



CIVIL SOCIETY SCALING-UP
NUTRITION IN NIGERIA

KABP

Knowledge, Attitude, Belief and Practice

Study Report

**Study of Strategic Policy Makers in
Nutrition Supporting the NSPAN in 3 States
(Kaduna, Niger and Nasarawa)
and National**



Supported by Partnership for Advocacy in Child and Family Health (PACFaH)
January 03, 2015

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Civil Society Scaling-up Nutrition in Nigeria

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FOREWARD

Food and nutrition security exists when all people, at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs for a healthy and productive life. Contrary, food and nutrition insecurity leads to the vicious cycle of malnutrition, increased susceptibility to disease, impaired mental and physical development, reduced productivity and poverty. Over the years, Government in Nigeria have initiated and developed policies and programs to address the issue of malnutrition. Despite these efforts malnutrition and mortality still continue to take a heavy toll on mothers, infant and young children in Nigeria.

The challenge of malnutrition in Nigeria certainly goes beyond the capacity of a single sector or agency to address, hence requires multi-sectoral interventions. Increasing people's access to information, discussing benefits as well as consequences among leaders and their constituencies can to a great extent bring a lasting change in policy thrust and directions. CS-SUNN through the PACFaH Project is committed to ensuring increased awareness, adoption and implementation of the National Strategic Plan of Action (NSPAN). This is accomplished through implementation of evidence – based nutrition advocacy that are integrated within a broad Public and sectoral framework including, health services, water and sanitation, Agriculture, Finance etc. The efforts are in line with the National agenda for Sustainable Development.

The Knowledge, Attitude, Beliefs and Practices (KABP) study will provide a baseline knowledge and awareness level of Policy makers in CS-SUNN PACFaH Project zone of influence (Kaduna, Nasarawa, Niger and the FCT), and will identify multi-sectoral gaps and priorities for nutrition implementation in these states under study. Furthermore, findings from the study will inform strategic thrust and plan for advocacy interventions within the states and at national level. Addressing gaps in awareness level and support for the implementation of the NSPAN by Policy makers remain top on the agenda for CS-SUNN PACFaH in collaboration with Government and Partners. CS-SUNN in strong collaboration with FMOH housing the SUN Secretariat and the National Nutrition coordinating body will spearhead advocacy activities at national and in the states with Ministry of Budget and National Planning maintaining its coordination role of multi – stakeholders.

I sincerely appreciates and acknowledges all support by PACFaH Project and by the various stakeholders.

Thank you

Sincerely,

A handwritten signature in black ink, appearing to read 'Ngozi Nnam'.

Professor Ngozi Nnam (FNSN)
Chairman CS-SUNN
President Nutrition Society of Nigeria.

Acknowledgments

This study report on KNOWLEDGE, ATTITUDE, BELIEF AND PRACTICE (KABP) is developed by the Civil Society Scaling-up Nutrition in Nigeria (CS-SUNN) with funding support from Partnership for Advocacy in Child and Family Health (PACFAH) and is focused on strategic policy makers in nutrition supporting the National Strategic Plan of Action for Nutrition (NSPAN) in 3 states of Kaduna, Niger and Nasarawa and at the National level.

The research is aimed at establishing the knowledge base and the collaboration that is needed to enforce the operationalization of the National Strategic Plan of Action for Nutrition document.

We are indeed grateful to the following partners: Federal Ministry of Health, National Population Commission, Focal State Ministries of Health, Budget and Planning, Agriculture, Primary Health Care Development Agencies, Women Affairs, Education and information for their support and provision of useful information for analysis and sparing time to be available during the data collection phase of this assignment. We specially thank, Professor Ngozi Nnam; CS-SUNN Steering Committee Chairman, Dr. Uchenna Eugenes Ewelike; Chairman Research, CS-SUNN Steering Committee for their contribution and also Dr. M.M Saleh and Dr. Olabalu of dRPC for effective supportive oversight.

We equally appreciate the staff of CS-SUNN; Sunday Okoronkwo and Jayne Arinze - Egemonye for their efforts towards the success of this work. This work was accomplished under the guidance of Mrs. Ngozi S. Onuora, Project Director CS-SUNN.

1.0 Introduction

The Civil Society Scaling-Up Nutrition in Nigeria (CS-SUNN) is a non-governmental, non-profit making coalition, made up of organizations with a shared vision to transform Nigeria into a country where every citizen is food and nutrition secured. We pursue this lofty goal by engaging government and non-state actors to raise awareness, sustain commitment and actions to effectively tackle under-nutrition in Nigeria. The coalition was formally launched on the 7th of August, 2014.

We have a common vision with clearly defined roles and responsibilities, clear accountability and sustainability framework. The guiding principles of the alliance include; Evidence based decision making, Gender mainstreaming, Equity, Feed- back, Diversity, Value for money Transparency and Integrity. Since inception the Coalition has been advocating for improved nutrition in Nigeria through holding government accountable and policy implementation by all stakeholders, one of which is the Partnership for Advocacy in Child and Family Health (PACFaH)

PACFaH project in Nigeria is a coalition of eight civil society organizations working in child and family health, the partnership is comprised of the following indigenous NGO/CSOs; Development Research and Project Centre (dRPC), Civil Society Scaling-up Nutrition in Nigeria (CS-SUNN), Health Reform Foundation of Nigeria (HERFON), Association for Advancement of Family Planning (AAFP), Community Health Research Initiative (CHR), Pharmaceutical Society of Nigeria (PSN), Civil Society Legislative Advocacy Centre (CISLAC) and Federation of Muslim Women Association of Nigeria (FOMWAN). The social accountability investment is implemented through the strategy of coalition building to achieve the goal of catalyzing government's responsiveness on policies, budgets and administration on the most daunting challenges to child and family health at national and state levels in Nigeria.

