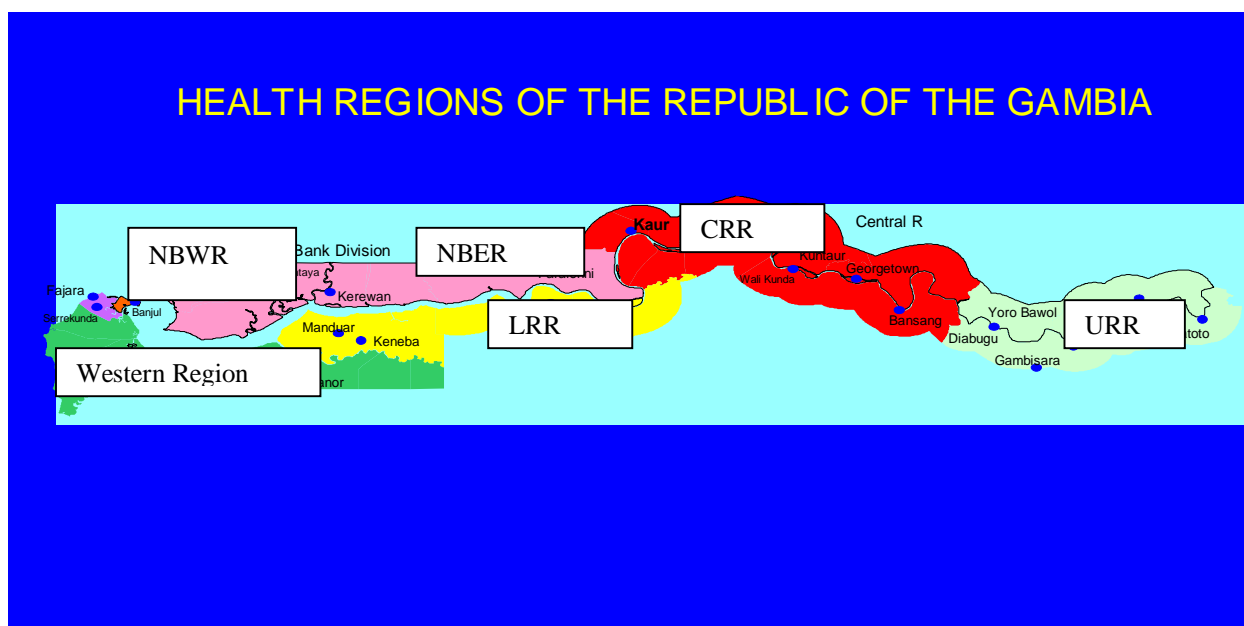




OF THE GAMBIA

MINISTRY OF HEALTH AND SOCIAL WELFARE DIRECTORATE OF PLANNING AND INFORMATION



NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM

SERVICE STATISTICS REPORT 2008

FEBRUARY 2009

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1.0 Introduction 4

2.0 Health Service Utilizations (Attendances) 5

Table 2.1 Projection of the 2003 population using the spectrum 6

Table 2.2 showing the number of Attendance at the Health Facilities by Region in 2008 7

3.0 Burden of diseases (Morbidity and Mortality)... 8

Table 3.1 Showing total number of Malaria cases reported by the health facilities from January to December 2008 nationally 9

Table 3.2 Showing total number of Other Diseases reported by the health facilities from January to December 2008 nationally 10

Table 3.3 Showing total number of Other Diseases reported by the health facilities from January to December 2008 nationally 11

Table 3.4 Showing total number of Sexually Transmitted Infections reported by the health facilities from January to December 2008 Nationally 12

Table 3.5 Showing total number of Integrated Management of New born and Childhood Illnesses reported by the health facilities from January to December 2008 nationally 13

Table 3.6 Showing total number of Integrated Management of New born and Childhood Illnesses reported by the health facilities from January to December 2008 nationally 14

Table 3.7 showing total number of Eye conditions reported by the health facilities from January to December 2008 nationally 15

Table 3.8 Showing total number of Mental Disorder reported by the health facilities from January to December 2008 nationally 16

Table 3.9 Showing total number of Accidents reported by the health facilities from January to December 2008 nationally 17

Table 3.10 Showing total number of Non Communicable Diseases reported by the health facilities from January to December 2008 nationally 18

Table 3.11 Showing total number of Oral Disorder reported by the health facilities from January to December 2008 nationally 19

4.0 Immunization 20

Table 4.1 Showing total number of Children Immunized with BCG and Hepatitis from January to December 2008 nationally 20

Table 4.2 Showing total number of Children Immunized with DPT/ Hib, Measles and Yellow Fever from January to December 2008 nationally 20

Table 4.3 Showing total number of Children Immunized with Polio from January to December 2008 nationally 20

Table 4.4 Showing total number of Tetanus Toxoid administered by the health facilities from January to December 2008 nationally 21

Table 4.5 Showing total number of Tetanus Toxoid administered by the health facilities from January to December 2008 nationally 21

Table 4.6 Showing total number of Vitamin A administered by the health facilities from January to December 2008 nationally. 22

5.0 DELIVERIES 23

Table 5.1 Showing total number of Deliveries by the Basic health facilities from January to December 2008 23

[Click Here to upgrade to Unlimited Pages and Expanded Features](#)

..24
y Planning Services by the Basic health facilities from
January to December 2008 ..24
7.0 REFERRAL ..25
Table 7.1 Showing total number of Referrals reported by the Basic health facilities from January to
December 2008 ..25
8.0 PUBLIC HEALTH SERVICES ..26
Table 8.1 Showing total number of Inspections by the Basic health facilities from January to
December 2008 in Upper River Region ..26
Table 8.2 Showing total number of Meat Inspection by the Basic health facilities from January to
December 2008 ..26
Table 8.3 Showing total number of Complaints by the Basic health facilities from January to
December 2008 ..26
Table 8.4 Showing total number of Notices Served by the Basic health facilities from January to
December 2008 ..26
9.0 REGISTRATION OF BIRTHS ..27
Table 9.1 Showing total number of Birth Registration by the Basic health facilities from January to
December 2008 nationally ..28
10.0 VILLAGE HEALTH SERVICES ..29
Table 10.1 Showing total number of Services provided by the Community Health Nurses Village
Health Services from January to December 2008 nationally ..29
Table 10.2 Showing total number of Services provided by the Village Health Workers from January to
December 2008 nationally ..29
Table 10.3 Showing total number of Services provided by the Traditional Birth Attendant from
January to December 2008 nationally ..30
11.0 INTERMITTENT PREVENTIVE TREATMENT ..30
Table 11.1 Showing total number of Pregnant Women who received Intermittent Preventive
Treatment from January to December 2008 Nationally ..30
12.0 LONG LASTING INSECTICIDE TREATED NETS ..31
Table 12.1 Showing total number of People who received Long Lasting Insecticide Treated Nets
from January to December 2008 Nationally ..31
13.0 CLINIC SCHEDULE ..31
Table 13.1 Showing total number of Clinic Scheduled from January to December 2008 Nationally ..31
14.0 ANALYSIS ..32
15.0 SOCIO DEMOGRAPHIC AND ECONOMIC INDICATORS ..33
15.1 Socio Demographic Indicators ..33
15.2 Indicators measuring health system performance ..34
15.3 Indicators measuring health system performance ..34
15.4 Socio Economic Indicators ..34



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The National Health Management Information System (HMIS) unit is responsible for the management of Health Information System (HIS) in the Gambia. It was established in 2000 when the Participatory Health, Population and Nutrition Project (PHPNP) provided funds to assess and put in place an integrated, computerized and a functional Health Information system. The unit is responsible for the monitoring of indicators regarding the health status of the population, the provision of services as to the coverage and utility, drugs stocks and consumption patterns, equipment status and availability, Finances and personnel on a regular basis.

The most important elements in any Health Management Information System are the provision of accurate, complete and timely reporting of health indicators. These three elements cannot be achieved without regular supervision and monitoring of data sources. In order to achieve this noble task, it requires timely and accurate information from various sources. Accurate, relevant and up-to-date information is essential to health service in order to recognize weakness and abnormalities in the health service provision and take actions that will improve service delivery.

The data published is collected from the public, private; NGO and community managed/ owned health facilities from January to December 2008 by the primary data collectors. At the facility levels, registers are provided by the Ministry of Health to record all services that are being provided by the health workers. The following registers are used to collect data for the National Health Management Information System (OPD, inpatients, IWC, ANC, family planning, VCT, laboratory, daily consumption forms, etc.) At the end of the month, data is extracted from the registers by the health workers with the assistant of the data entry clerks to fill the monthly return which is send to the regional health team for punching into the computer by the regional data entry clerks. At the regional level, the returns are expected to be verified by the RHT prior to punching by the data entry clerk. Both the hard and soft copies of the data is stored at the regional level as back ups.

Quarterly the HMIS unit goes on monitoring and supervisory visits to all the health facilities and regional health teams to verify and audit the data generated at the facility levels. During the monitoring visits opportunities are taken to discussed with the health workers and the RHT on any issue that may affect the quality of the data. Soft copies of the data are collected from the regional levels and national aggregation by the HMIS unit is done. Following the aggregation of the data the HIS technical team will review it prior to the publication of the data in the HMIS quarterly bulletin for information sharing and dissemination with our development partners and all stakeholders.

