

# Nigeria's 2004 National Policy on Population for Sustainable Development: Implementation Assessment Highlights

**HP+** POLICY *Brief*  
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## Overview

In 2004, Nigeria adopted the National Policy on Population for Sustainable Development (NPP), with an end date of 2015 for most of its targets. The policy aimed to improve standards of living and quality of life for Nigeria's people by addressing the complex interrelationships between population and development. Specific interventions for nine thematic areas, shown in Box 1, were identified as key to Nigeria's sustainable development. To drive implementation, the Strategic Plan for the National Population Policy was launched in 2008, specifying activities, responsible agencies, and resources required for implementation.

Continued rapid population growth, poor health and education outcomes, the need to align approaches with the Sustainable Development Goals, and the policy's looming end date cemented the need for review and revision. In response, the National Population Commission through the Population Technical Working Group—with support from the Health Policy Project, funded by the U.S. Agency for International Development (USAID)—conducted an implementation assessment of the policy in 2015. Researchers collected information from relevant ministries, departments, and agencies; donors; and civil society groups across seven areas to measure the extent of the policy's implementation at the national level and in four states (each in a different geopolitical zone).<sup>1</sup> This brief highlights key assessment findings and resulting recommendations, which are intended to guide a revised population policy.

## Box 1: Basics of the NPP

The overall goal of the NPP is to improve the quality of life and standard of living of Nigeria's people by 2015.

The NPP includes implementation strategies across nine thematic areas, specifically health, environment, education, communication, population dynamics, youth and adolescents, socio-cultural barriers and legal support, population and development planning, and population statistics.

Within each thematic area, implementation strategies include advocacy and social mobilization, establishing/strengthening social services, ensuring adequate resource mobilization, and monitoring and evaluation.

The policy outlines six specific goals, nine supporting policy objectives, and 10 targets at the national level to drive implementation.

## Key Findings

### Achievement of Policy Targets

Most of the NPP's goals and targets were not achieved during the implementation window, as shown in Table 1.



Federal Government  
of Nigeria



National Population  
Commission



**Table 1: Gaps in the NPP National Targets**

	2015 GOAL	2013/2014	GAP
Reduce national population growth rate to 2% or lower by 2015	≤ 2%	3.2%	1.2 percentage points
Total fertility rate declines by at least 0.6 children every five years	4.38	5.5	1.12 children
Increase modern contraceptive prevalence rate by at least 2 percentage points per year	30.2	9.8	20.4 percentage points
Reduce the infant mortality rate to 35 per 1,000 live births by 2015	35	69	34 deaths per 1,000 live births
Reduce the child mortality rate to 45 per 1,000 live births by 2015	45	64	19 deaths per 1,000 live births
Reduce maternal mortality ratio to 75 per 100,000 live births by 2015	75	576	501 deaths per 100,000 live births
Achieve 25% reduction in HIV adult prevalence every five years	2.67%	3%	.33 percentage points
Eliminate gap between men and women in school enrolment by 2015			
Gender Parity Index (secondary)	1	0.86	0.14
Eliminate illiteracy by 2020 (literacy rate, those who did not complete primary education)			
Female	100%	53.1%	46.9 percentage points
Male	100%	75.2%	24.8 percentage points
Achieve sustainable universal basic education prior to the year 2015 (net attendance ratio)			
Primary	100%	59.1%	40.9 percentage points
Secondary	100%	48.8%	51.2 percentage points

Source: National Population Commission of Nigeria and Health Policy Project. 2015. Nigeria's 2004 National Policy on Population for Sustainable Development: Implementation Assessment Report. Available at [https://www.healthpolicyproject.com/pubs/821\\_FINALNPPReport.pdf](https://www.healthpolicyproject.com/pubs/821_FINALNPPReport.pdf).

