



Nahuche HDSS pilot census

Consultants: **Henry V. Doctor, Sally E. Findley & Abdulazeez Jumare**

The Nahuche Health and Demographic Surveillance System (HDSS) is located in Bungudu Local Government Area in Zamfara State of northern Nigeria. It has been implemented by the Maternal, Newborn and Child Health Programme in northern Nigeria in collaboration with the Zamfara State Ministry of Health to support studies aimed at assessing the wider progress and impact of health systems strengthening by monitoring demographic events and populations at risk over time. In May 2010, a pilot census was conducted on 194 households yielding 1,440 individuals followed by a baseline census in September 2010. Periodic event updates of 120-day work cycles will start in January 2011.

This report briefly discusses the pilot census activities and begins with a review of the study area followed by the health challenges facing northern Nigeria, and the Nahuche model for surveillance. Subsequent pilot census data followed by selected demographic, maternal and health indicators are discussed including the potential of these data in guiding programme planning particularly in a resource constrained northern Nigeria and Nigeria in general.

The key maternal and child health findings are summarized below.

Fertility: A total of 131 women gave birth to 225 children in the five years preceding the survey, an average of 1.7 children per woman.

Maternal and child health: The pilot census indicated that only 19.8% of women who gave birth in the five years preceding the census ever received antenatal care (ANC) from a trained health professional (doctor or nurse/midwife) with most women receiving ANC beginning visits during the second trimester. The highest proportion of women

receiving ANC coverage was observed among women aged 20 years and younger (23.2%) followed by those aged 20-34 years (21.4%) and among older (35+) women (15.2%). About 75% of all women who attended ANC received tetanus toxoid injection during their most recent pregnancy. For all live births in the past five years, only 9.2% reported that their births were delivered by a health professional. An even lower proportion, 6.6%, delivered in a health facility—the remainder (93.4%) occurring at home. Knowledge of complications during labour and delivery showed that 15.0% of women did not know any complications whereas 9.2% of women mentioned prolonged labour (>12 hours) only. Women who were able to mention at least four complications accounted for 28.3%.

Infant and child mortality: Out of the 225 children born anytime during the five years prior to the pilot census, only one infant death was observed. Mortality rates were therefore not calculated. This is not surprising since the sample of eligible women was small. In addition, the pilot area was a relatively better off than the other clusters within the surveillance area.

Despite the fundamental problems associated with health systems strengthening in northern Nigeria, the Nahuche HDSS will generate opportunities for testing feasible interventions to strengthen health systems and set the stage for reducing the high maternal and child mortality rates. The Nahuche HDSS is a system to watch based on its location, fundamental governance and resource availability challenges and the enthusiasm of the people of Nigeria to accelerate progress in meeting the Millennium Development Goals of reducing maternal and child mortality.

Please email info@prinn.org for the full report