The Out patient attendance rate is used to measure whether or not the functionality of the OPD is good and whether the OPD services are being sufficiently utilized. This is the definition as found in the compendium of statistical concepts and definitions used in the Gambia statistical system and services. The method of calculation is: Total annual OPD Consultations i. e new attendances plus re attendances (Numerator) divided by the Total annual projected population (denominator) x100. This rate serve as a good measure of the level of confidence of the public in the Public health system, and to what extent the general population is frequenting the Public Health Care centres instead of relying on traditional healers and local marabouts. An increase in the utilization rate would indicate a mark of confidence in the public health care system with a better health care delivery system. Outpatient services are open to all ages and are provided at all levels of service delivery in the Gambia.

Antenatal services target pregnant women and are available at all levels of service delivery. Women are expected to register during the first month of pregnancy and to continue visiting the antenatal clinic at least once every month for the entire duration of conception. At these clinics women are screened, treated, immunized and receive health talks.

Infant welfare services target children less than or equal to five years old. These services are provided monthly at both the basics health facilities and the reproductive and child health services including the base clinics and the trekking sites. Children are register in the first month of life and continue to the age of five years. During the clinics, children growth are monitored, immunized against childhood illnesses and treated for ailments and their mothers and caretakers received health talks.

Table 2.1 Projection of the 2007 to 2010 using the 2003 population census figures

Indicator	2007	2008	2009	2010
Total Population	1, 562, 894	1, 617, 521	1, 673, 603	1, 731, 102
Male Population	771, 616	798, 840	826, 787	855, 440
Female Population	791, 278	818, 681	846, 816	875, 661
Percent 5 . 14 years	17.51	18.1	18	17.87
Percent 15 . 49 years	25.23	24.71	24.89	25.11
Percent 15 . 64 years	48.55	48.5	48.44	48.35
Percent 65 years and Over	54.08	54.09	54.08	54.06
Percent 0 . 4 years	3.19	3.1	3.02	2.95
Percent Females 15 . 49 years	49.78	49.71	49.61	49.48

ance at the Health Facilities by Region in 2008

The number of OPD Attendance at the Health Facilities by Region in 2008

	WESTERN	NBWR	NBER	LRR	CRR	URR	TOTAL
Under 5 Years of Age	127535	15987	20410	21128	44291	35761	265112
5 to 14 Years of Age	98346	10310	8576	13019	24128	24035	178414
Over 14 Years of Age	183052	17739	16452	28697	50725	44096	340761
Total Outpatient Attendance	408933	44036	45438	62844	119144	103892	784287

The number of Infant Welfare Clinic Attendance at the Health Facilities by Region in 2008

	WESTERN	NBWR	NBER	LRR	CRR	URR	TOTAL
New Attendances Under 1 Year of Age	31018	4608	3333	3610	10092	10183	62844
All Other Attendances	403056	71238	51910	45203	127913	132393	831713
Total Infant Welfare Clinic Attendance	434074	75846	55243	48813	138005	142576	894557

The number of Antenatal Clinic Attendance at the Health Facilities by Region in 2008

	WESTERN	NBWR	NBER	LRR	CRR	URR	TOTAL
First Attendance 15 Years of Age or Under	74	13	517	279	721	1071	8016
First Attendance Over 15 Years of Age	6,065	8,318	3,697	4,730	4,352	21,824	59462
Total First Attendance	6,139	8,331	4,214	5,009	5,073	22,895	67374
All Other Attendances	17,441	17,255	16,618	10,800	10,094	91,168	163438
Total Antenatal Clinic Attendance	29,719	33,917	25,046	20,818	20,240	136,958	298,290

Total Attendances by service type

Service Type	
Total Outpatient Attendance	784287
Total Antenatal Clinic Attendance	298,290
Total Infant Welfare Clinic Attendance	894557
Total attendances	1,977,134

Utilisation rate of public health care centres Out Patient Department for 2008 is 49.19% 43.44% of the OPD Attendance were over 14 years of age, followed by less than or equal to five years of age with 33.80 % and 5 to 14 years of age were 22.74 %. Infant welfare constituted 45.24 % of the total clinic attendance followed by the Out Patient with 39.66 % and Antenatal with 15.08 %. In the ante natal clinic attendance, 88.26 % of the first Attendance was over 15 years of age whereas 11.89 % of the first attendance was under 15 years of age. In 2008 the projected female population was 818, 691 out of which 49.71% were between the ages of 15 to 49 years (406, 967). The total number of new ante natal booking in 2008 was 67, 374. The Percentage of women in 15 - 49 years of age that were pregnant was 16.6%.

Morbidity is the incidence or prevalence of a given disease or condition, or the burden of the disease in a population whereas Mortality is the incidence of death in a specified population and/or from a specified cause.

The burden of diseases could be defined as the total number of disease episode that occurred in a population. This has both financial and economic implications. The cost of treating a person per disease episode can be used to calculate the financial cost of disease burden. The results derived from such calculations can form the bases to allocate resources to the health sector.

Morbidity and mortality data are collected using the Out Patient Department and Inpatient registers at the health facilities. These registers are provided by the Ministry of health to all the public health facilities, NGO health facilities; Community managed health facilities and some private health facilities countrywide. Collecting and comparing morbidity data from across the country is a way to describe health problems, identify trends and help decision-makers set priorities.

A recent study describes the state of global health by measuring the burden of disease . the loss of health from all causes of illness and deaths worldwide. It details the leading causes of deaths worldwide and in every region, and provides information on more than 130 diseases and injuries across the world

A consistent and comparative description of the burden of diseases and injuries, and risk factors that cause them, is an important input to health decision- making and planning processes. Information that is available on mortality and health in populations in all regions of the world is fragmentary and sometimes inconsistent. Thus, a framework for integrating, validating, analysing and disseminating such information is needed to assess the comparative importance of diseases and injuries in causing premature death, loss of health and disability in different populations.

Around 10 million children under the age of five die each year. Almost all of these children could survive with access to simple and affordable interventions. WHO is working with governments and partners worldwide to deliver integrated, effective care and strengthen health systems, both of which are crucial to reduce child death.

Cardiovascular diseases are the leading causes of death in the world. Cardiovascular diseases are diseases of the heart and blood vessels that can cause heart attacks and stroke. At least 80% of premature deaths from cardiovascular heart disease and strokes could be prevented through a healthy diet, regular physical activity and avoiding the use of tobacco.

HIV/AIDS is the leading cause of adult death in Africa. Despite substantial progress in the prevention and treatment of HIV/AIDS mortality remains high. A lack of access to health services limits survival. Obstacles for better care include weak health care systems and shortages of human resources.

in cancer and heart disease. The increasing proportion of contributing to the increase of age-associated chronic diseases, particularly in developing countries. Care-givers, health systems and societies need to be ready to cope with the growing needs of the elderly in every part of the world.

Lung cancer is the most common cause of death from cancer in the world. Tobacco use is the single largest preventable cause of cancer in the world. In developing countries, smoking is responsible for more than 80% of all lung cancers.

Complications of pregnancy account for almost 15 % of deaths in women of reproductive age worldwide. More than half a million women die from preventable complications during pregnancy or childbirth. WHO works to improve maternal health by assisting countries to improve care before, during and after childbirth.

Mental disorders such as depression are among the 20 leading causes of disability worldwide. Depression affects around 120 million people worldwide and this number is projected to increase. Fewer than 25% of those affected have access to adequate treatment and health care

Hearing loss, vision problems and mental disorders are the most common causes of disability. These disorders can affect people's lives and livelihoods, but many are easily treatable (e.g. hearing loss and cataracts). Statistics vary between higher- and lower-income countries but high overall rates of these disorders underline the need for wider access to interventions that help people live productively.

Road traffic injuries are projected to rise from the ninth leading cause of death globally in 2004, to the fifth in 2030. More than 3500 people die from road traffic crashes every day and millions are injured or disabled for life. WHO works to increase awareness of this preventable cause of death by promoting road safety practices such as wearing helmets and seat-belts, and not speeding or driving under the influence of alcohol.

