

**Title:** Government Stakeholders' Perspectives on the Family Planning Environment in Three Nigerian Cities: Qualitative Findings from the NURHI Sustainability Study

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**Short Abstract (150 words):**

Using in-depth interviews with key government stakeholders, this study examines stakeholders' perspectives on government's role within the family planning environment with a specific focus on how their views reflect the sustainability of Nigerian Urban Reproductive Health Initiative (NURHI) programming. Our results demonstrate that stakeholders strongly believe that government should be leading the family planning environment but are open and eager for foreign donors to provide support. Financial support for family planning was a key topic with stakeholders emphasizing recent dedicated family planning budget lines as an example of institutionalization of NURHI programming. Advocacy groups, as supported by NURHI and other NGOs, have played a key role in securing government financing for family planning.

**Long Abstract:**

**Introduction**

Nigeria's population more than doubled in size from 1990 to 2019 and is expected to grow by 200 million from 2019 to 2050, an absolute growth in population numbers only exceeded by India<sup>1</sup>. The Nigerian government faces many challenges in ensuring that such a large population is healthy and educated, highlighting the need for quality family planning services. In 2018, only 12.0% of women of reproductive age currently in union and 27.7% of sexually active unmarried women were using a modern contraceptive method<sup>2</sup>. As part of their FP2020 commitment, the Nigerian government has pledged to achieve a modern contraceptive prevalence rate of 27% among all women of reproductive age by 2020<sup>3</sup>. To reach this ambitious goal, the government must work with all stakeholders to create an efficient and sustainable family planning environment.

Over the past decade, the Nigerian government has established new mechanisms of support to reach family planning goals. In 2011, the government removed the fees for family planning commodities and committed to making its first contributions to the commodities budget, which had previously been

solely donor driven<sup>4</sup>. In 2017, at the Family Planning Summit in London, the Nigerian government updated its 2012 commitment of \$11.35 million annually for the procurement of contraceptives from 2013-2016 to \$4 million annually (HIP), yet only a quarter of that new goal was spent in 2017<sup>5</sup>. Additionally, the government pledged to disburse \$56 million to the states through the International Development Assistance loans and Global Financing Facility<sup>6</sup>. Ensuring a dedicated and implemented family planning budget line at the federal and state levels is a key element of ensuring family planning in low-resource settings<sup>7</sup>.

Sustainability, defined by Proctor as “the extent to which a newly implemented treatment is maintained or institutionalized within a service setting’s ongoing, stable operations<sup>8</sup>”, is an important yet poorly researched component of a program’s impact<sup>9</sup>. Programs that are weak sustainers can have negative impacts on the health outcomes they were originally targeting by damaging trust with communities and organizations<sup>10</sup>. While many factors impact sustainability, one important factor is whether there are other partners or external funding sources maintaining programming<sup>11</sup>. Reviews of studies on sustainability noted the pervasive perception among stakeholders that continued external funding was critical for sustainability<sup>3,12</sup>.

Previous qualitative research has examined government stakeholders’ perspectives on family planning programming<sup>13,14,15</sup>, but there has been little on government stakeholders’ perspectives on the family planning environment and how actors influence the sustainability of programming efforts. The goal of this study is to understand key government stakeholders’ perceptions of the family planning environment in three Nigerian cities with a focus on examining the sustainability of Nigerian Urban Reproductive Health Initiative (NURHI) program activities.

## **Methods**

In 2009, the Bill & Melinda Gates Foundation (BMGF) funded the Urban Reproductive Health Initiative (URHI) with the goal to expand modern contraceptive use among the urban poor in four countries: Nigeria, Kenya, Senegal, and India. From 2009-2014, the Nigerian Urban Reproductive Health Initiative (NURHI) operated in six cities: Abuja, Ibadan, Ilorin, Kaduna, Benin and Zaria. NURHI received additional funding to continue activities in Kaduna State (2015-2020), Oyo State (2015-2018), and launch activities in Lagos State (2015-2020). The Measurement, Learning & Evaluation (MLE) project received support from BMGF to evaluate the impact of NURHI activities during Phase 1 and then in 2017 to conduct the NURHI Sustainability Study. This study’s objective was to examine the lasting impact of NURHI activities in a city where NURHI had ceased operations after Phase 1 (Ilorin, Kwara State) as compared to a city where it continued in Phase 2 (Kaduna, Kaduna State) and a city where NURHI had never operated (Jos, Plateau State). Household and facility-based surveys were undertaken in late 2017 followed by qualitative interviews in July 2018.