Malnutrition is a major global health problem, contributing to childhood morbidity, mortality, impaired intellectual development, poor school achievement, suboptimal adult work capacity, and increased risk of diseases in adulthood. Results of recent Health and Nutrition surveys in Nigeria consistently show very poor indices of nutritional status. The latest National Demographic and Health Survey 2013, reveals that 37% of children aged 0-59 months are chronically malnourished (i.e. stunted), 18% suffer from acute malnutrition (i.e. wasted) and 29 % are underweight. The prevalence of malnutrition among women ranges from 2% in the South East to 10%

in the North East. Rates are particularly high for adolescents girls (15-19 years) as compared to women aged 20-49 years (16% versus 3%). Over the years, governments in Nigeria have initiated and developed policies and programmes to address these issues. Despite these efforts, malnutrition and mortality still continue to take a heavy toll on infant and young Nigerian children. Malnutrition is preventable and manifests when the harm is already done. With over 11 million stunted children, Nigeria is still confronted with the daunting challenge of malnutrition and nutrition-related diseases.

CS-SUNN in the PACFaH project is the issue lead for the nutrition component of Child and Family Health and is set to through effective advocacy push for the implementation of the National Strategic Plan of Action on nutrition (NSPAN) which was approved by the National Council on Health in 2014. The plan estimated to cost 425.6 billion Naira until 2018 on interventions will drastically reduce stunting by 20%, reduce low birth weight among newborns by 15% and increase breastfeeding in the first 6 months of infant life by 50%.

This study is designed to measure the KABP of policy makers towards the NSPAN and to ascertain the number of them supporting the plan in Kaduna, Niger and Nasarawa state and national level, thus showing political will and commitment of policy in implementing the strategic plan.

2.0 Justification for the study

Nigeria has taken some steps towards improving the health and nutritional status of women and children in the last decade, with increasing efforts aimed at ensuring food security through local food production. The Nigerian Government, through the Federal Ministry of Health, has developed the Health Sector Component of the National Food and Nutrition Policy: National Strategic Plan of Action for Nutrition (NSPAN) 2014 -2019. The document has identified nutrition-specific and nutrition-sensitive interventions with measurable targets to be achieved in its five-year costed plans. The strategic plan of action was adopted at the 57th National Council on Health (NCH) meeting held in October 2014 by representatives from the 36 states in the country. The public presentation of the NSPAN was made on 8 September 2015 during the CS-SUNN policy dialogue meeting held in Abuja. The document, if adopted and implemented at the state and LGA levels will by 2019, reduce stunting by 20%, reduce childhood wasting by 15% and increase exclusive breast feeding in the first six months by 50 percent.

CS-SUNN is poised to contribute to the reduction in the prevalence of malnutrition in Nigeria through advocacy on the implementation of the NSPAN. However, for CS-SUNN to achieve its mandate, it requires evidence-based data to carry out advocacy work. This informed this Knowledge, Attitudes, Belief and Practices (KABP) study on strategic policy makers in nutrition supporting the NSPAN at state and national levels. Results of the study will provide CS-SUNN with evidence to perform targeted and evidence-based advocacy in demanding for increased awareness and implementation of the plan and also, build the capacity of CSOs to monitor and track implementation of the plan. This study is important because the Knowledge, Attitudes, behaviour and practices by stakeholders in the identified three states and at the national levels, towards the strategic plan is central to adoption and implementation of the plan by stakeholders.

3.0 General Objective:

The general objective of the survey was to assess the Knowledge Attitudes, Behaviour, Practices (KABP), and awareness of policymakers and stakeholders of the NSPAN and to utilize evidence gathered to inform programme activities, highlight recommendations that will support advocacy and policy stream of work and increase awareness and adoption of the NSPAN.

3.1 Specific Objectives

The specific objectives of the survey were threefold:

1. To determine Knowledge, Attitudes, Behaviour and Practices (KABP) towards NSPAN of strategic Policy makers in nutrition supporting the NSPAN at state and national levels through development of a data collection tool for the assessment.
2. To determine the level of awareness of the NSPAN among Policy makers in the Nutrition sector by determining their Knowledge, Attitudes, Behaviour and Practices (KABP).
3. To assess the level of collaboration of stakeholders in nutrition activities in the state.

4.0 Research Question

Will the outcome of a KABP study of stakeholders at the Federal Ministry of Health, Line ministries (Ministry of Agriculture, Ministry of Budget and National Planning,

Ministry of Women Affairs, Ministry of Education and policymakers working in nutrition in Niger, Nasarawa and Kaduna states towards the strategic plan help in designing a framework that will lead to the adoption and implementation of NSPAN by the stated stakeholders?

5.0 Study Area:

The study was conducted in Abuja, the federal capital of Nigeria and three states in Nigeria (Kaduna, Nasarawa and Niger).

5.1 Study Sites

At the national level, the Policy makers available were Permanent Secretaries, Directors and Executive Secretaries in the Ministries, Departments and Agencies (MDAs) implementing nutrition sensitive or specific activities – Health, Agric, Women Affairs, Education, State Primary Health Care Development Agencies (SPHCDA) and Ministries of Budget and Planning in 3 States Kaduna, Nasarawa, Niger) and the national. It was also carried out among policy makers working in nutrition.

5.2 Study Design

The study was a descriptive cross-sectional study and involved collection of quantitative and qualitative data using pretested questionnaire to collect data from identified policymakers at the national and identified focal states in the area of nutrition.

