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HEALTH, SECTOR FILE NIGERIA - POPULATION, General The World Bank/IFC/MIGA
OFFICE MEMORANDUM

DATE: April 23, 1993 03:51pm

TO: Josephine Woo (JOSEPHINE WOO)

FROM: Susan Cochrane, PHN (SUSAN COCHRANE)

EXT.: 33222

SUBJECT: Nigeria- Social Sector Strategy Review

This is an informative and clearly written report. I do have a few major and minor points.

Fertility- Now that the new DHS is available, we can fine tune our previous project design. The project and the use of the DHS results in the paper are basically fine, but the new data illustrate some issues that need more attention:

- (1) The fact that the age of marriage has not increased much over the last decade (para 1.28) is discouraging and implies that something more than the current policy is needed. This is a politically tough problem, particularly in the North. (One doctor from Iran who had lived in the North for 15 years claims that he was recently run out of the country for the activities he was undertaking to protect girls as young as 12 from being married.) As indicated in the report, this is not a simple issue, but some countries in North Africa have had success with improved personal and family status laws which have had some effect in increasing the age of marriage. Schooling of girls is important, but if girls have no right to refuse a marriage offer sanctioned by her parents, educating them to want later marriage may not help.
- (2) The report rightly points out that the level of contraceptive knowledge is low. The level of contraceptive knowledge in Nigeria appears to be the second lowest of the 44 countries for which information is available from the DHS. Only 42% of the currently married women of reproductive age know of a modern method of contraception. In Mali only 30% of women have such knowledge. The next lowest country is YEMEN with 53% while in Ghana the figure is 77%. Clearly, the good IEC program build into the current project needs to be considered for expansion.
- (3) The report is slightly ambivalent about the targets under the Population Policy. In one place it applauds them and in another it states that they are so ambitious that they may lead to discouragement. I agree with the report that such discouragement is a serious problem. The report suggests using some intermediate targets such as contraceptive prevalence. I think this is a good idea. It may also be useful to present targets in terms of unmet need, a point that Tom has made

elsewhere.

- (4) (Minor point) On page 15, the 3% number is misleading. 225 of 1650 is a lot more than 3%. 225 of 7,725 is 3%, but is that the relevant comparator?
- (5) In the Box on page 18, I think it is misleading to give all the points of the program in Zimbabwe as if they alone are the determinants of high usage. Zimbabwe has had a good program of widespread education and access to health which have had an important role in increasing the willingness and motivation to contracept which has been important for increasing contraceptive use.
- (6) Finally, I am not sure that at the low level of demand for or knowledge of family planning, the Community Based Distribution Program is the way to go. I know it is working in one part of Kenya, fairly widely in Zimbabwe and very widely in Indonesia and Bangladesh, but I think we need to look at what the preconditions are. Perhaps in the South some pilot CDB programs would be warranted, but not massively. (After conversations with Randy.)
 - (7) Why were market women banned from providing orals?

Other sections- I only glanced over the other parts of the report, but there are a few questions that I have on other sections of the report.

- (1) Paras 39 and 40 in the Executive Summary seem inconsistent. I don't see how the fact that 43% of pre-schoolers are malnourished is consistent with the fact that the shortage of food per se is not a problem. I do agree that bad nutrition practices may explain the under 2 malnutrition, but all of preschool? IT is an important question, but I'm not a nutritionist, so.....
- (2) You allude to the fact that universities are sometimes too small, but Table 4.1 indicates that they be massively too small. This is a general problem in LDCs and might deserve a little more attention.
- (3) The education section is well done, but I have two points: (a) I think that textbooks get too little attention. It is mentioned that they are being dealt with in a Bank loan, but nothing beyond that. They are a major determinant of achievement, but expensive. They are not well dealt with by lumping them under instructional materials. (b) Table 4.12 is very useful, but it could be made more so by incorporating alternative population growth rates and showing the tradeoffs between expanding enrollments and growing population. Our demographers headed by Ed Bos could help with the projections.

(4) Just to satisfy my curiosity, in para 4.30 what is "caution"?

Thank you for the opportunity to read an interesting and well thought-through report.

	Ian Porter	(IAN PORTER)
cc:	Tom Merrick	(TOM MERRICK)
	Susan Sebastian	(SUSAN SEBASTIAN)
CC:	Institutional ISC Files	(INSTITUTIONAL ISC FILES)