As part of the NURHI Sustainability Study, in-depth interviews were conducted with key government stakeholders, women aged 15-39 years, family planning providers, and administrators at facilities where NURHI activities had been undertaken under NURHI phase 1 and/or phase 2. The 16 in-depth interviews with key government stakeholders are the focus of this study. Five interviews were conducted in Ilorin, five in Jos and six in Kaduna. The stakeholders in Ilorin and Kaduna were identified by NURHI’s advocacy team as individuals that they had worked closely with and had a keen understanding of their program’s activities. Additionally, NURHI helped identify key government stakeholders involved in reproductive health activities in Plateau State for interview. Interviews were conducted with key informants who

held positions such as state or LGA level- reproductive health coordinator, Commissioner for Health, and family planning manager.

The interview guides were jointly developed by the Centre for Population and Reproductive Health (CPRH) and MLE teams. The guides were translated into Hausa and Yoruba, the predominant local languages, and then back translated to ensure the original meanings were retained. The interview guides were pre-tested with government stakeholders in Ibadan, a city not included in the NURHI Sustainability Study.

Interviews were conducted in the language that the informant felt most comfortable with. The CPRH study team led the transcription and translation process. For this analysis, two MLE team members performed a thematic analysis of the in-depth interviews. They read through the transcripts to identify emerging themes and then developed a codebook for analysis. The team members individually coded each transcript and then discussed resulting themes. An Excel matrix was used to capture the themes across the rounds of coding by both team members.

Ethical approval was obtained from the National Health Research Ethics Committee of Nigeria and the University of North Carolina at Chapel Hill's Institutional Review Board. Additional approvals were obtained from the Commissioners of Health within each state.

## **Results**

Stakeholders in all three cities had a positive perception of government's role in family planning. Respondents felt that dedicated budget lines were examples of high levels of support while Ilorin stakeholders emphasized the need to implement the planned budget lines. Government stakeholders were also adamant about the need for continued and increased donor support, with Kaduna and Jos stakeholders emphasizing the expectation that foreign donors will play a supportive rather than leadership role. Continued support, especially financial support, is a key component of sustainability of programs and examples of institutionalized and external support were shared in all three cities.

### *Government's Role in Family Planning*

Overall, respondents felt that their local and state governments supported family planning provision within their city. When asked about the change in perception over the last five years and since the end of NURHI Phase 1, respondents from Kaduna were the most effusive in their praise for how support has grown and strengthened. One respondent noted: *"I will [say it has grown] amazingly, surprising. There has been significant change in perception of family planning among the leaders."* In Ilorin, a city where NURHI ceased operations in March 2015, respondents were more mixed in their perception of government support for family planning and how it had changed over the past five years. One respondent in Ilorin shared: *"It has been better but there is still room for improvement."*

Throughout the interviews, respondents from all three cities emphasized the importance of a dedicated family planning budget line. Respondents felt that it was the government's duty to provide adequate funding for family planning and were adamant that this money be protected within the budget. In Jos, respondents were positive about recent changes to implement separate budget lines for family planning. One Jos respondent shared: *"We have a separate budget line and we, the government, were able also to buy consumables, which has been our problem in the past."* In Kaduna, respondents were enthusiastic regarding the change in government's efforts to secure and implement budget lines, as

demonstrated by one respondent: *“It was just only in the last few years that the state have a budget line for family planning. In the state and there is not greater commitment than this for government, to have a budget line purposefully for family planning.”* Respondents in Ilorin expressed more frustrations about the process of securing and implementing a family planning budget line. One respondent commented: *“It’s not a matter of announcing budgets and the thing is not implemented. But if you budget for something, implement it so that it will effect for the people of the state.”*

#### *Family Planning Advocacy*

Stakeholders from all three cities identified and praised local advocacy groups that were working to raise support for family planning service delivery, including dedicated budget lines. Support for advocacy initiatives from external organizations was noted within all three cities. In Ilorin, stakeholders highlighted NURHI’s Advocacy Core Group and its transition to being supported by Pathfinder International. One stakeholder shared: *“Even it is- that group [advocacy group that NURHI founded] is still operating now. So we have the group that does advocacy. So we go from local government to local government, at least to create awareness and any local government that have problem, at least they try to come in and render help.”* In Kaduna, stakeholders noted the positive changes in attitudes towards family planning among key stakeholders and the continued use of NURHI’s advocacy kits. One respondent noted: *“In the last five years, the intensive advocacy by those who are supporting us driving family planning particularly NURHI. Activate a lot of change in perception of family planning by intensive advocacy.”*