Under-nutrition is the underlying cause of death for at least 30% of all children under age five. Almost 20 million children worldwide are severely malnourished. Inadequate breastfeeding, inappropriate food and a lack of access to highly nutritious foods contribute to the problem. Common childhood diseases affect a child's ability to eat or absorb the necessary nutrients from food.

as reported by the health facilities from January to December

		Uncomplicated malaria < 5 years	Lab confirmed malaria < 5 years	Severe malaria < 5 years	Uncomplicated malaria > 5 years	Lab confirmed malaria > 5 years	Severe malaria > 5 years	Uncomplicated malaria in pregnancy	Lab confirmed malaria in pregnancy	Severe malaria in pregnancy
Western	RCH cases	39046	2853	0	6398	550	0	1752	377	0
	OPD cases	58180	4748	0	122370	18837	0	2469	585	0
	Total cases	97226	7601	0	128768	19387	0	4221	962	0
	Admission	0	702	3337	0	1406	4359	0	179	495
	Deaths	0	10	61	0	13	49	0	0	0
NBWR	RCH cases	8460	67	0	666	5	0	232	6	0
	OPD cases	14246	468	0	21774	732	0	1252	143	0
	Total cases	22706	535	0	22440	737	0	1484	149	0
	Admission	0	338	932	0	118	602	0	2	18
	Deaths	0	1	25	0	0	6	0	1	0
NBER	RCH cases	4395	15	0	276	0	0	163	3	0
	OPD cases	14749	132	0	23875	304	0	1193	35	0
	Total cases	19144	147	0	24151	304	0	1356	38	0
	Admission	0	74	413	0	141	535	0	21	104
	Deaths	0	0	28	0	0	17	0	0	5
LRR	RCH cases	2019	0	0	231	0	0	396	3	0
	OPD cases	13277	250	0	15404	665	0	855	111	0
	Total cases	15296	250	0	15635	665	0	1251	114	0
	Admission	0	66	694	0	99	480	0	1	72
	Deaths	0	0	21	0	0	14	0	0	5
CRR	RCH cases	9816	189	0	1890	0	0	235	20	0
	OPD cases	24091	1904	0	39939	4344	0	1655	231	0
	Total cases	33578	2072	0	41615	4052	0	1876	251	0
	Admission	0	376	1066	0	934	1060	0	72	189
	Deaths	0	2	71	0	7	39	0	1	3
URR	RCH cases	2646	29	0	787	43	0	258	14	0
	OPD cases	26825	255	0	43136	1074	0	3890	172	0
	Total cases	29471	284	0	43923	1117	0	4148	186	0
	Admission	0	294	1237	0	555	1757	0	76	225
	Deaths	0	0	32	0	6	26	0	0	1
National	RCH cases	66382	3153	0	10248	598	0	3036	423	0
	OPD cases	151368	7757	0	266498	25956	0	11314	1277	0
	Total cases	217421	10889	0	276532	26262	0	14336	1700	0
	Admission	0	1850	7679	0	3253	8793	0	351	1103
	Deaths	0	19	238	0	26	151	0	2	14

Uncomplicated malaria accounts for 66.68 per cent of the total OPD Attendance in 2008. Uncomplicated malaria constituted 88.14 % of the total malaria cases reported followed by lab confirmed malaria with 7.77 % and severe malaria with 3.08%. Of the 3.08% hospitalized for severe malaria, 2.56% died. 50.0 % of the severe malaria cases were reported in the > five years of age,

years old and 6.3 % in pregnancy. 57.1 % of malaria related equal to five years as compare to 39.3 % in the over five years old and 5.6 % in pregnancy.

Table 3.2 Showing total number of Other Diseases reported by the health facilities from January to December 2008 Nationally

		Pneumonia m5 years	Severe pneumonia m5 years	Pneumonia > 5 years	Severe pneumonia > 5 years	Diarrhoea with some dehyd. >5 years	Diarrhoea with severe dehyd. >5 years	Diarrhoea with blood (dysentery) >5 yrs	Skin disorders > 5 years
Western	RCH cases	6611	0	933	0	487	0	443	1812
	OPD cases	4582	0	6338	0	3837	0	1975	12351
	Total cases	11193	0	7271	0	4324	0	2418	14163
	Admission	529	809	0	726	0	309	624	3114
	Deaths	6	11	0	28	0	8	1	0
NBWR	RCH cases	1680	0	159	0	120	0	39	593
	OPD cases	4060	0	2179	0	616	0	648	2008
	Total cases	5740	0	2338	0	736	0	687	2163
	Admission	107	494	0	117	0	57	30	40
	Deaths	0	2	0	1	0	0	0	0
NBER	RCH cases	1007	0	189	0	17	0	0	715
	OPD cases	5048	0	3729	0	423	0	466	2637
	Total cases	6055	0	3918	0	440	0	466	2716
	Admission	25	162	0	93	0	24	19	27
	Deaths	1	9	0	6	0	1	0	1
LRR	RCH cases	815	0	35	0	197	0	53	873
	OPD cases	3741	0	3212	0	851	0	573	2395
	Total cases	4556	0	3247	0	1048	0	626	2575
	Admission	10	410	0	267	0	48	16	8
	Deaths	0	24	0	0	0	0	0	0
CRR	RCH cases	2794	0	235	0	916	0	240	861
	OPD cases	6799	0	6682	2	1222	0	905	2958
	Total cases	9593	0	6916	0	2138	0	1145	3371
	Admission	177	614	0	239	0	56	29	35
	Deaths	6	22	0	8	0	2	1	2
URR	RCH cases	274	0	48	0	15	0	22	844
	OPD cases	4259	0	3143	0	1289	0	685	3203
	Total cases	4533	0	3191	0	1304	0	707	4047
	Admission	173	589	0	387	0	109	42	19
	Deaths	4	15	0	14	0	1	0	0
National	RCH cases	13181	0	1599	0	1752	0	797	5698
	OPD cases	28489	0	25283	0	8238	0	5252	25552
	Total cases	41670	0	26881	0	9990	0	6049	29035
	Admission	1021	3078	0	1829	0	603	760	3243
	Deaths	17	83	0	65	0	12	2	3

es reported by the health facilities from January to December

		Anaemia > 5 years	PIH / Eclampsia	Anaemia in pregnancy	Disability in under fives	Disability in over fives	Diarrhoea > 5 years	Burns
Western	RCH cases	652	579	1282	205	21	381	138
	OPD cases	1871	184	478	647	3974	4054	858
	Total cases	2523	763	1760	852	3995	4435	996
	Admission	215	193	52	107	220	24	93
	Deaths	9	4	1	7	1	1	1
NBWR	RCH cases	88	296	603	0	0	206	43
	OPD cases	354	50	123	14	58	1458	306
	Total cases	442	346	726	14	58	1664	349
	Admission	68	7	1	0	0	38	16
	Deaths	3	0	0	0	0	0	0
NBER	RCH cases	8	26	67	1	0	3	6
	OPD cases	346	21	23	3	8	531	102
	Total cases	354	47	90	4	8	534	108
	Admission	189	80	101	3	0	6	20
	Deaths	5	1	1	0	0	57	4
LRR	RCH cases	22	75	125	6	10	85	11
	OPD cases	475	89	184	10	16	934	128
	Total cases	497	164	309	16	26	1019	139
	Admission	80	78	39	0	0	22	31
	Deaths	6	0	2	0	0	1	0
CRR	RCH cases	70	159	375	0	0	300	31
	OPD cases	377	152	108	0	8	1010	194
	Total cases	445	311	481	0	1	1310	224
	Admission	131	35	66	0	0	26	27
	Deaths	10	1	2	0	0	1	1
URR	RCH cases	16	271	295	0	0	107	3
	OPD cases	396	318	386	0	7	1023	239
	Total cases	412	589	681	0	7	1130	242
	Admission	138	144	74	1	0	23	23
	Deaths	11	2	4	0	0	0	0
National	RCH cases	856	1406	2747	212	31	1082	232
	OPD cases	3819	814	1302	674	4071	9010	1827
	Total cases	4673	2220	4047	886	4095	10082	2058
	Admission	821	537	333	111	220	139	210
	Deaths	44	8	10	7	1	60	6

Transmitted Infections reported by the health facilities from

		Male urethral discharge	Female vaginal discharge	Male genital ulcer	Female genital ulcer	Lower abdominal pain in preg. Women	Lower abd. Pain in non preg. Women	New HIV cases
Western	RCH cases	15	660	3	37	1284	237	47
	OPD cases	1137	2674	399	522	1554	3238	183
	Total cases	1152	3334	402	559	2838	3475	230
	Admission	11	63	1	8	51	66	26
	Deaths	6	0	0	0	0	1	2
NBWR	RCH cases	8	27	9	1	179	68	13
	OPD cases	136	627	209	61	520	603	182
	Total cases	141	661	46	69	847	965	5
	Admission	1	9	1	0	6	13	3
	Deaths	0	0	0	0	0	0	0
NBER	RCH cases	3	10	1	2	74	29	2
	OPD cases	41	256	26	49	433	591	3
	Total cases	44	266	27	51	507	620	5
	Admission	3	3	0	4	27	3	2
	Deaths	0	0	0	0	0	0	1
LRR	RCH cases	0	40	9	1	234	39	25
	OPD cases	244	675	69	135	573	995	19
	Total cases	244	715	78	136	807	1034	44
	Admission	2	106	0	1	66	3	3
	Deaths	0	0	0	0	0	0	0
CRR	RCH cases	6	69	1	6	229	27	16
	OPD cases	354	1026	85	115	853	1179	60
	Total cases	360	1095	86	121	1014	1107	76
	Admission	1	10	0	1	39	38	0
	Deaths	0	0	0	0	0	0	1
URR	RCH cases	4	100	0	5	102	14	27
	OPD cases	588	1604	131	210	1308	1555	34
	Total cases	592	1704	131	215	1410	1569	65
	Admission	5	30	1	0	82	9	6
	Deaths	0	0	0	0	0	0	0
National	RCH cases	36	906	23	52	2102	414	130
	OPD cases	2500	6862	919	1092	5241	8161	481
	Total cases	2533	7775	770	1151	7423	8770	425
	Admission	23	221	3	14	271	132	40
	Deaths	6	0	0	0	0	1	4

Lower abdominal pain in non pregnant women accounts for 30.4 % of the STI cases reported, followed by female vaginal discharge with 27.0 %, lower abdominal pain in pregnant women with 25.7 %, male urethral discharge with 8.8 %, female genital ulcer with 4.0 %, male genital ulcer with 2.7 % and new HIV cases with 1.5 %

Lower abdominal pain in non pregnant women accounts for 38.5 % of the admission due to STI reported, followed by female vaginal discharge with 31.4 %, lower abdominal pain in pregnant women with 18.8 %, new HIV cases with 5.7 %, male urethral discharge with 3.3 %, female genital ulcer with 2.0 % and male genital ulcer with 0.4 %.