5.3 Sampling Technique

The sampling technique was purposive. The selection of the geographical locations to carry out this exercise was purposively determined by the project. The study was carried out at the national and 3 focal states (Kaduna, Niger and Nasarawa). Forty six (46) Policy makers (27 males, 19 Females) were interviewed out of 53 persons originally mapped out for the study. Respondents in this survey were selected by CS-SUNN. This approach had a built in quality check in the sense that the coalition report of the mapped stakeholders in the nutrition sector was used as a basis for the selection of respondents.

5.4 Data Collection

The study was undertaken between 16th December 2015 and 13th January 2016 using a researcher administered structured questionnaire. The questionnaire, which is a data capturing tool was developed by CS-SUNN and pre- tested prior to being administered. It consisted of 17 questions and took approximately 20 minutes to administer to each respondent. Field visits were equally made to the various states and one- on- one discussions were held between the CS-SUNN Team and the respondents in their various MDAs. State Nutrition Officers served as anchor persons in the States to facilitate better access to the Policy makers.

For each state, the field team for data collection included CS-SUNN officer (team lead) and a volunteer (CSO) working in the state. CS-SUNN team led the data collection process at the National. Follow-up calls were undertaken by the CS-SUNN Monitoring and Evaluation officer during the study period. The survey was administered through CS-SUNN staff accounting for roughly 100% of total responses. Responses were obtained from individuals who responded to the questions through face to face researcher administered questionnaire.

5.5 Data Analysis and Reporting:

A Microsoft Excel sheet was used to collate and analyze data. The results are presented as percentages in tabular form, tables, pie and bar charts.

5.6 Limitations of the study:

CS-SUNN's database of stakeholder's working in nutrition was a strategic tool in reaching majority of the respondents but was not sufficient. In order to reach more respondents at the community level, it was important for CS-SUNN to gather data.

6.0 Results

Section 13.1: Background Information

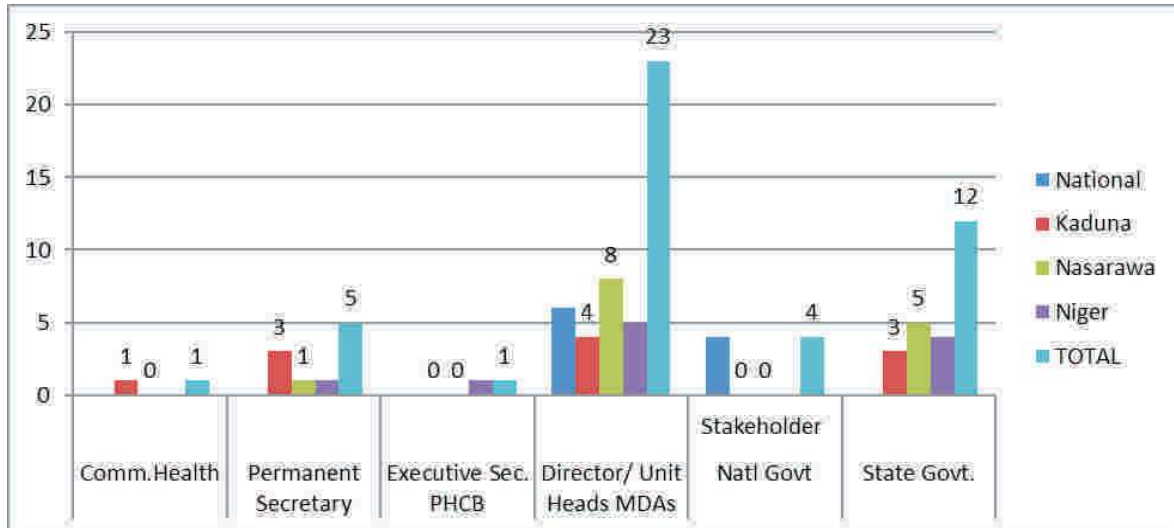


Fig 6.1 Bar chart showing Designation of the respondents

The respondents were made up of 46 policymakers from the 3 states (Kaduna, Niger and Nasarawa) states and the National. It should be noted that CS-SUNN planned to reach about 14 respondents in each state and 11 at the National. However, 11 questionnaires were turned in from Niger and Kaduna. Out of the 46 questionnaires returned, males constituted 58.69% (27) and the females 19% (41.30%).