#### *Foreign Donors and Family Planning*

Respondents in all three cities expressed positive outlooks on foreign donor’s presence within their city’s family planning environments and encouraged continued engagement. One respondent in Jos noted: *“Donors have been the key actors in supporting this family planning services. I will say without the donor we wouldn’t have achieved what we have achieved now because the training are mostly done by donors. The availability of commodities, providing commodities is mostly done by donors.”* Within Ilorin, respondents were positive about foreign donors in general but noted that their involvement in the state had waned, with one respondent stating, *“It [donor support] has reduced drastically.”* In Kaduna and Jos, respondents felt strongly that foreign donors should work with the government in order to provide family planning services. They felt that the government should lead these activities and donors should assume a more supportive role. One respondent in Kaduna shared: *“The role of the foreign donors is to support the government to implement the services, financial support.”*

#### *NURHI*

In Ilorin and Kaduna, respondents praised NURHI’s program activities, from demand creation, advocacy to government, traditional, and religious leaders, and service provision activities. Ilorin respondents also shared how the end of NURHI activities has impacted the local family planning environment. One respondent noted: *“[Advocacy to the community] is not the same thing because as NURHI is around we normally do advocacy all to many places in the school but since they left, there is no such thing again.”*

#### *Perceptions of Sustainability*

Stakeholders in Ilorin shared some frustrations with how the end of programming rolled out for their city and expectations for how future programs will close out. One stakeholder noted: *“When you give us*

*a program, after with the period has elapsed, you will not just leave the program and just go like that. You go gradually, gradually, and gradually. What will sustain the program is very necessary.”* Another Ilorin respondent emphasized the need for government and foreign donors to continue to partner until government could adequately institutionalize the programming efforts. They noted: *“The state government should be able to sustain the program before that time. But at the same time, we still want the foreign donors to assist us but in a broader way.”*

## **Discussion**

Government stakeholders in all three cities were positive about their governments’ perspectives on family planning and felt strongly that government should be the leader in the family planning environment, with an emphasis on the need to provide financial support. Implementing a dedicated budget line was most frequently cited as the way in which governments can institutionalize their support for family planning, a task not without its own challenges.

While many studies highlight the preference for institutionalization of programming efforts, which was exemplified through implemented budget lines in this study, continued external funding can also be reflective of a lower level of sustainability. Within all three cities, respondents’ openness and eagerness to partner with foreign donors and NGOs highlights the viability of this option. Jos and Kaduna’s emphasis on foreign donors allowing governments to lead the partnership suggests there is also openness to increased institutionalization of efforts.

Advocacy groups were mentioned throughout the interviews as a key stakeholder in the family planning environment. Their continued efforts in Ilorin, now supported through Pathfinder International, represent a strategy toward maintaining activities launched under NURHI Phase 1 programming through external support. While the Kwara State government announced a dedicated family planning budget line item<sup>16</sup>, it has not released the funding; this represents a challenge with moving towards institutionalization of program efforts. In Kaduna, NURHI Phase 2 continues to be a strong partner in advocating for family planning budget lines. Kaduna State has included family planning budget lines in previous budgets and has earmarked 165 million Naira for the 2019 budget<sup>17</sup>. Continued advocacy has resulted in growing budgetary support for family planning in Kaduna, hopefully leading to institutionalization of programming to minimize the impact of NURHI Phase 2 close out in 2020.

This study includes certain limitations. Respondents were selected from a list of proposed government stakeholders to interview provided by NURHI staff members. While this ensured the study team spoke with stakeholders who had a keen understanding of NURHI activities in their city, it also increased the chances of response bias within our data. Additionally, interviews with more stakeholders, including representatives of organizations that took over NURHI programming efforts in Ilorin such as Pathfinder International, would have provided richer context for the sustainability of these programs.

Program sustainability remains a critical component of family planning programming. This study emphasizes the key role that government stakeholders perceive governments should play in their city’s family planning environment. While institutionalization of NURHI Phase 1 activities in Ilorin has been limited, there are many components of programming that have been continued through other external funders. This continuation offers governments an extended opportunity to institutionalize family planning programming.