Management of New born and Childhood Illnesses reported by the health facilities from January to December 2008 in nationally

		Malnutrition	Severe malnutrition with anaemia	Low weight with anaemia	Anaemia	Severe malnutrition	No pneumonia : cough or cold	Diarrhoea with no visible dehydration	Serious possible bacterial infection
Western	RCH cases	375	0	177	995	0	11750	7379	291
	OPD cases	346	0	220	1079	0	10773	4915	1156
	Total cases	721	0	397	2074	0	22523	12294	1447
	Admission	25	43	30	139	40	0	42	28
	Deaths	0	1	0	6	1	0	0	0
NBWR	RCH cases	473	0	288	525	0	3401	2441	44
	OPD cases	244	0	246	437	0	2976	2125	336
	Total cases	717	0	534	962	0	6377	4566	380
	Admission	50	9	16	101	13	0	136	36
	Deaths	3	0	1	2	1	0	0	1
NBER	RCH cases	26	0	99	29	0	347	479	64
	OPD cases	51	0	15	75	0	1347	852	41
	Total cases	77	0	114	104	0	1694	1331	105
	Admission	41	2	4	49	11	0	1	5
	Deaths	4	0	1	4	1	0	0	1
LRR	RCH cases	34	0	51	15	0	223	340	8
	OPD cases	312	0	209	406	0	1816	2233	196
	Total cases	346	0	260	421	0	2039	2573	204
	Admission	28	20	6	177	52	0	34	17
	Deaths	1	0	0	13	3	0	0	0
CRR	RCH cases	136	0	206	106	0	1113	2189	31
	OPD cases	184	0	76	146	0	2810	3027	799
	Total cases	320	0	282	252	0	3923	5216	830
	Admission	10	5	8	20	13	0	83	73
	Deaths	0	3	1	3	2	0	0	2
URR	RCH cases	42	0	15	33	0	325	667	3
	OPD cases	325	0	69	363	0	4984	3434	138
	Total cases	367	0	84	396	0	5309	4101	141
	Admission	82	23	21	102	5	0	69	139
	Deaths	6	3	1	6	0	0	1	9
National	RCH cases	1086	0	836	1703	0	17159	13495	441
	OPD cases	1462	0	835	2506	0	24706	16586	2666
	Total cases	2548	0	1671	4209	0	41865	30081	3107
	Admission	236	102	85	588	159	0	365	298
	Deaths	14	7	4	34	16	0	0	13

Table 3.6 Showing total number of integrated management of New born and Childhood Illnesses reported by the health facilities from January to December 2008 in nationally

		Severe persistent diarrhoea	persistent diarrhoea	Diarrhoea with some dehydration	Diarrhoea with severe dehydration	Acute ear infection	Chronic ear infection	Eye infection	Diarrhoea with blood (dysentery)	Skin disorders
Western	RCH cases	3	450	1543	20	1288	339	891	1040	7232
	OPD cases	3	467	2631	21	1868	531	2168	1465	8526
	Total cases	6	917	4174	xxx	3156	870	3059	2505	15758
	Admission	64	0	0	193	2	7	429	55	303
	Deaths	0	0	0	6	0	0	0	0	0
NBWR	RCH cases	0	17	403	0	197	79	286	2459	1679
	OPD cases	0	120	345	0	543	183	542	523	3001
	Total cases	0	137	748	0	740	262	828	2982	5104
	Admission	33	0	0	43	4	6	2	51	30
	Deaths	1	0	0	0	0	1	0	1	0
NBER	RCH cases	0	0	68	0	100	63	188	75	525
	OPD cases	0	19	395	0	539	48	273	321	1910
	Total cases	0	19	463	0	639	111	461	396	2435
	Admission	5	0	0	19	4	2	0	7	17
	Deaths	0	0	0	1	0	1	0	0	0
LRR	RCH cases	0	0	44	0	48	18	139	315	285
	OPD cases	0	140	533	0	520	170	794	580	3083
	Total cases	0	140	577	0	568	188	933	895	3368
	Admission	12	0	0	168	3	0	0	21	29
	Deaths	1	0	0	4	0	0	0	2	0
CRR	RCH cases	0	143	696	0	282	45	295	391	919
	OPD cases	0	64	635	0	537	86	1074	778	2621
	Total cases	0	207	1331	0	819	131	1369	1169	3530
	Admission	11	0	0	36	1	0	313	14	26
	Deaths	0	0	0	1	0	0	0	0	2
URR	RCH cases	0	24	9	0	201	10	215	167	246
	OPD cases	0	7	316	0	679	254	875	581	3639
	Total cases	0	31	325	0	880	264	1090	748	3885
	Admission	25	0	0	57	14	3	1	12	23
	Deaths	4	0	0	2	0	0	0	0	0
National	RCH cases	0	634	2763	0	2116	554	2014	4447	10886
	OPD cases	0	817	4855	0	4686	1272	5726	4248	22780
	Total cases	0	1451	7618	0	6802	1826	7740	8695	34080
	Admission	160	0	0	526	28	20	745	160	428
	Deaths	6	0	0	14	0	2	0	3	2

61.53 % of the IMNCI cases were seen at the Out Patients Department as compare to 28.18 % at the RCH clinics. Of the 3900 number of IMNCI cases hospitalized, 2.57 % died.

No Pneumonia: Cough Or Cold accounts for 27.5 % of the total IMNCI cases reported followed by skin disorders with 22.3 %, diarrhoea with no visible dehydration with 19.7 %, diarrhoea with blood (dysentery) 5.7 %, eye infection and diarrhoea with some dehydration 5.1% and 5.0 % respectively. Eye Infection constituted 19.1 % of the total IMNCI admissions, followed by Anaemia with 15.1 %,

%, skin disorders with 11.0 %, serious possible bacterial and severe malnutrition with 4.1 %.

Table 3.7 Showing the number of Eye conditions reported by the health facilities from January to December 2008.

		Cataracts	Trachoma	Conjunctivitis	Ophthalmia neonatorum
Western Region	RCH cases	138	47	2191	95
	OPD cases	978	132	6150	173
	Total cases	1116	179	8341	268
	Admission	339	31	261	0
	Deaths	0	0	0	0
NBWR	RCH cases	35	30	246	15
	OPD cases	476	60	1456	28
	Total cases	511	90	1702	45
	Admission	149	1	14	0
	Deaths	0	0	0	0
NBER	RCH cases	4	45	63	88
	OPD cases	71	1	663	24
	Total cases	75	46	726	112
	Admission	322	17	290	2
	Deaths	0	0	0	0
LRR	RCH cases	129	65	118	0
	OPD cases	455	23	1279	37
	Total cases	584	88	1397	37
	Admission	103	2	2	1
	Deaths	0	0	0	0
CRR	RCH cases	3	3	629	5
	OPD cases	383	64	1786	20
	Total cases	244	58	2262	25
	Admission	184	38	300	51
	Deaths	0	0	0	0
URR	RCH cases	12	60	181	4
	OPD cases	451	25	1910	55
	Total cases	463	85	2091	59
	Admission	152	2	0	0
	Deaths	0	0	0	0
National	RCH cases	321	250	3428	207
	OPD cases	2814	305	13244	337
	Total cases	2993	546	16519	546
	Admission	1249	91	867	54
	Deaths	0	0	0	0

Conjunctivitis accounts for 80.2 % of the total Eye conditions (RCH and OPD cases) reported by the health facilities, followed by cataracts with 14.5%, trachoma and ophthalmic neonatorium with 2.6 % each.