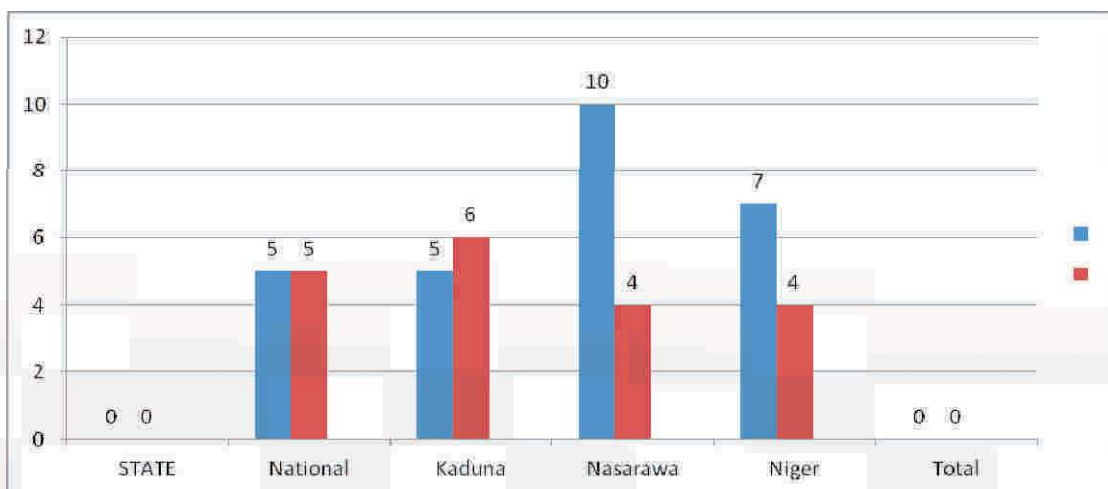


Fig 6.2 Bar chart showing respondent's sex and location

Section 2: Knowledge of Nutrition and NSPAN

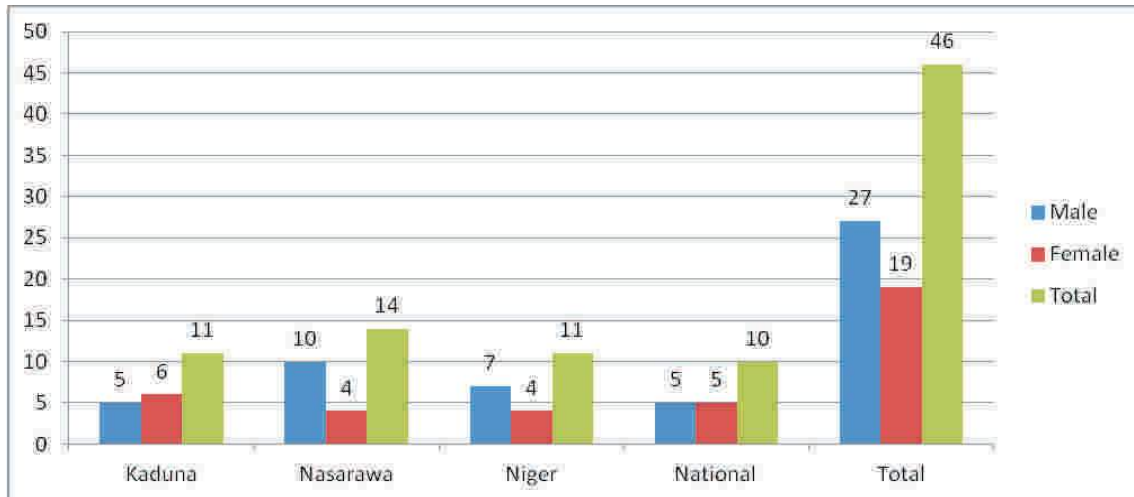


Fig 2.1: Bar chart on awareness by respondents that malnutrition and other nutrition related diseases are among the underlying causes of deaths of women and children in Nigeria?

Table 2.2 Practices or beliefs that negatively affect nutrition in communities in the state?

LOCATION	YES	NO	TOTAL %
Kaduna	8	3	11 (23.91%)
Nasarawa	14	0	14 (30.43%)
Niger	11	0	11 (23.91%)
National	10	0	10 (21.73%)
TOTAL	43	3	46 (100%)

Table 2.2 showed that only 6.5% of which are policymakers in Kaduna noted that there are practices or beliefs that negatively affect nutrition in the states. 93.5% of respondents agreed that practices such as not giving eggs to children and leaving left overs for the girl child are negatively affecting nutrition in the state

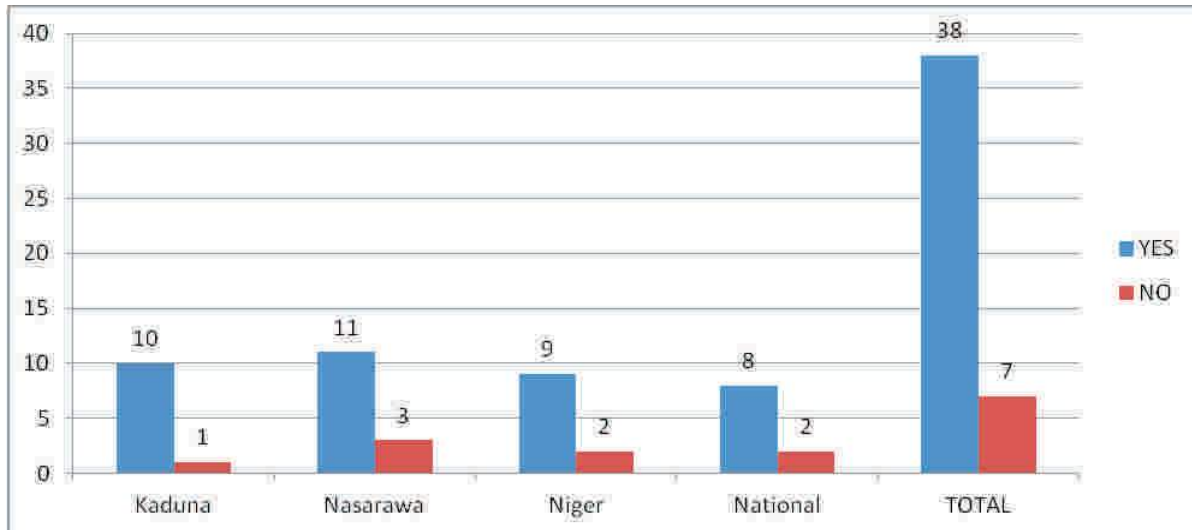


Fig 2.3 Bar chart showing responses on knowledge about the NSPAN

Table 2.3 showed that only 7 respondents out of 46 were aware of the NSPAN. 15.2% of those who were not aware of the plan were policy makers from Ministries of Women Affairs, Education and Agriculture.