## NPP Formulation, Content, and Dissemination

- Nearly two-thirds of respondents had never read any part of the policy itself, demonstrating a lack of familiarity with much of its content. Three-quarters of interviewees rated themselves as having little to no NPP content knowledge (see Figure 1, page 3).
- Among those respondents with some NPP knowledge, there was consensus that the policy's goals and objectives tackle important issues, but that emerging concerns such as insecurity- or conflict-induced migration and displacement are absent.
- The majority of interviewees believed that the goals, objectives, and targets were not achievable within the 2004–2015 timeframe. Interviewees also stated that the lack of zonal or state disaggregation of targets impeded progress.
- Due to reassignment, turnover, and retirement, a majority of the interviewees did not know the extent to which the government and civil society were involved in policy formulation, demonstrating poor institutional memory. When asked about their own agency's/ organization's inclusion in the formulation

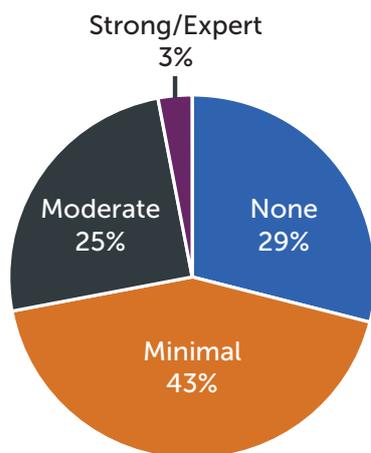
process, the largest share of respondents reported no involvement.

- A majority of interviewees viewed the dissemination process as weak and limited, failing to reach local government areas and beneficiaries. While some of this is likely due to weak institutional memory due to reassignment, turnover, and retirement, poor knowledge of the policy and familiarity with its content speaks to the limited scope of dissemination efforts overall.

## Stakeholder Involvement in NPP Implementation

- Only half of all respondents had heard of the three lead bodies charged with NPP strategic direction, guidance, and oversight.
- A majority of interviewees stated that they had no knowledge of the roles and responsibilities of other designated implementers.
- Despite recognizing that their own agency/ organization was responsible for implementing some part of the policy, two-thirds of interviewees were not aware of their specific roles and responsibilities. The majority believe they are only partly meeting their responsibilities. Respondents also indicated that they had received no training or capacity

**Figure 1: Respondent's Knowledge of NPP Content (Self-Assessed)**



Source: National Population Commission of Nigeria and Health Policy Project, 2015

building overtly linked to implementing the policy.

- When asked about the implementation of key activities in each area of the NPP (health, education, gender, etc.), large shares of interviewees simply did not know the extent to which activities had been executed.

### Perceived Social, Political, and Economic Barriers to Implementation

Respondents identified a series of contextual barriers to implementation of the policy, including:

#### SOCIAL BARRIERS

- Cultural practices and gender norms created behavioral expectations not aligned with tenets of policy (e.g., expectation of early marriage and childbearing)
- Religious practices or beliefs constrained health-seeking behavior

#### POLITICAL BARRIERS

- Misinformation from politicians/community leaders negatively affected uptake of health services (e.g., immunization)
- Frequent changes of government and poor harmonization across sectors caused shifts in development priorities

#### ECONOMIC BARRIERS

- Politicizing of population counts—linked to distribution of federal funds—created a perverse incentive to increase population numbers

- Widespread poverty limited access to education for children, increased risky behaviors, and contributed to larger family sizes overall

### Resource Mobilization, Monitoring Progress, and Overall Assessment

- The majority of interviewees did not know whether any mechanism was in place to ensure funding for implementing the policy. Most cited that likely funding sources were the national government and donors.
- The most significant perceived challenges to adequate funding include lack of budget lines for services and delayed or non-existent release of allocated funds, causing some organizations to become donor-dependent in the absence of domestic resources.
- There was general confusion about whether interviewees' organizations were responsible for reporting on progress or accomplishments under the policy—38 percent did not know whether they were responsible for reporting, followed by 37 percent who said they were not required to report.
- The vast majority of agencies/organizations reported receiving no feedback on how the policy has been implemented over time.
- Overall, two-thirds of interviewees thought the NPP was only partly implemented over its timeframe, but there was little consensus on whether there were observable positive changes on the ground. Forty-three percent of respondents believed that positive changes were evident, while 40 percent did not know.