In admissions due to Eye conditions, Cataract constituted 56.2 %, conjunctivitis with 38.3 %, trachoma with 4 % and ophthalmic neonatorium with 2.4 %.

order reported by the health facilities from January to December

		Mania	Depression	Drug induced psychosis	Organic psychosis	Epilepsy	Schizophrenia
Western	RCH cases	1	4	2	0	38	3
	OPD cases	27	110	739	221	1226	1581
	Total cases	28	114	741	221	1264	1584
	Admission	0	0	0	1	25	2
	Deaths	0	0	0	0	0	0
NBWR	RCH cases	0	0	0	0	5	0
	OPD cases	4	12	4	4	518	24
	Total cases	4	12	4	4	523	24
	Admission	1	1	0	0	14	0
	Deaths	0	0	0	0	0	0
NBER	RCH cases	1	0	0	0	68	0
	OPD cases	2	0	1	0	486	3
	Total cases	3	0	1	0	554	3
	Admission	1	2	1	0	6	0
	Deaths	0	0	0	0	2	0
LRR	RCH cases	0	0	0	0	2	0
	OPD cases	1	22	1	17	392	9
	Total cases	1	22	1	17	394	9
	Admission	0	2	0	2	7	0
	Deaths	6	0	0	0	2	0
DRR	RCH cases	0	1	0	1	19	0
	OPD cases	0	18	5	25	460	35
	Total cases	0	19	5	26	449	35
	Admission	0	0	1	1	18	0
	Deaths	0	0	0	0	0	0
URR	RCH cases	0	0	0	0	1	0
	OPD cases	29	53	10	40	717	104
	Total cases	29	53	10	40	718	104
	Admission	4	1	0	4	21	2
	Deaths	1	0	0	0	1	0
National	RCH cases	2	5	2	1	133	3
	OPD cases	63	215	760	307	3799	1756
	Total cases	65	220	762	308	3902	1759
	Admission	6	6	2	8	91	4
	Deaths	7	0	0	0	4	0

55.6 % of the total cases due to mental illness was Epilepsy, Schizophrenia 25.1 %, drug induced psychosis 10.9 % or ganic psychosis and Mania with 4.4 % and 0.9 % respectively.

77.8 % of the inpatients cases in mental health were due to Epilepsy, organic psychosis with 6.8%, depression and mania with 5.1 % respectively, Schizophrenia 3.4 % and drug induced psychosis 1.7 %.

ported by the health facilities from January to December 2008

		RTA	Injuries	Dog bites	Snake bites	Other bites	Fracture	Drowned
Western	RCH cases	17	362	3	5	37	2	1
	OPD cases	1405	4832	189	93	275	149	43
	Total cases	1422	5194	192	98	312	151	44
	Admission	92	37	0	50	5	8	5
	Deaths	1	0	0	0	0	0	1
NBWR	RCH cases	0	29	1	0	1	0	0
	OPD cases	111	1227	60	46	115	26	7
	Total cases	111	1256	61	46	116	26	7
	Admission	32	24	0	16	0	5	5
	Deaths	0	0	0	1	0	0	0
NBER	RCH cases	1	51	2	3	0	0	0
	OPD cases	103	827	35	45	100	2	10
	Total cases	104	842	37	48	100	2	10
	Admission	62	9	5	17	1	9	2
	Deaths	0	0	0	1	0	0	0
LRR	RCH cases	0	1	0	0	0	0	0
	OPD cases	235	973	80	23	133	8	3
	Total cases	235	974	80	23	133	8	3
	Admission	13	13	1	1	0	2	0
	Deaths	1	0	0	0	0	0	0
CRR	RCH cases	0	10	1	1	1	1	0
	OPD cases	148	979	76	39	199	23	0
	Total cases	148	986	74	39	200	24	0
	Admission	34	10	3	5	6	10	0
	Deaths	1	0	0	1	0	0	0
URR	RCH cases	3	0	1	0	0	0	0
	OPD cases	345	1642	61	21	199	37	1
	Total cases	348	1642	62	21	199	37	1
	Admission	42	16	0	6	1	10	4
	Deaths	2	0	0	0	0	0	2
National	RCH cases	21	417	8	9	39	3	1
	OPD cases	2347	10480	501	267	1021	245	64
	Total cases	2368	10894	506	275	1060	248	65
	Admission	275	109	9	95	13	44	16
	Deaths	5	0	0	3	0	0	3

Injuries account for 70.67 % of the total accidents and 19.43 % of admissions. Snake bites account for 1.78 % of the total accidents and 16.93 % of total admission. RTA constituted 15.36 % of the total accidents and 49.02 % of total admission.

Communicable Diseases reported by the health facilities from January

		Hypertension	Diabetes	Renal failure	Cardiac disorder	Liver / hepatic disorder	Cancer	Asthma
Western	RCH cases	408	9	1	4	0	0	135
	OPD cases	7167	569	23	177	12	13	2553
	Total cases	7575	578	24	181	12	13	2688
	Admission	459	53	18	33	4	0	214
	Deaths	22	4	3	7	1	1	3
NBWR	RCH cases	198	0	0	0	0	0	13
	OPD cases	4319	303	15	79	21	17	693
	Total cases	4517	303	15	79	21	17	722
	Admission	65	7	6	10	10	6	64
	Deaths	3	1	0	0	0	1	1
NBER	RCH cases	136	20	0	0	2	0	21
	OPD cases	1770	150	3	8	0	5	288
	Total cases	1906	170	3	8	2	5	309
	Admission	132	23	8	15	1	3	21
	Deaths	14	3	1	1	0	0	0
LRR	RCH cases	0	1	0	0	0	0	0
	OPD cases	3639	180	21	39	7	3	516
	Total cases	3639	181	21	39	7	3	516
	Admission	99	4	3	16	6	0	32
	Deaths	9	0	0	2	0	0	0
CRR	RCH cases	177	6	0	1	0	0	24
	OPD cases	3278	95	6	72	15	15	627
	Total cases	3360	100	6	73	15	15	649
	Admission	107	3	3	6	6	0	22
	Deaths	5	1	0	1	0	0	2
URR	RCH cases	50	0	0	0	0	0	2
	OPD cases	3363	144	44	130	10	5	740
	Total cases	3413	144	44	130	10	5	742
	Admission	197	10	7	42	5	1	61
	Deaths	10	0	0	1	1	2	3
National	RCH cases	969	36	1	5	2	0	195
	OPD cases	23536	1441	112	505	65	58	5417
	Total cases	24410	1476	113	510	67	58	5626
	Admission	1059	100	45	122	32	10	414
	Deaths	63	9	4	12	2	4	9

Hypertension accounts for 75.67% of the total Non Communicable Diseases cases, followed by Asthma with 17.44%, Diabetes with 4.58%, Cardiac disorder with 1.58%.

59.43% of the total Non Communicable Diseases admission was due to Hypertension, followed by Asthma with 23.23%, Cardiac disorder with 6.85%, Diabetes with 5.61% and Renal failure with 2.53%.

Hypertension accounts for 61.17 % of the total deaths due to Non Communicable Diseases followed by cardiac disorder with 11.65% Diabetes and Asthma with 8.74% respectively.

er reported by the health facilities from January to December

		Toothache	Oral thrust/ ulcer	Gingivitis	Dental abcess
Western Region	RCH cases	1020	398	22	325
	OPD cases	6373	966	243	1761
	Total cases	7393	1364	265	2086
	Admission	2643	14	1	418
	Deaths	0	1	0	0
NBWR	RCH cases	17	46	0	5
	OPD cases	528	77	5	105
	Total cases	545	123	5	110
	Admission	407	125	219	633
	Deaths	0	0	0	0
NBER	RCH cases	17	46	0	5
	OPD cases	528	77	5	105
	Total cases	545	123	5	110
	Admission	407	125	219	633
	Deaths	0	0	0	0
LRR	RCH cases	6	4	2	4
	OPD cases	1054	330	124	420
	Total cases	1060	334	126	424
	Admission	4	1	0	0
	Deaths	0	0	0	0
CRR	RCH cases	24	73	4	10
	OPD cases	1207	230	197	539
	Total cases	735	303	177	428
	Admission	135	5	10	40
	Deaths	0	0	0	0
URR	RCH cases	7	11	0	4
	OPD cases	700	276	85	229
	Total cases	707	287	85	233
	Admission	0	6	0	8
	Deaths	0	2	0	0
National	RCH cases	1117	605	44	351
	OPD cases	11051	2175	683	3214
	Total cases	11672	2780	788	3675
	Admission	3189	152	231	1101
	Deaths	0	3	0	0

Toothache accounts for 61.71% of the total oral disorder cases, followed by Dental Abcess with 19.43%, Oral thrust / ulcer with 14.70% and Gingivitis with 4.17%.

Toothache accounts for 68.24% of the total oral disorder admission, followed by Dental Abscess with 23.56%, Gingivitis with 4.94% and Oral thrust / ulcer with 3.25%

The Expanded Programme on Immunization has been integrated into the reproductive and child health services in the Gambia. The service is provided in all the base and out reach clinics with the help of the RCH team. The following antigens are administered to the less than five years of age (BCG, Hepatitis B, DPT / Hib, DPT booster, Polio, Measles, Yellow fever) and pregnant women (Tetanus Toxoid).