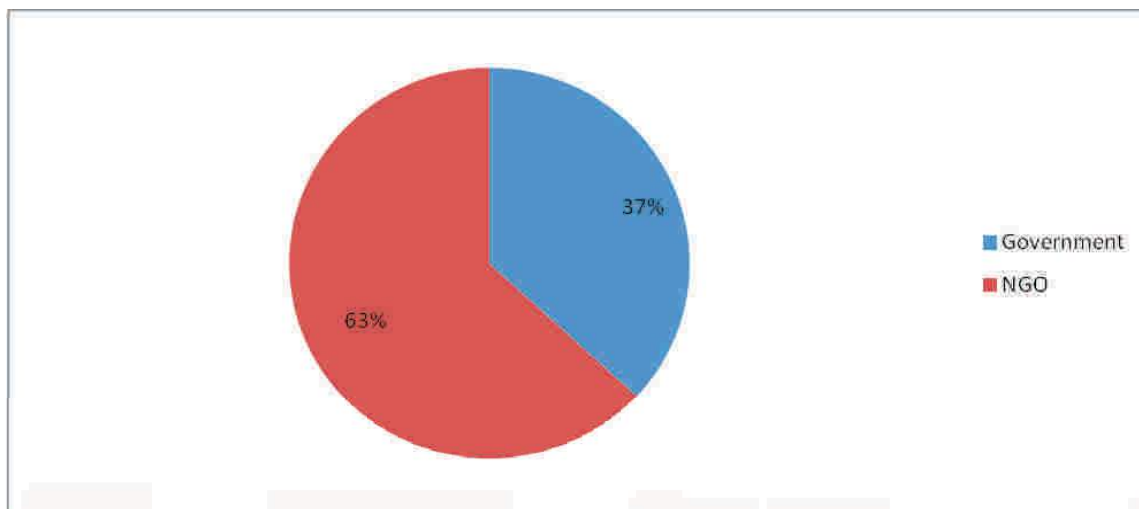


Fig 2.4: Pie chart showing source of knowledge about the NSPAN as a nutrition document

Fig 2.4 showed that the source of knowledge about the NSPAN was mainly through NGOs as only 37 % noted their source as from the government. Majority of respondents at the state level stated that their source of knowledge was from NGO; CS-SUNN while at the National, they noted that it was from the Government.

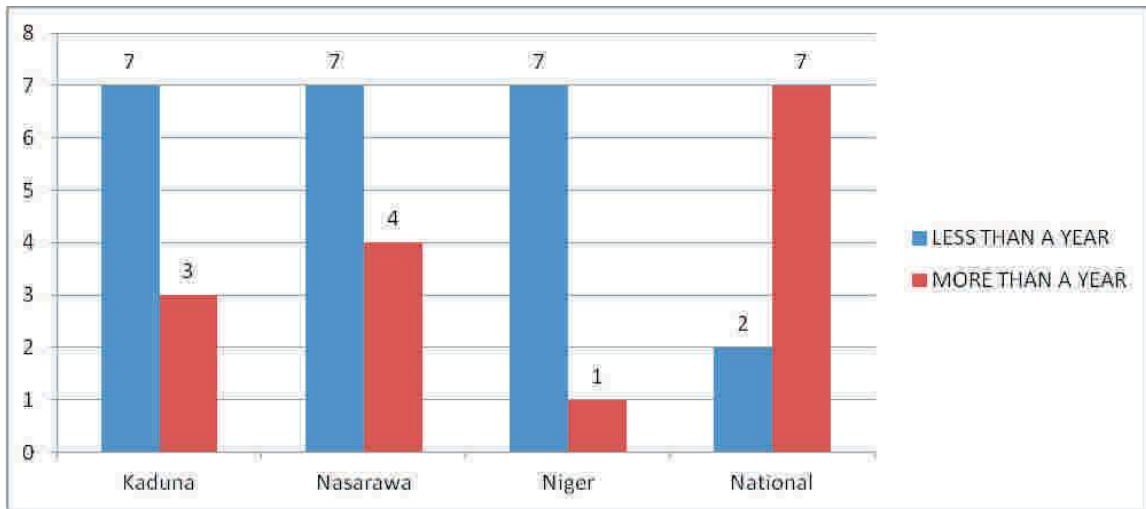


Fig 2.5: Bar chart showing length of respondent's knowledge about the NSPAN?

Only 70% of respondents in Kaduna, 63.6% in Nasarawa and 87.5% in Niger respectively have been aware of the plan for less than a year. Another 70 percent at the National have been aware of the plan and a total of 23 policy makers have been aware of the NSPAN for less than a year.

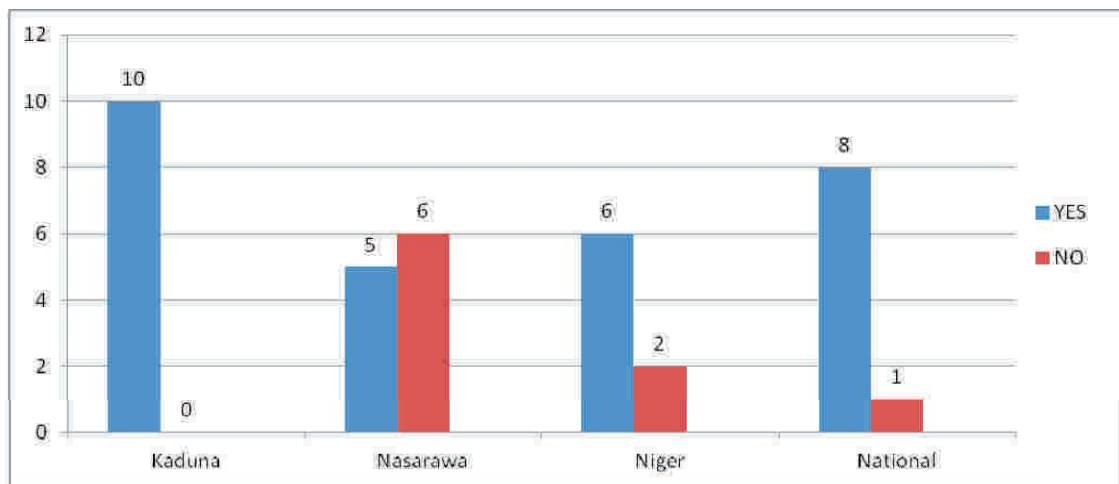


Fig 2.6: Bar chart showing responses on ownership of personal or official copy of the NSPAN document