## References

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- <sup>1</sup> United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Population Prospects 2019: Highlights* (ST/ESA/SER.A/423).  
[https://population.un.org/wpp/Publications/Files/WPP2019\\_Highlights.pdf](https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf)
- <sup>2</sup> National Population Commission (NPC) [Nigeria] and ICF. 2019. *Nigeria Demographic and Health Survey 2018 Key Indicators Report*. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.  
<https://dhsprogram.com/publications/publication-PR118-Preliminary-Reports-Key-Indicators-Reports.cfm>
- <sup>3</sup> FP2020 (2017). *Nigeria: Actions for Acceleration*.  
[https://www.familyplanning2020.org/sites/default/files/Nigeria\\_2018-2019\\_Actions\\_for\\_Acceleration\\_0.pdf](https://www.familyplanning2020.org/sites/default/files/Nigeria_2018-2019_Actions_for_Acceleration_0.pdf)
- <sup>4</sup> Mandara M. Family planning in Nigeria and prospects for the future. *International Journal of Gynecology & Obstetrics*. 2012;117(1):1-4. doi:[10.1016/j.ijgo.2012.01.002](https://doi.org/10.1016/j.ijgo.2012.01.002)
- <sup>5</sup> United Nations Population Fund (2018). *UNFPA Supplies Annual Report 2017*.  
<https://www.unfpa.org/unfpa-supplies-annual-report-2017>
- <sup>6</sup> FP2020 (2017). *Family Planning 2020 Commitment: Government of Nigeria*. <http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2017/08/Govt.-of-Nigeria-FP2020-Commitment-2017-Update-SO1.pdf>
- <sup>7</sup> Prata N. Making family planning accessible in resource-poor settings. *Philos Trans R Soc Lond B Biol Sci*. 2009;364(1532):3093-3099. doi:[10.1098/rstb.2009.0172](https://doi.org/10.1098/rstb.2009.0172)
- <sup>8</sup> Proctor E, Silmere H, Raghavan R, et al. Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Adm Policy Ment Health*. 2011;38(2):65-76. doi:[10.1007/s10488-010-0319-7](https://doi.org/10.1007/s10488-010-0319-7)
- <sup>9</sup> Scheirer MA. Is Sustainability Possible? A Review and Commentary on Empirical Studies of Program Sustainability. *American Journal of Evaluation*. 2005;26. doi:[10.1177/1098214005278752](https://doi.org/10.1177/1098214005278752)
- <sup>10</sup> Shediak-Rizkallah MC, Bone LR. Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. *Health Educ Res*. 1998;13(1):87-108. doi:[10.1093/her/13.1.87](https://doi.org/10.1093/her/13.1.87)
- <sup>11</sup> Scheirer MA, Dearing JW. An agenda for research on the sustainability of public health programs. *Am J Public Health*. 2011;101(11):2059-2067. doi:[10.2105/AJPH.2011.300193](https://doi.org/10.2105/AJPH.2011.300193)
- <sup>12</sup> Wiltsey Stirman S, Kimberly J, Cook N, Calloway A, Castro F, Charms M. The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implement Sci*. 2012;7:17. doi:[10.1186/1748-5908-7-17](https://doi.org/10.1186/1748-5908-7-17)
- <sup>13</sup> Hebert LE, Schwandt HM, Boulay M, Skinner J. Family planning providers' perspectives on family planning service delivery in Ibadan and Kaduna, Nigeria: a qualitative study. *J Fam Plann Reprod Health Care*. 2013;39(1):29-35. doi:[10.1136/jfprhc-2011-100244](https://doi.org/10.1136/jfprhc-2011-100244)
- <sup>14</sup> Momoh GloriaT, Oluwasanu MM, Oduola OL, Delano GE, Ladipo OA. Outcome of a reproductive health advocacy mentoring intervention for staff of selected non- governmental organisations in Nigeria. *BMC Health Serv Res*. 2015;15. doi:[10.1186/s12913-015-0975-0](https://doi.org/10.1186/s12913-015-0975-0)

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<sup>15</sup> Avong HN. Perception of and attitudes toward the Nigerian federal population policy, family planning program and family planning in Kaduna State, Nigeria. *Afr J Reprod Health*. 2000;4(1):66-76.

<sup>16</sup> Advance Family Planning. *Nigeria's Kwara State Increases 2016 Family Planning Budget by 90%*. <https://www.advancefamilyplanning.org/nigerias-kwara-state-increases-2016-family-planning-budget-90>

<sup>17</sup> Premium Times. *Kaduna proposes N165m for child spacing in 2019*. May 23, 2018. <https://www.premiumtimesng.com/regional/nwest/269511-kaduna-proposes-n165m-for-child-spacing-in-2019.html>