### Key Recommendations for a Revised Population Policy

Based on the review of key findings of the assessment, the following core recommendations should guide the revision of Nigeria's population policy:

- 1. Revise the NPP with a focus on broad multisectoral stakeholder engagement in the drafting stage** to generate buy-in, ownership, and institutional memory, and include representatives from key ministries, departments, and agencies; parastatals; mobilizers/influencers (e.g., traditional

and religious leaders); donor agencies; and beneficiaries in the process.

## **2. Revise content for maximum relevance to existing and emerging issues in Nigeria, national development priorities, and international development frameworks.**

The forthcoming policy should be revised to include issues such as conflict-/insecurity-induced migration and displacement; access to education for girls and vulnerable groups; the regulation of infrastructure development; the importance of collecting civil registration and vital statistics; the needs of the elderly; education, care, and work opportunities for out-of-school youth/adolescents; emergency and disaster response; and newborn health. To drive implementation, policy targets should be relevant and measurable at both national and state levels. End dates should be uniform across all targets.

## **3. Create and implement a nationwide policy dissemination strategy.**

Distribute the policy (in hard and electronic copy) to all designated implementers at national, state, and local government area (LGA) levels, as well as key gatekeepers (e.g., traditional and religious leaders) and institutions of higher learning. Dissemination targets should be sensitized on the content of the policy, particularly their roles and responsibilities. Suggested mechanisms include state-level dissemination meetings and forums (e.g., town hall meetings), during which the policy can be presented and discussed in-depth. The policy should be re-distributed after each election cycle. A cadre should be trained as policy content experts to facilitate engagement with implementers on an ongoing basis.

## **4. Address coordination challenges and strengthen leadership for policy coordination and implementation.**

A revised policy should include clear leadership designations, including possible consolidation of responsibilities under fewer head agencies/bodies.

## **5. Increase available domestic resources for policy implementation.**

Regular advocacy should be targeted toward federal and state governments to increase resources available for intended implementers. Furthermore, routine advocacy at state and LGA levels is needed to generate resources for health, education, environment, gender, and all other sectors addressed in a revised policy.

## **6. Build the capacity of local stakeholders to monitor national, state, and LGA budgets, and track government expenditures to ensure adherence to commitments.**

## **7. Develop and implement a clear monitoring and evaluation system/framework for the policy, and sensitize all intended implementers about reporting responsibilities and timelines.**

## **Learn More**

Full findings from the assessment are published in *Nigeria's 2004 National Policy on Population for Sustainable Development: Implementation Assessment Report*, available at [https://www.healthpolicyproject.com/pubs/821\\_FINALNPPReport.pdf](https://www.healthpolicyproject.com/pubs/821_FINALNPPReport.pdf).

<sup>1</sup> Abridged methodology: The assessment was conducted using an adapted version of the USAID-funded Health Policy Initiative's Policy Implementation Assessment Tool, structured to examine a policy's implementation through stakeholder interviews. Researchers collected input from eligible implementers (ministries, departments, and agencies; donors; and civil society groups) at the national level and in four states, examining key areas including the (1) adequacy of the policy's content, implementation strategies, and dissemination; (2) enabling environment; (3) availability of resources; and (4) extent of monitoring and evaluation.

Interviews were conducted with 71 key informants at the national and zonal/state levels (Lagos, Kaduna, Nasarawa, and Gombe). Selection criteria for interviewees was applied; those selected must have known of and about the policy. Few individuals successfully met the criteria. As a result, findings are not representative of the general population, each geopolitical zone, or the full body of intended NPP implementers.

## **CONTACT US**

Health Policy Plus (HP+) Project Nigeria  
Attn: Country Director  
20, Port Harcourt Crescent,  
Off Gimbiya Street, Area 11, Garki, Abuja  
Email: [onoriode.ezire@thepalladiumgroup.com](mailto:onoriode.ezire@thepalladiumgroup.com)  
[www.healthpolicyplus.com](http://www.healthpolicyplus.com)

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