



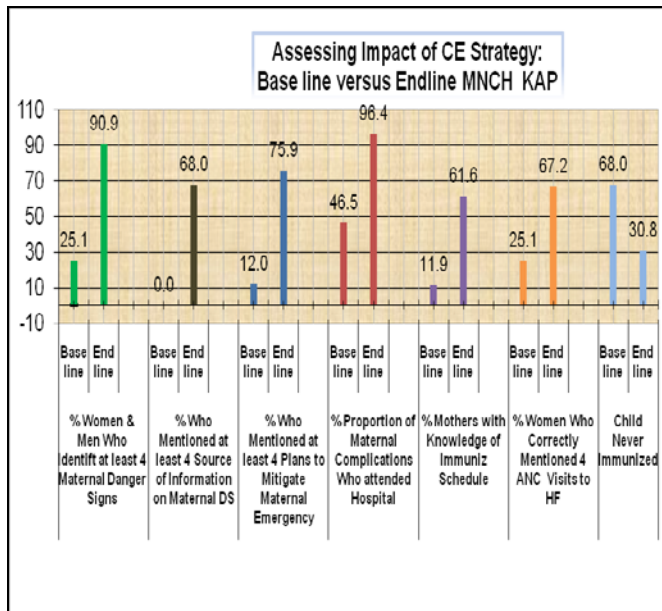
## Results of the Knowledge, Attitudes and Practices KAP End Line Survey for MNCH in Katsina, Yobe and Zamfara States

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1. The PRRINN-MNCH Community Engagement Strategy aims to increase access to routine and emergency MNCH and immunisation services and improve the home-based care and support available to pregnant women and their newborns. A participatory community mobilisation approach saturates communities with new ideas and supports community members to turn their awareness into action in support of women's and children's health. Gaining wide social approval for behaviour change is central to the approach.
2. A baseline survey of Knowledge, Attitudes and Practices (KAP) relating to maternal, newborn and child health was conducted in November 2009. This focused on the first cluster LGAs in the three States of Katsina, Yobe and Zamfara. An end line survey was conducted in February/March 2011 as a follow up to the baseline survey in order to appraise the impact and evaluate the interventions. This document presents the results of both surveys.
3. **Methodology:** The KAP processes involved use of multi-stage sampling techniques; participating LGAs were first categorized according to their level of involvement and then selected. Five groups of respondents comprising pregnant women, new mothers, older mothers, husbands of pregnant women and new fathers were randomly selected for the survey. Data collectors and their supervisors were selected from within the communities and trained for three days in questionnaire administration, listening skills and interview conduct. Two teams (a female and male teams of interviewers) visited the households and administered the questionnaires on female and male respondent groups respectively. The data was entered in Epi-data and analysed using SPSS. A total of 2,922 respondents were interviewed in the end line survey and 2,304 respondents were interviewed in the baseline survey.
4. Various methodological constraints were experienced during and after survey implementation. During the analysis stage, some of the data that had been collected did not appear to be reliable and has therefore not been reported below. Most of the unreliable data relate to the use of emergency maternal care systems by women who had suffered a maternal complication. These problems mean that the programme's ability to report on selected outcomes and impacts has been constrained.
5. **Key Findings:** The results of the end line survey were compared with the base line results. Substantial improvement was observed in most of the PRRINN-MNCH Log frame and other key indicators including:
  - The percentage of women and men who know at least four danger signs
  - The percentage of respondents who mentioned at least four sources of information on maternal danger signs
  - The percentage of respondents who mentioned at least four plans made in preparation for a maternal emergency
  - The proportion of maternal complications who attended a Health Facility
  - The percentage of mothers with knowledge of the immunization schedule
  - The percentage of never immunized children under two years old in target areas
  - The percentage of mothers of children under two years old who know the childhood vaccination schedule

See Figure 1 below.

Figure 1: Impact of CE Strategy on PRRINN-MNCH Log frame Indicators: Base line and End line Results (Katsina, Yobe, Zamfara)



**6. Other Findings** include the following:

- The end line results show that an average of 90.9% respondents across the three States could identify at least four maternal danger signs. The average base line figure was 25.1%. Male respondents were slightly better informed than female respondents (91.7% compared to 90.2% respectively). The base line average results indicated that women were better informed (30.7% to men's 19.5%).
- In Zamfara State 97.5% of respondents knew the danger signs. In Katsina this was 92.5% and in Yobe 82.9%. These results are all much higher than the situation at baseline.
- Across the states, pregnant women closely followed by husbands of pregnant women knew more about danger signs than new mothers, new fathers and older women. At base line, in comparison, new mothers were the most knowledgeable followed by pregnant women, older women, new fathers and husbands of pregnant women. This indicates that there has been an improvement in men's knowledge of maternal danger signs.
- More than 80% of respondents in the end line survey knew the maternal danger signs severe bleeding, fitting and swollen feet compared to 39%, 26% and 35% in the baseline survey. Retained placenta and malpresentation were the least well-known danger signs in the end

line survey, but, even so, 67% and 62% of end line respondents indicated that they knew about these. The least well-recognised danger sign in the baseline survey was post-partum infection; only 23% of baseline survey respondents recognised this sign. This increased to just under 70% of respondents in the end line survey. This is a very substantial and important increase.