Table 4.1 Showing total number of Children Immunized with BCG and Hepatitis from January to December 2008 nationally

	BCG	Hepatitis B 1	Hepatitis B 2	Hepatitis B 3
Western	35,135	33,831	34,228	31,299
NBWR	4,468	4,570	4,742	4,562
NBER	4,784	4,784	4,813	5,024
LRR	3,569	3,459	2,737	2,624
CRR	10,339	10,499	10,558	10,163
URR	10,654	11,794	10,636	10,853
National	68,949	68,937	67,714	64,525

Table 4.2 Showing total number of Children Immunized with DPT/ Hib, Measles and Yellow Fever from January to December 2008 nationally

	DPT/Hib 1	DPT/Hib 2	DPT/Hib 3	DPT Booster	Measles	Yellow fever
Western	33,983	32,891	31,980	15, 305	30,402	30,540
NBWR	5,036	4,736	4,534	3, 602	4,357	6,141
NBER	5,067	4,719	4,622	2, 588	4,272	4,246
LRR	3,785	3,549	3,524	2, 755	2,682	2,692
CRR	10,685	10,422	9,754	5, 912	9,326	9,505
URR	10,666	10,093	10,011	6, 130	9,487	9,574
National	69,222	66,410	64,425	36, 292	60,526	62,698

Table 4.3 Showing total number of Children Immunized with Polio from January to December 2008 nationally

	POLIO 0	POLIO 1	POLIO 2	POLIO 3	Polio 4 & Plus
Western	33,980	34,214	33,140	31,777	37,615
NBWR	4,397	4,649	4,759	4,680	7,966
NBER	5,077	5,091	4,930	4,481	6,085
LRR	3,637	3,717	2,921	2,739	5,781
CRR	10,413	10,222	10,224	9,854	14,114
URR	10,845	10,218	10,420	10,002	14,934
National	68,349	68,111	66,394	63,533	86,495

oid administered to Ante natal women by the health facilities

	TT 1	TT 2 and plus
Western	10,572	25,283
NBWR	2,638	5,123
NBER	1,216	3,977
LRR	986	2,065
CRR	2,688	8,627
URR	2,632	7,727
National	20,732	52,802

Table 4.5 Showing total number of Tetanus Toxoid administered to OPD by the health facilities from January to December 2008 nationally

	TT 1	TT 2 and plus
Western	940	51
NBWR	500	139
NBER	130	15
LRR	179	108
CRR	130	20
URR	123	23
National	2018	356

Administered by the health facilities from January to December

		Vitamin A (prevention)	Vitamin A (treatment)
Western Region	6 - 11 months	16302	569
	12 - 60 months	29548	301
	Breast feeding mothers	17874	260
NBWR	6 - 11 months	4783	99
	12 - 60 months	10047	323
	Breast feeding mothers	3818	225
NBER	6 - 11 months	2712	74
	12 - 60 months	5663	262
	Breast feeding mothers	3285	45
LRR	6 - 11 months	3479	68
	12 - 60 months	7196	343
	Breast feeding mothers	3379	324
CRR	6 - 11 months	5842	221
	12 - 60 months	12778	761
	Breast feeding mothers	7167	444
URR	6 - 11 months	6574	444
	12 - 60 months	16057	1512
	Breast feeding mothers	7458	768
National	6 - 11 months	39692	1475
	12 - 60 months	81289	3502
	Breast feeding mothers	42981	2066

Table 3.1 Showing total number of Deliveries by the health facilities from January to December 2008.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Total Deliveries	24106	2061	2392	645	2172	3495	34871
Deliveries Attended by Midwife	16570	1741	1417	387	1198	2082	23395
Live Births < 2.5 Kg.	2352	485	334	118	290	669	4248
Live Births > 2.5 Kg.	20931	1519	1914	502	1802	2731	29399
Fresh Stillbirths	583	32	78	17	59	34	803
Macerated Stillbirths	240	25	66	8	21	61	421

84.30 % of the total deliveries at the health facilities was Live birth more than 2500 grammes weight, 12.18 % was less than or equal to 25000 grammes, 2.30 % was Fresh stillbirths and 1.20 % Macerated Stillbirths. Overall 67.09 % of the total births at the health facilities were attended to by health personnel.

North Bank West Region has the highest percentages of deliveries attended by midwives/ health personnel with 84.47%, followed by Western region with 68.73%, LRR with 60%, URR with 59.57%, NBER with 59.23% and CRR with 55.15%

Overall, Western Region has the highest percentage of Live Births more than 2500g with 86.82%, CRR with 82.96%, NBER with 80.01%, URR with 78.14%, LRR with 77.82% and NBWR with 73.70%.

More Live Births Less than or equal to 2500g occurred in NBWR with 23.53%, followed by URR with 19.14%, LRR with 18.29%, NBER with 13.96%, CRR with 13.35% and Western region with 9.75%.

More percentage of fresh stillbirths were recorded in NBER with 3.26% followed by CRR with 2.71%, LRR with 2.63%, Western Region with 2.41%, NBWR with 1.55 and URR with 0.97%.

Family planning is the planning of when to have children, and the use of birth control and other techniques to implement such plans. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, pre-conception counseling and management, and infertility management. Family planning is sometimes used as a synonym for the use of birth control, though it often includes more. It is most usually applied to a female-male couple who wish to limit the number of children they have and/or to control the timing of pregnancy (also known as *spacing children*). Family planning services are defined as "educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved."

In the Gambia Family planning services are provided at all levels of health service delivery although they differ in type. Counseling and provisions of family planning commodities such as the pill and condom are available at all levels especially at the village health services. Other methods could be obtained from the basic health facilities, NGO clinics, private facilities and hospitals.

Table 6.1 Showing total number of Family Planning Services by the Basic health facilities from January to December 2008.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Total women seen	11706	1621	48	1208	4277	2080	20,940
Total men seen	3824	147	125	718	1483	644	6,941
counselled only	2347	264	419	121	1011	278	4,440
Neogynon	558	133	828	7	143	33	1,702
Microgynon	3191	234	2	288	762	597	5,074
Depo	4783	720	49	511	1585	1029	8,677
Condom	6992	777	0	1228	1209	2007	12,213
Foam	34	312	1091	149	0	7	1,593
IUCD	66	36	57	0	1	15	175
VSC	0	0	0	0	0	0	0
Total New Acceptors	12205	864	18	829	3507	2257	19,680

NBWR reported the highest percentage of women clients 91.68% in the family planning services, followed by URR with 76.35%, Western Region with 75.37%, CRR with 74.72%, LRR with 62.72% and NBER with 27.74%. In the utilization of the pill method, nationally Microgynon accounts for 74.38% as compared to Neogynon with 25.11%. NBER has the lowest percentage of women clients 27.74% in the family planning services; however it has the highest percentage of women using the Neogynon as a pill method with 99.75%. Percentage of women using IUCD was high in the western region with 37.71% as compared to NBER with 32.57%, NBWR with 20.57%, URR with 8.57, CRR with 0.57% and LRR with 0%. VSC method was not reported by any of the six health regions.

Table 7.1 Showing total number of referrals reported by the Basic health facilities from January to December 2008.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Malaria < 5yrs Severe	727	756	29	445	85	338	2,380
Malaria > 5 yrs severe	1243	503	19	669	94	423	2,951
Severe malaria in pregnancy	49	37	23	50	14	42	215
Severe Pneumonia < 5 years	403	144	36	84	48	87	802
Severe pneumonia > 5 years	117	43	26	56	32	35	309
Diarrhoea with blood (Dysentry)	87	68	37	44	57	61	354
Skin Disorders > 5 Years	519	179	19	69	192	422	1,400
Anaemia > 5 years	73	41	1	6	38	104	263
PIH/Eclampsia	140	9	9	57	76	125	416
Anaemia in pregnancy	54	1	52	37	18	125	287
Differentially Able in under fives	8	311	3	0	0	3	325
Differentially Able in Over fives	52	401	1	34	25	14	527
Hypertension	521	16	0	106	192	544	1,379
Diabetes	42	6	1	15	13	9	86
Renal Failure	7	28	1	5	4	5	50
Cardiac disorder	11	14	24	0	10	17	76
Liver/ Hepatic Disorder	17	33	12	8	13	11	94
Cancer	5	32	72	0	4	1	114
Asthma	116	62	2	41	32	66	319
RTA	338	149	1	17	39	37	581
Injuries	314	36	3	65	56	84	558
Fracture	79	2	13	1	11	17	123
Drowned	12	6	4	1	1	0	24
Dog Bites	13	8	10	16	12	5	64
Snake Bites	30	8	4	5	21	15	83
Other Bites	10	26	44	8	5	18	111
Severe Malnutrition + Anaemia <5	55	5	5	16	20	18	119
Low weight + Anaemia <5	26	79	5	18	8	22	158
Anaemia <5	98	36	4	66	72	53	329
Severe Malnutrition <5	33	56	48	17	13	17	184
Complicated Measles	6	3	84	0	7	0	100
Severe Persistent diarrhoea <5	19	54	3	17	13	24	130
Skin Disorders <5 Years	439	41	41	61	278	192	1,052

34.96% of the total referrals from the health facilities were due to severe malaria, followed by skin disorders with 15.45%, hypertension with 8.69%, Pneumonia with 7.00%.

