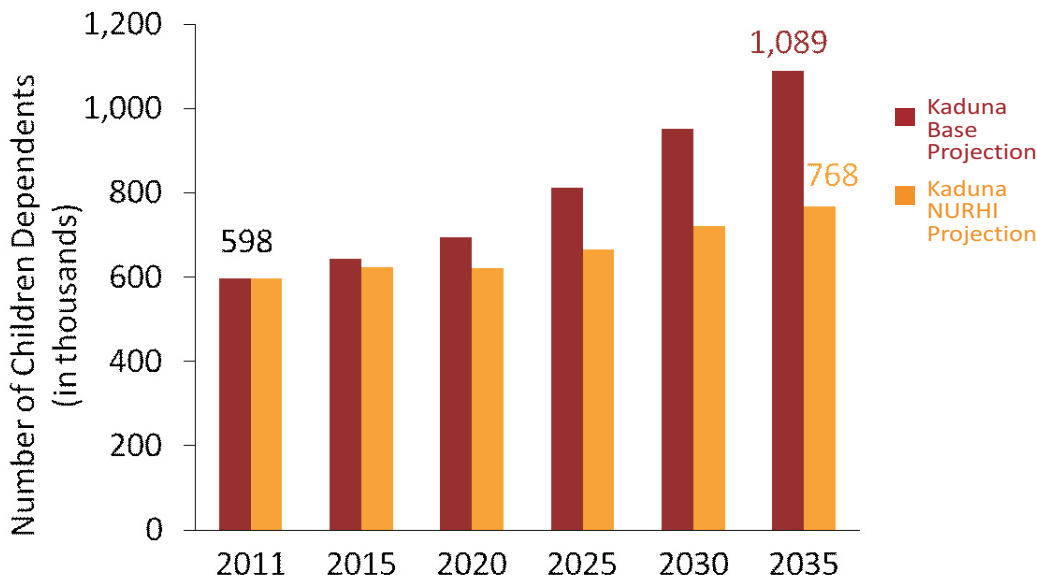
- Urbanization has led to fewer families cultivating their own farm and providing their own food through farming
- Increases in food production cannot keep up with population growth
- Inflation has meant that food prices are increasing faster than wages, making it difficult for people who need to buy their food, including the poor who live in cities where food has to be purchased.
- Large family size puts pressure on breadwinners and wage earners to purchase food for their family members and dependents.

Child Dependents

Number of children less than 15 years of age

22% of children under 5 in Kaduna State are under weight for their age.

2008 NDHS



Source: Spectrum RAPID Projections based on MLE Data.

At present, an estimated 598,000 comprise Kaduna's population of less than 15 years of age. The number of children less than 15 years of age will be higher under the base scenario projection compared to the NURHI scenario. In 2035, an estimated 768,000 children is projected for the NURHI scenario compared to 1.1million children under the base projection scenario.

Bear in mind that at present, as much as 22% of children under 5 years of age in Kaduna state are underweight for their age. The food insecurity that these children face at present must be addressed to ensure better futures for all of them.



What Can We Do?



Photos by Bonnie NURHI

Considering these developmental challenges and the favorable population changes that would be brought about through NURHI's efforts to increase contraceptive use, what can we do?



26% of currently married women of reproductive age in Kaduna want to space or limit their births but are not using contraception

MLE Baseline Survey: Kaduna 2011



Photo by Bonnie NURHI

The MLE survey revealed that 26% of currently married women in the reproductive ages 15-49 in Kaduna want to space or limit pregnancies but are not using any type of contraception, whether traditional or modern. Clearly, married women in Kaduna want to plan their childbearing.



Summary

Improving access and utilization of high quality child spacing services will:

Enable couples to space their children...



Reduce the number of maternal and child deaths...



Thereby support Kaduna in reaching its ambitious goals of improving the quality of life of its population.

Photos By: Bonnie NURHI



The very high level of unmet need among women and couples in Kaduna requires prompt response from officials and leaders at all levels in order to improve the population's access to high quality child spacing services. A concerted response to improve FP services will

- Enable couples to space their children
- Reduce the number of maternal and child deaths
- Thereby support Kaduna in reaching its ambitious goals of improving the quality of life of its population.



What Needs to be Done Right Now?

- Create a budget line and release funds for reproductive health/child spacing services in Kaduna State Ministry of Health and Local Government budgets
- Push for passage of the bill for free MCH
- Speak out, and encourage others to speak out, about the important role of child spacing in preventing maternal and child deaths.





“I want to appeal also to the district heads, village heads, ward heads, and all religious leaders to join in this effort in the enlightenment exercise of pregnant women most especially in child spacing so that women can be much healthier and I want to thank all those who have contributed in this exercise so that we shall continue to take care of our pregnant women, child spacing as well as giving medicine to children under 5 years. Thank you for embarking on this exercise. Thank you and God bless.”

Transcript of Emir of Zazzau’s speech, July 2011



NIGERIAN URBAN REPRODUCTIVE
HEALTH INITIATIVE

Nigerian Urban Reproductive Health Initiative (NURHI) is a Project that is Supporting Quality Family Planning in 6 Nigerian Cities:



Get it together

KNOW. TALK. GO.

- Abuja FCT
- Kaduna
- Ilorin
- Ibadan
- Benin
- Zaria

NURHI aims to increase family planning by 20 percentage points in each city by providing quality services that couples can access

Nigeria Urban Reproductive Health Initiative (NURHI), is a project implemented by a consortium led by Johns Hopkins Bloomberg School Public Health Center for Communication Programs, other international development agencies and Nigerian organizations in partnership with local government health departments. NURHI is supporting the provision of accessible and high-quality family planning services in four Nigerian cities: Kaduna, Abuja FCT, Ilorin and Ibadan. NURHI aims to increase modern family planning use by 20 percentage points in each city by providing quality services that couples can access.



NURHI

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