- In the end line survey Community Volunteer home visits (79.5%), community engagement discussion groups (67.2%) and health worker home visits (61%) ranked highest as sources of information on maternal danger signs. At baseline, the main sources of information were other relatives (40%), friends and neighbours (30%), radio spots/programmes (26%), spouse (18%) and social gatherings (17%). This suggests that two key PRRINN-MNCH-supported community engagement activities - community volunteers and community discussion groups - have had a wide reach.
- More than 75% of respondents across the three states could identify at least four plans aimed at mitigating potential maternal emergencies. The base line figure was just 12%. Zamfara State scored the highest (92.5%) followed by Katsina (68.5%) and Yobe (66.8%).
- Saving money for a maternal emergency was the most frequently mentioned plan in both surveys (the average across the three states was 46% and 83% for the base line and end line surveys respectively). Obtaining standing permission from husbands to attend a health facility (69.4%), learning the danger signs (68.5%) and identifying a woman helper (65%) were the other most frequently mentioned plans cited by respondents in the end line survey.
- The end line survey results indicate a high level of knowledge (> 75%) among all respondents of all elements of the community systems established to tackle MNCH barriers of access and affordability. For instance, more than 80% of respondents were aware of the existence of Community Health Volunteers; aware of the existence of blood donors and ETS drivers; and aware of the availability of a Community Fund for EMC, had contributed to the fund and knew members in the community who had benefited from the fund.



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- The end line survey revealed that an average of 82% of husbands and 70.5% of wives made an EMC plan during pregnancy. Sixty-seven percent of husbands and 57% of wives put in place at least four of the safe pregnancy plan actions.
  - The end line survey results show a significant increase in health facility attendance to address maternal complications (from a base line result of 46.5% to 86.4% at end line). Yobe State had the highest improvement where 100% of those reporting a complication attended the health facility.
  - The end line suggests that there has been a substantial increase in knowledge about the immunization schedule across the three states between base line and end line surveys; knowledge of each of the three immunization times increased at least 4-fold (from an average of 15% to more than 60%).
  - The average response for a child receiving at least one immunization across the three states was 69%, compared to a base line figure of 32%. The response for a child having had four immunization doses was 60% from an average base line of about 20%.
  - Across the three states, 68% of children were never immunized at base line. Zamfara State had the highest percentage of children never immunized at 80%, followed by Yobe at 78% and Katsina at 46%. The end line results show that Zamfara had only 15.3% children who were never immunized, Yobe 28.8% and Katsina relapsing (48.6%) These figures seem to confirm the performance of the 3 states in immunization coverage as depicted in the National Immunisation Coverage Survey, 2010; this also shows how investments in the demand side can significantly increase immunization coverage levels.
  - Very significant improvements in knowledge relating to essential newborn care and newborn danger signs were recorded between base line and end line surveys. For example, at base line across the three states, only 28% of respondents knew the importance of immediate breast feeding. This increased to 71.9% of respondents at end line. In relation to newborn danger signs, respondents were considerably less well informed about newborn danger signs at baseline. Across the three states only 28% of base line respondents knew about fever compared to 68% at end line, and only 25.5% knew about breathing problems compared to 63% at end line.
  - Variations in results were found between the three states, and even between communities in each state. Zamfara recorded the highest score in most of the indicators, followed by Yobe and Katsina States. These differences could be due to differences in the type of settlement (rural and cosmopolitan communities), differences in literacy levels, efficiency of programme implementation, or inaccuracies in data collection.
7. In **summary**: The results of the end line survey show that the knowledge base for all MNCH activities has substantially increased: more women and men now understand the maternal danger signs, are putting in place plans in case such a complication should occur, and are attending health facilities once a complication has been identified. A higher proportion of women attending health facilities to treat maternal complications are expected to reduce the high maternal and neo-natal mortality rates in the participating communities.
  8. There is also evidence of increased utilization of community-based EMC systems introduced by PRINN-MNCH. Emergency Transportation System drivers are known and are being patronised and community emergency savings schemes are being accessed to help with transportation, drugs and other service-related costs during both emergency complications and normal deliveries.
  9. There have been some positive changes in social norms and perceptions: more people (from different segments of the community) now interact and discuss issues related to EMC and other health-related issues thereby increasing demand for and uptake of MNCH and RI services.
  10. The challenge remains of how to drastically reduce the maternal and neo-natal mortality rates of the three states in line with the MDGs in view of the vastness, the large populations and infrastructural limitations facing these states.

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