On ownership of personal or official copies of the NSPAN document, Table 2.6 shows that all respondents in Kaduna state have copies of the NSPAN. In Niger state, only 25% of respondents do not own copies of the plan as against Nasarawa state where less than 50% own copies of the plan.

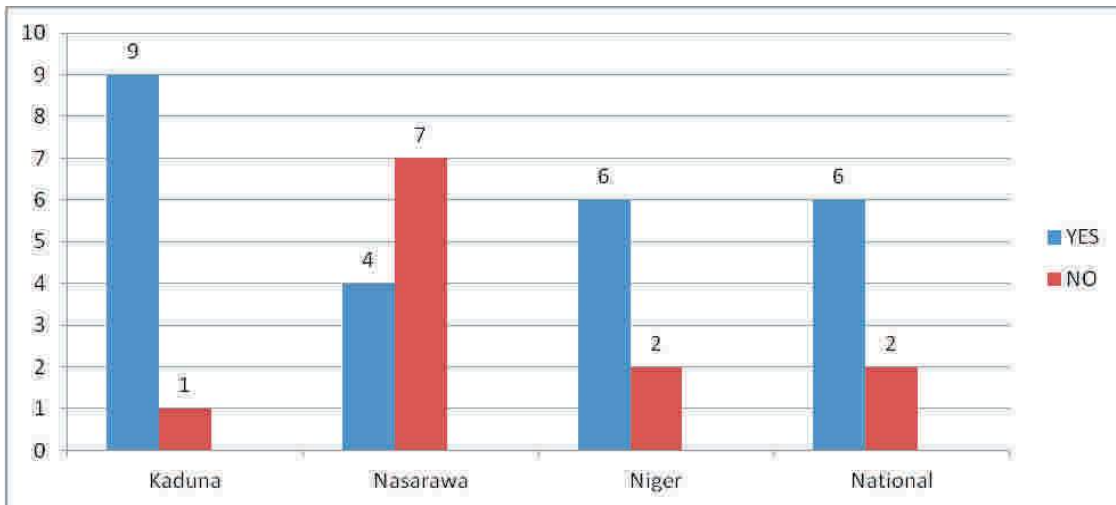


Fig 2.7: Bar chart showing responses on reading the NSPAN or a technical section of it since contact with the document

Table 2.7 shows that majority of respondents in Kaduna have read the NSPAN as against 63.6% in Nasarawa, 25 % in Niger and another 25% at the National who have not read the NSPAN. The study shows that a total of 65.8% have read the plan in the different locations.

Section 3: Attitude, Behaviour and use of NSPAN

Table 3.1 If the implementation of the NSPAN is important to improve the nutritional status of women and children?

LOCATION	YES	NO	TOTAL %
Kaduna	10	0	10 (26.31%)
Nasarawa	11	0	11 (28.94%)
Niger	8	0	8 (21.05%)
National	9	0	9 (23.68%)
TOTAL	38	0	38 (100%)

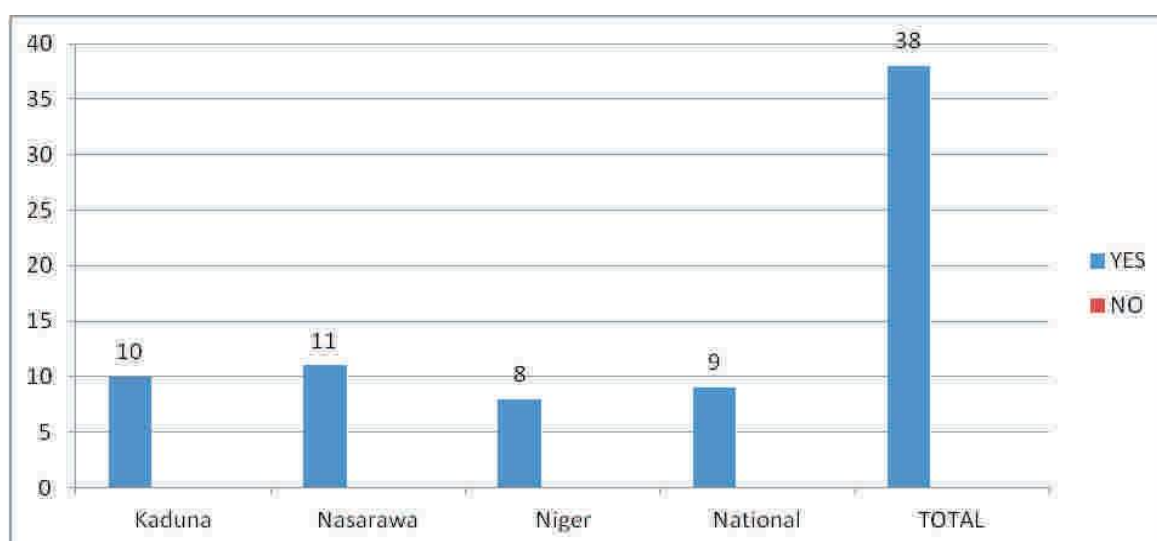


Fig 3. 1 Bar chart showing responses of policymakers who think the implementation of the NSPAN is important to improving the nutritional status of women and children. Table 3.1 shows that all respondents agree that the implementation of the NSPAN is important to improving the nutritional status of women and children.