Table 8.1 Showing total number of Inspections by the health facilities from January to December 2008

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Food handling and service establishments	2774	739	9	26	512	848	4,908
Entertainment establishments	127	14	0	0	22	21	184
Residences	1148	239	19	11	613	312	2,342
Health and other Institutions	150	69	0	2	74	47	342
Hotels and boarding houses	33	6	10	2	13	8	72
Public conveniences	37	13	64	0	18	25	157
Building plans inspected	3	6	60	0	50	38	157
Others	66	17	57	0	19	95	254

Table 8.2 Showing total number of Meat Inspection by the Basic health facilities from January to December

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Number of animals slaughtered	268	1836	64	2004	4159	1184	9,515
Number of carcasses inspected	428	1810	60	2004	4139	989	9,423
Number of carcasses passed	421	1721	37	2004	4101	989	9,280

2008.

Table 8.3 Showing total number of Complaints by the Basic health facilities from January to December 2008

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Infestations	172	5	7	0	18	0	202
Animals	26	7	2	0	5	19	59
Solid refuse	261	31	0	25	58	108	483
Liquid refuse	202	38	6	10	27	228	511
Food and/or water	188	32	6	6	35	82	349
Air pollution	12	12	6	0	6	1	37
Other	44	13	0	0	1	34	92

Table 8.4 Showing total number of Notices Served by the Basic health facilities from January to December 2008

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Served	302	51	0	9	65	209	636
Complied with	269	50	0	8	63	156	546
Court cases	1	5	0	0	0	0	6
Number upheld	18	0	0	0	0	9	27



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The institutional framework for the registration of vital events in The Gambia has been in place since the colonial era with the registration of marriages under the purview of the Ministry of Justice and that of births and deaths under the Ministry of Health. Since the introduction of the registration of these vital events registration has largely been centralized with offices located in Banjul. It was not until few years ago when attempts were made to decentralize registration of some of the vital events.

With the advent of the Primary Health Care (PHC) Programme in 1978, notification of births and deaths was institutionalized through TBAs and Village Health Workers in PHC villages. Recently, efforts have been made to integrate birth registration with the Reproductive and Child Health (RCH) programme using RCH clinics as avenues. Although these measures contributed significantly in improving access to birth registration and to a lesser extent data collection on deaths

Notwithstanding the significant gains made in the improvement of the registration of births amongst under-five children (from 32.2 percent in 2000 to 55.1 percent in 2006) coverage levels remain quite low. Registration of births is also often late and the information generated is primarily used for certification.

Coverage of the registration of deaths, marriages and divorces are even lower than that of births. Although mandatory, registration of these events for certification is not enforced. Death, marriage and divorce certificates are largely required for inheritance claims and other legal matters.

As a potential component of the health information system it is important that measures are taken to improve the state of vital registration in the Gambia. Major strides in that direction should initially aim at improving the human capacity of the units in terms of providing training and also computerizing the registration processes. Attempts should also be made to strengthen the decentralization of vital registration for better access to services across the country.

ation by the Basic health facilities from January to December

		Gambian parents			Non Gambian parents			Births out side Gambia		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
Western	Early registration m1 year	2278	2133	4411	267	225	492	12	10	22
	Late registration 1 - 5 years	2055	2064	4119	132	111	243	12	9	21
	Late registration over 5 years	3167	2447	5614	73	62	135	8	5	13
NBWR	Early registration m1 year	59	31	90	30	0	30	2	4	6
	Late registration 1 - 5 years	31	29	60	15	0	15	2	1	3
	Late registration over 5 years	22	12	34	13	0	13	0	1	1
NBER	Early registration m1 year	614	630	1244	18	14	32	2	3	5
	Late registration 1 - 5 years	317	282	599	31	15	46	2	2	4
	Late registration over 5 years	762	550	1312	18	16	34	4	2	6
LRR	Early registration m1 year	456	400	856	9	8	17	6	4	10
	Late registration 1 - 5 years	217	181	398	17	6	23	6	1	7
	Late registration over 5 years	477	379	856	14	7	21	1	1	2
CRR	Early registration m1 year	475	361	836	8	6	14	0	1	1
	Late registration 1 - 5 years	298	265	563	4	2	6	1	0	1
	Late registration over 5 years	413	268	681	33	16	49	0	2	2
URR	Early registration m1 year	1650	1314	2964	87	61	148	4	6	10
	Late registration 1 - 5 years	863	780	1643	92	78	170	13	5	18
	Late registration over 5 years	1269	731	2000	51	45	96	4	6	10
National	Early registration m1 year	5532	4869	10401	419	314	733	26	28	54
	Late registration 1 - 5 years	3781	3601	7382	291	212	503	36	18	54
	Late registration over 5 years	6110	4387	10497	202	146	348	17	17	34

54.70 % of the total number of people who were registered for birth certificates from the health facilities was male as compare to 45.30 % for female. On the various category of registration, 94.25 % had Gambian Parents, 5.28 % had Non Gambian Parents and 0.47 % was Births outside the Gambia. 37.29 % of the total registration were less than one year old, 26.46 % were aged one to five years old whereas 36.26 % were over five years of age.

of health care delivery system in the Gambia and consists of 492 villages that are clustered into 69 PHC key villages. Basic health services are provided by the Village Health workers (VHW) and Tradition Birth Attendants (TBA). The VHW provides outpatient care, make home visits, provides essential drug supply and conduct health talks. The TBA conducts deliveries, identify and refer at risk mothers. The TBAs and VHWs are supervised by Community Health Nurses who in turn are supervised by the basic health facilities. The primary level refers all cases to the secondary level for further treatment and management. TBAs and VHWs are identified by the community and trained by the health authorities. They live and work in the community to help their people.

Table 10.1 Showing total number of Services provided by the Community Health Nurses Village Health Services from January to December 2008 nationally.

	Supervisory Visits	RCH Clinics Attended	At Risk Mothers Visited	At Risk Children Visited	Leprosy/TB Patients Receiving DOTS in Village	Community Meetings Attended	Supervisory Visits per PHC Village	Community Meetings Attended per PHC Village
WR	2,420	752	486	471	1,365	330	2.05	0.27
NBWR	1,639	443	79	132	239	23	1.72	0.02
NBER	2,185	539	231	85	110	29	216.15	2.87
LRR	1,210	308	97	120	117	7	1.50	0.01
CRR	1,631	716	99	121	198	138	0.00	0.00
URR	1,763	439	286	327	135	162	242.40	22.80
National Total	10,848	3,197	1,278	1,256	2,164	689	464	26

Table 10.2 Showing total number of Services provided by the Village Health Workers from January to December 2008 nationally.

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Patients Treated	29,343	15,788	10,963	3,706	27,276	23,893	110,969
Suspected Measles	0	0	0	0	0	0	0
Fast Breathing	1,301	1,071	1,734	39	4,929	2,494	11,568
Diarrhoea	3,024	1,514	1,709	72	4,043	3,214	13,576
Child Malaria	14,928	5,378	3,388	2,479	11,953	8,246	46,372
Pregnant Women with Malaria	1006	742	671	102	1799	1088	5419
Other Adults with Malaria	11541	5168	2800	2277	10579	7541	39906
Clients given condoms	7497	3814	693	711	4121	2569	19405
Home Visits	5043	2240	3810	781	3495	3098	18467
Referrals to Health Facilities	2349	1116	1623	133	2949	2049	10199
Deaths	389	328	95	N/A	377	310	1499

provided by the Traditional Birth Attendant from January to

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Antenatal Women Visited	4,928	1,809	3,034	1,477	4,099	3,718	19,065
Live Births Attended	3,742	1,383	1,266	1,013	2,280	2,871	12,555
Other Live Births in Village	1,097	426	274	547	463	682	3,489
Stillbirths Attended	44	37	16	42	57	56	252
Other Stillbirths in Village	27	19	2	9	31	53	141
Maternal Deaths	12	8	16	7	13	6	62
Infant Deaths	46	35	24	38	108	78	329
Postnatal Visits Made	19,449	11,129	9,890	6,716	12,623	22,957	82,764
Neonatal Conjunctivitis	230	15	83	2	79	804	1,213
Neonatal Tetanus	36	7	3	0	0	22	68
Motivations Given	1,842	259	776	87	800	961	4,725
Referrals for Family Planning	808	92	573	19	265	444	2,201
Clients Given Pills	1,091	111	787	3	910	674	3,576
Cycles of Pills Issued	2,059	292	256	4	988	1,074	4,673
Referrals to Health Centre	1,005	432	360	228	592	903	3,520

At the Village health services, 76.38% of the total live births were conducted by the traditional birth attendant, 21.22% by other relatives in the village, as compared to 1.53% attended to by the traditional birth attendant ended up in still births and 0.85% attended to by other relatives in the village ended in still births.

11.0 INTERMITTENT PREVENTIVE TREATMENT

Table 11.1 Showing total number of Pregnant Women who received Intermittent Preventive Treatment from January to December 2008 Nationally

	Western	NBWR	NBER	LRR	CRR	URR	National Total
1ST DOSE	17200	3723	2889	2323	7981	8968	43084
2ND DOSE	11140	2292	2208	1769	5963	6221	29593

63.94% of the total new ante natal mothers that registered in 2008 had received the first does of IPT as compared to 43.92% of mothers that received the second dose of IPT .