Table 3.2 How important is the NSPAN?

LOCATION	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT IMPORTANT	TOTAL %
Kaduna	10	0	0	0	10 (26.31%)
Nasarawa	10	1	0	0	11 (28.94%)
Niger	6	2	0	0	8 (21.05%)
National	9	0	0	0	9 (23.68%)
TOTAL	35	3	0	0	38 (100%)

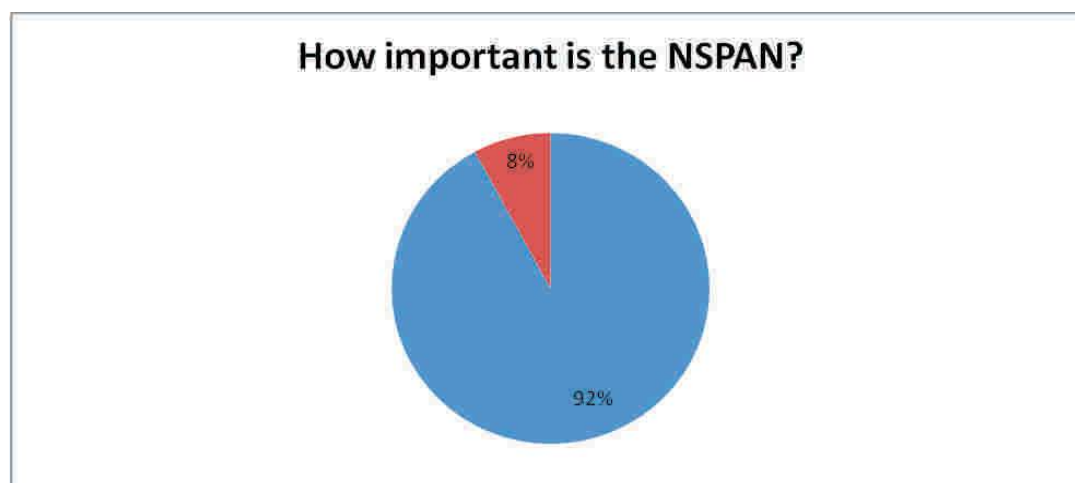


Fig 3.2 Pie chart showing responses on the importance of the NSPAN

Table 4.0 Do you support the use of NSPAN as an operational nutrition document?

LOCATION	YES	NO	TOTAL %
Kaduna	10	0	10 (26.31%)
Nasarawa	11	0	11 (28.94%)
Niger	8	0	8 (21.05%)
National	9	0	9 (23.68%)
TOTAL	38	0	38 (100%)

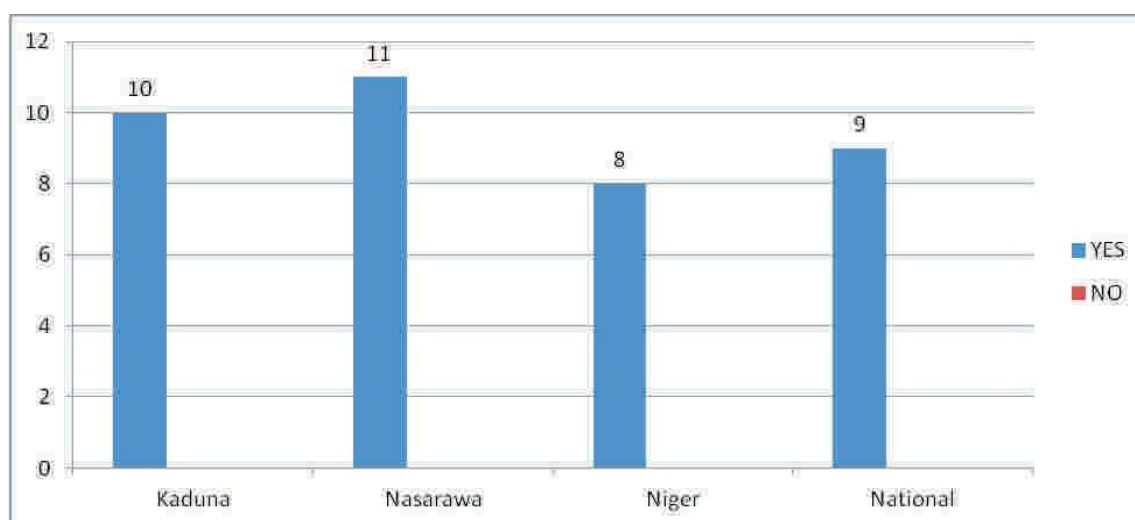


Fig 4.0: Bar chart showing responses to "support of the use of NSPAN as an operational nutrition document"?

The results from the study shows that all respondents agree to support the Operationalization and implementation of the NSPAN as it relates to their various job positions. They noted that in getting the National and state to operationalize and implement the NSPAN, their roles involved liaising with the Ministry of Health, Ministry of Budget and Planning, line ministries and other stakeholders working in nutrition. Additional support stated included; supporting the implementation of the plan at the state level, supporting the development of budget for nutrition, increasing awareness of the plan and tracking budget allocation for nutrition at the National and state levels. Respondents showed optimism in their support towards getting the state to implement the NSPAN.