TREATED NETS

Table 12.1 Showing total number of People who received Long Lasting Insecticide Treated Nets from January to December 2008 Nationally

	Western	NBWR	NBER	LRR	CRR	URR	National Total
Ante natal mothers	6954	2301	1153	1639	268	3261	15576
Less than 5 years old	6494	2258	1640	3316	1066	345	15119
Others	70	1879	1294	330	48	64	3685

13.0 CLINIC SCHEDULE

In the Gambia Reproductive and Child Health (RCH) services have been integrated and decentralized to provide access to the communities especially the under fives and pregnant mothers. During the course of the month, RCH teams across the country treks to the RCH sites/ villages once or twice to provide ante natal, post natal, infant welfare, immunizations, growth monitoring, treatment, screening, registration of births, and other services to the community.

In the execution of these services, vehicles and motor bikes are used by the team to reach to the community. Each RCH team and health facility has developed a trekking schedule which is communicated to the communities in the catchment area of the site. As a result each RCH team is expected to conduct number of visits depending on the population of the community.

Table 13.1 Showing total number of Clinic Scheduled from January to December 2008 Nationally

CLINICS SCHEDULED	Western	NBWR	NBER	LRR	CRR	URR	National Total	%
Total clinics scheduled	3081	766	348	476	1289	804	6764	
Clinics held	2934	716	334	471	1237	741	6433	95.11
Clinics cancelled	147	50	14	5	52	63	331	4.89
Because of holiday	143	37	14	5	25	45	269	81.27
Because of vehicle unavailability	4	2	0	0	13	1	20	6.04
Because of fuel unavailability	0	1	0	0	4	2	7	2.11
Because of human resource	0	10	0	0	10	15	35	10.57

95.11 % of the total clinic scheduled was held as compared to 4.99 % cancellation nationally. Of the 4.89 % clinic cancellation, 81.27 % was due to Public holidays, 10.57 % due to unavailability of human resource, 6.04 % due to unavailability of vehicle and 2.11 % due to unavailability of fuel.

Overall 52.74 % of the total uncomplicated Malaria cases (Basic Health Facilities and Village Health Services) were reported in the over five years of age as compared to 43.97 % in the less than or equal to five years old and 3.29 % in pregnancy. The prevalence of malaria was 33.84 % in 2008

68.27 % of the total deliveries took place at the health facilities as compared to 25.63 % by TBAs and 6.09 % by other relatives and friends.

Overall 4.16 % of the total Deliveries reported at the Health Facilities and Village Health Services resulted into Stillbirths. However, 3.27 % of the total Deliveries at the Health Facilities resulted to Stillbirths as compared to 6.03 % and 4.73 % by the TBAs and other relatives and friends in the village respectively.

50.66 % of the total Stillbirths were attended to at the Health facilities as compared to 41.59 % by TBAs and 7.75 % by other relatives and friends.

1.65 % of the pregnant women visiting the health facilities in 2008 were anaemic as compared to 2.22 % of children less than or equal to five years old.

75.10% of the total numbers of people seen during the family Planning services were women as compared to 24.89% men. Microgynon accounts for 74.88% of the total number of pills issued as compared to Neogynon with 25.11%. Western health region consumed 37.71% of the total IUCD services provided, followed by NBER with 32.57%, NBWR with 20.57%, URR with 8.57%, CRR with 0.57% and LRR with 0%.

In the ante natal clinic attendance, 88.26 % of the first Attendance was over 15 years of age whereas 11.89 % of the first attendance was under 15 years of age. In 2008 the projected female population was 818, 691 out of which 49.71% were between the ages of 15 to 49 years (406, 967). The total number of new ante natal booking in 2008 was 67, 374. The Percentage of women in 15 - 49 years of age that were pregnant was 16.6%.

NO	INDICATOR	Value
1	Infant Mortality Rate	75/1000 Live Births (census 2003)
2	Under Five Mortality Rate	99/ 1000 Live Births (Census 2003)
3	Maternal Mortality Rate	730/100000 Live Births (MMS 2001)
4	Crude Death Rate	9 per 1000 (Census 2003)
5	Life Expectancy at Birth	64 years (Census 2003)
6	Total Fertility Rate	5.35 births per women (Census 2003)
7	Population Density	127 person /Sq.KM (Census 2003)
8	Annual Population Growth Rate	2.77% (Census 2003)
9	Crude Birth Rate	46 per 1000 population (Census 2003)
10	Total Projected Population ó 2008	1, 617, 521 (Census, 2003)
11	Total Projected Male Population ó 2008	798, 840 (Census, 2003)
12	Total Projected Female Population ó 2008	818, 681 (Census, 2003)
13	Percent of Female 15-49 years ó 2008	49.71 (Census, 2003)
14	Number of women 15 ó 49 years ó 2008	406,967 (census, 2003)
15	Proportion of 1 year old Children immunized against BCG	95 % (EPI Data 2008)
16	Proportion of 1 year old Children immunized against DPT 3	96 % (EPI Data 2008)
17	Proportion of 1 year old Children immunized against Hib 3	96 % (EPI Data 2008)
18	Proportion of 1 year old Children immunized against Hepatitis B 3	99 % (EPI Data 2008)
19	Proportion of 1 year old Children immunized against Polio 3	97 % (EPI Data 2008)
20	Proportion of 1 year old Children fully immunized against Measles	92 % (EPI Data 2008)
21	Proportion of 1 year old Children fully immunized against Yellow Fever	94 % (EPI Data 2008)
22	Utilisation rate of Public health Facilities OPD only	49.19 % (HMIS Data 2008)
23	Percentage of Births attended by skill Health Personnel	64.49 % (HMIS Data 2008)
24	Percentage of Institutional deliveries	68.27 % (HMIS Data 2008)
25	Percentage of RCH clinics cancelled in 2008	4.89 % (HMIS Data 2008)
26	Number of new ANC registration - 2008	67,374 (HMIS Data 2008)
27	Percentage of women 15 ó 49 years that were pregnant	16.6 % (HMIS Data 2008)
28	Percentage of ANC first attendance under 15 years of age	11.89 % (HMIS Data 2008)
29	Percentage of Pregnant mothers that received the second dose of IPT	43.92 % (HMIS Data 2008)
30	Contraceptive Prevalence Rate	17.5 % (MMS 2001)
31	Anaemia in Pregnant women	1.65 % (HMIS Data 2008)
32	Anaemia in under fives	2.22 % (HMIS Data 2008)
33	Percentage of OPD due to malaria	66.68 % (HMIS Data 2008)
34	Prevalent of Malaria	33.84 % (HMIS Data 2008)
35	Percentage of Referrals due to severe malaria	34.96 % (HMIS Data 2008)
36	TB Notification Rate	88/100000 (LTBP Data, 2007)
37	Proportion of smear positive cases in all notified cases 2007	64 % (LTBP Data, 2007)
38	HIV Prevalence Rate	2.8 % (NSS Data 2008)

	Human Resources for Health per 10, 000 population	Value
1	Doctors (Generalist, specialists)	0.699090525 (HMIS Data 2009)
2	Nurses	3.005491744 (HMIS Data 2009)
3	Midwives	1.637186358 (HMIS Data 2009)
4	Dentists	0.059751327 (HMIS Data 2009)
5	Pharmacy staff	0.37643336 (HMIS Data 2009)
6	Public Health officers	0.286806369 (HMIS Data 2009)
7	Nutritionists	0.06572646 (HMIS Data 2009)
8	Medical lab Scientists	0.262905838 (HMIS Data 2009)
9	Radiographers	0.083651858 (HMIS Data 2009)
10	Physiotherapists	0.029875663 (HMIS Data 2009)
11	Traditional Birth Attendants	5.87953057 (HMIS Data 2009)
12	Village Health Workers	2.939765285 (HMIS Data 2009)

Source: HMIS Data 2009

15.3 Indicators measuring health system performance

		value
1	Health Facilities	
2	Number of Public Health Facilities at Tertiary level	6 (HMIS Data 2009)
3	Number of Public Health Facilities at Secondary level	41 (HMIS Data 2009)
4	Number of Primary Health Care (PHC) Villages	492 (HMIS Data 2009)
5	Number of PHC key Villages	69 (HMIS Data 2009)
6	Number of Village OPD Clinics	25 (HMIS Data 2009)
7	Number of Community Owned / Managed Clinics	16 (HMIS Data 2009)
8	Number of NGO Health Facilities and Clinics	19 (HMIS Data 2009)
9	Number of Private health facilities	16 (HMIS Data 2009)

Source: HMIS Data 2009

15.4 Socio Economic Indicators.

	Indicator	value
1	Percentage of the population living below the poverty line	62% (IHS 2001)
2	Gross Domestic Product	US \$653 million
3	Gross Domestic Product per head	US \$380
4	Annual Growth Rate	2.7%
5	Inflation rate	5.0 to 7.0%
6	Health Budget outturn as Percentage of National Budget	8.13% (MOFEA data 2008)
7	Percentage of National Budget allocated to Health	7.96% (Budget Data 2008)