On their capacity as policy makers towards supporting other policymakers to implement the NSPAN, respondents stated their commitment to ensuring increased awareness of the plan and collaboration with key stakeholders working in nutrition. Respondents stated that the NSPAN has been beneficial in the area of awareness creation among the priority areas of focus in nutrition, developing a work plan for nutrition activities at the National and state levels and monitoring of funds allocated for nutrition.

7.0 Discussion

From the data analysis above, respondents are aware that malnutrition and other nutrition related diseases are among the underlying causes of deaths of women and children in Nigeria. The level of awareness or knowledge of malnutrition and nutrition related diseases among the respondents is no doubt very high as respondents were able to state cultural practices that hinder nutrition among women and children in Nigeria.

However, it could be said that the respondents' knowledge about the NSPAN for the past one year has increased but ownership of the plan is still low in Nasarawa state as the percentage of respondents who own copies of the NSPAN is below 50 %.

Consequently, respondents generally agree that the NSPAN is important to improving the nutritional status of women and children and therefore, implementation is key. Respondents also pledged their support towards ensuring that the plan is implemented both at the National and at the state levels.

8.0 Recommendations

- There is urgent need to encourage policy makers across the 3 states and at the National to read the plan so as to effectively communicate and support the implementation of the plan.
- CS-SUNN should support the scaling up of the activities of the State Committee on Food and Nutrition and establishing of Local Governments Committee on Food and Nutrition
- CS-SUNN should support the training of nutrition stakeholders including line ministries in the 3 states and at the National on NSPAN
- CS-SUNN should continue to support the distribution of the NSPAN at the state and local Government levels

References

1. WHO. (2005). Bolssner, Monika, de Onis,.Mercedes.Malnutrition: Quantifying the health impact at national and local level. Geneva, World Health Organisations Enviromenta Burden of Disease Series, No 12. Pp 1.
2. CS-SUNN (2015) Mapping of nutrition stakeholders at national and 3 states (Niger, Kaduna and Nasarawa)
3. NDHS, 2013 Nigeria Demographic Health Survey.
4. CS-SUNN (2015) Malnutrition status of Women and Children in Nigeria and three focal states (Nasarawa, Niger and Kaduna).

Annex 1

Data collection tool



INTRODUCTION

This survey tool is focused on the Strategic Plan of Action on Nutrition (NSPAN) which provides an overview of the priority nutrition interventions and strategic directions for nutrition in the Health sector. The study will assess the Knowledge, Attitude, Behavior and Practice (KABP) of strategic policy makers supporting on NSPAN document in the National and three selected states of Nigeria (Kaduna, Niger and Nasarawa). Your responses will be kept confidential and shall not be used for any purpose other than for research reasons. Your participation is voluntary and you may choose to stop the interview at any time.

Please tick (✓) as appropriate.

- | | |
|---|--------------------------|
| Commissioner for Health | <input type="checkbox"/> |
| Permanent secretary | <input type="checkbox"/> |
| Executive Secretary State Primary Health Care Board | <input type="checkbox"/> |
| Director/Unit Head of Ministries, Departments and Agencies (MDAs) | <input type="checkbox"/> |

Please tick (✓) as appropriate.....

- | | |
|---------------------------------|--------------------------|
| National Government Stakeholder | <input type="checkbox"/> |
| State Government Stakeholder | <input type="checkbox"/> |
| Local Government Stakeholder | <input type="checkbox"/> |

SECTION 1: BACKGROUND INFORMATION

- 1. Date of Interview: (DD/MM/YYYY) (HH:MM):.....
- 2. State:
- 3. Community:
- 4. Time of beginning of interview
- 5. L.G.A.:
- 6. Sex: Male Female
- 7. Educational status of respondent:
 - Secondary
 - Tertiary
 - Others (Please Specify).....

SECTION 2: KNOWLEDGE ON NUTRITION AND NSPAN

- 1. Are you aware that malnutrition and other nutrition related diseases are among the underlying causes of deaths of women and children in Nigeria?
Yes No
- 2. Are there practices or beliefs that negatively affect nutrition in communities in your state:
Yes No
- 3. If yes please state them:
.....
.....
.....
.....
- 3. Do you know about the National Strategic Plan of Action for Nutrition (NSPAN)?
(If you answer No, please end here)
Yes No
- 4. Through which source did you know about the NSPAN as a nutrition document?
Government
NGO(s)

Media

Others (please specify).....

5. For how long have known NSPAN as a strategic document for Nutrition

Less than 1 year

More than 1 year

6. Do you have a personal or official copy of the NSPAN document?

Yes No

7. Have you read the NSPAN or a technical section of it since your contact with the document?

Yes No

SECTION 3: ATTITUDE, BEHAVIOUR AND USE OF NSPAN

1. Do you think the implementation of the NSPAN is important to improve the nutritional status of women and children?

Yes No

2. How important is the NSPAN?

Very Important Somewhat Important Not very Important
Not Important

3. Do you support the use of NSPAN as operational nutrition document?

Yes No

(a) If yes, what kind of support can you give to get the national/state to operationalize and implement the NSPAN?

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If no, why?

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.....

4. What has been your official role in getting the national/state to operationalize and implement the NSPAN?

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.....

5. In your capacity as a policy maker, to what extent are you involved in getting the national/state to operationalize and implement the NSPAN?

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.....

6. In your capacity as a policy maker, what support can you give to other policy makers to implement the NSPAN?

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.....
.....

7. What additional suggestions can you give to promote the implementation of the NSPAN?

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8. Please state categorically, in what form(s) have you used the NSPAN since your primary contact with the document

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.....
.....

9. Please state categorically, in which forum have you used the NSPAN since your primary contact with the document

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.....
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SECTION 4

10. Other comments

.....
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.....
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.....
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.....
.....

Time interview ends

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Thank you for participating in the survey.

